

Aged Care Assessment Program Data Dictionary

Version 1.0

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and well-being of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

Aged Care Assessment Program Data Dictionary

Version 1.0

Australian Institute of Health and Welfare
Canberra

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Abbreviations

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACAP MDS	Aged Care Assessment Program Minimum Data Set
ACAP DWG	Aged Care Assessment Program Data Working Group
ACCDAG	Aged and Community Care Data Advisory Group
CACP	Community Aged Care Package
DHA	Department of Health and Ageing
HACC	Home and Community Care
MDS	Minimum Data Set
NCCS	National Classification of Community Services
NCSDC	National Community Service Data Committee
NCSDD	National Community Services Data Dictionary
NCSIM	National Community Services Information Model
NCSIMG	National Community Service Information Management Group
NMDS	National Minimum Data Set
WHO	World Health Organization

1 Introduction

The Aged Care Assessment Program (ACAP) was first introduced in the 1983–84 Federal Budget as the Geriatric Assessment Program. The ACAP is an initiative of the Commonwealth Government who, within a cooperative working arrangement, provide grants to the State and Territory governments specifically for the operation of Aged Care Assessment Teams (ACATs) and Evaluation Units. In addition, State and Territory governments also contribute significant financial resources to the Program.

The ACAP is an important part of Australia's aged and community care system. The overall objective of the program is 'to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their needs'. ACATs undertake comprehensive assessments which involve the evaluation of the care needs of a person incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care. A comprehensive assessment by an ACAT may result in the person's approval for entry into a residential aged care service (at a high or low level of care) on a permanent basis or for respite care; or approval as a recipient of a Community Aged Care Package to provide a range of services to meet needs in the home; or approval as a recipient of Flexible Care (e.g. as a recipient of an Extended Aged Care at Home package). Although ACATs assess a person's eligibility to receive care in a residential aged care service, at either a high or a low level of care, they cannot admit a person to a residential aged care service. This decision rests with residential aged care providers.

ACATs may also make referrals to other community-based services, for example, those provided by the Home and Community Care (HACC) program, or to a range of medical or health services, such as rehabilitation specialists, on behalf of the person. As with an approval of a person as eligible to receive residential aged care, a referral from an ACAT to another health or community care provider does not necessarily mean that the person will receive that care. The decision to accept a person referred by an ACAT rests with the health or community care provider.

1.1 Background

In August 1999, the Commonwealth Department of Health and Ageing requested the Australian Institute of Health and Welfare (the Institute) undertake a review of the Aged Care Assessment Program Minimum Data Set (ACAP MDS). The review was initiated by Aged Care Assessment Program Officials comprising Commonwealth and State and Territory government officials responsible for the program. The ACAP Officials delegated responsibility for the oversight of the development of Version 2.0 of the ACAP MDS to the Aged Care Assessment Program Data Working Group (ACAP DWG). A list of ACAP DWG members is provided at Appendix A. The development of Version 2.0 of the ACAP MDS has also benefited from the expert advice of ACAP Evaluation Units who have had the responsibility for some years of collecting and analysing Version 1.0 of the ACAP MDS. A list of Evaluation Unit representatives contributing to the development of Version 2.0 of the ACAP MDS is provided at Appendix B.

The current Aged Care Assessment Program Minimum Data Set was agreed in principle in 1987, refined in 1991, and introduced from 1 January 1994. It sets out the minimum reporting

requirements as a condition of Grant between the Commonwealth and the State and Territory governments for the Aged Care Assessment Program.

Since 1991, there have been many changes to the community care and residential care sectors. Given these changes, the ACAP Officials wanted the information required for national reporting on the ACAP to be reviewed to ensure its relevance and usefulness to national planning, policy and performance processes and to ACATs.

In a policy context where the balance of care between home-based and residential care is changing, the data provided by ACATs also provide a potentially valuable source of information on the flow of clients within the broader aged care system.

This Dictionary documents the outcomes of development work undertaken by the ACAP DWG and the Institute from 1999 to 2001. It contains definitions of all the data elements agreed by ACAP Officials for inclusion in Version 2.0 of the ACAP MDS.

1.2 National standards

Throughout the process of developing the ACAP MDS Version 2.0, careful attention has been paid to concurrent national developments in community services information. Consistency with national standards for data definitions wherever possible was recognised, from the outset, as an important goal of the ACAP MDS review. The ACAP MDS Version 2.0 has proceeded within this context. Considerable effort has been taken to maintain, wherever possible, comparability and 'mappability' between the data elements included within the ACAP Data Dictionary Version 1.0, national standards and data elements in related collections, without compromising the logic and integrity of the ACAP MDS collection.

In line with this, the standards that have been given particular attention during this process have been, the *National Community Services Data Dictionary* (NCSDD Version 2), Australian Bureau of Statistics (ABS) standards, and the *National Health Data Dictionary* (NHDD Version 10). In addition, data definitions used in the Community Aged Care Packages (CACAP) program and the Home and Community Care (HACC) program were also taken into account in order to promote consistency and comparability of data in the aged and community care sector.

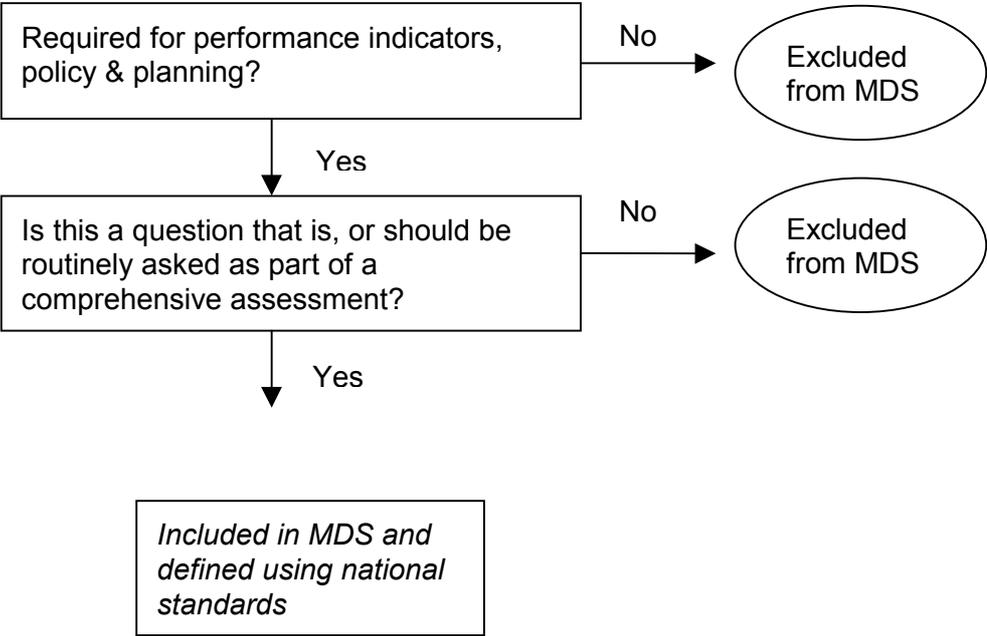
The data elements contained in the ACAP Data Dictionary Version 1.0 have been submitted to the National Community Services Data Committee for consideration of their inclusion in Version 3 of the National Community Services Data Dictionary (due for release in 2003).

1.3 Objectives of the ACAP MDS Version 2.0

The objectives of the ACAP MDS Version 2.0 are to:

- provide ACAP program managers, both Commonwealth and State/Territory, with access to data for policy and program development, strategic planning and performance monitoring against agreed outcomes;
- assist ACATs to provide high quality services to their clients by facilitating improved internal management and local/regional area planning and coordinated service delivery; and
- facilitate consistency and comparability of ACAP data with other relevant information in the health and community services fields.

The following diagram illustrates the criteria used by the ACAP DWG to determine which of the possible data elements constituted the 'minimum' requirements to support the objectives of the ACAP MDS.



1.3.1 Performance indicators

Although the collection of the ACAP MDS Version 2.0 will be a central component in the ACAP accountability framework, it should be recognised that it is only one of several measures designed to assist with planning, monitoring and evaluation of the Aged Care Assessment Program. However, the need to support performance measurement and planning was a key driver for the content of ACAP MDS Version 2.0. A range of high level, national, performance indicators have been developed for the program and these are presented in Chapter 4. These performance indicators are intended for reporting on the ACAP as a whole. They are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department of Health and Ageing to report to government on the Program. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs. Thus these performance indicators also reflect on the performance of program managers as well as the performance of other aged and community care programs. The performance indicators will be reviewed 18 months following the implementation of the ACAP MDS Version 2.0, based on 12 months of data.

1.4 MDS V2.0 and Data Dictionary V1.0

Although the ACAP MDS has progressed to the development of Version 2.0, the ACAP Data Dictionary that supports MDS V2.0 is in its first version. It is important to note the differences between an MDS and a data dictionary.

A minimum data set reflects an agreement to collect and report nationally a prescribed set of agreed data elements that should be clearly defined in a Data Dictionary. The ACAP MDS

Version 2.0 includes all those data elements that ACATs are required to report consistently on an ongoing basis across all States and Territories as part of a national MDS collection. This Dictionary contains definitions for each of these data elements as well as definitions of some other data elements and concepts which, for various reasons, do not have to be reported by ACATs in the MDS Version 2.0 collection, but nonetheless require a clear and agreed definition. These include:

- *ACAT client* (underlying concept to clarify those clients who should be reported in the MDS);
- *ACAT comprehensive assessment* (underlying concept to clarify that part of an ACAT's activity that should be reported in the MDS);
- *ACAT funding* (to support reporting of Performance Indicator 9.1 *Cost per unit output*; to be reported by State/Territory governments, not ACATs and still in draft form);
- *Family name/surname* (to support accurate reporting of *Letters of name*);
- *First given name* (to support accurate reporting of *Letters of name*);
- *Record linkage* (underlying concept to clarify reporting of *Letters of name*);
- All performance indicators;
- *Body function impairments* (DRAFT until further development and testing);
- *Main language other than English spoken at home* (DRAFT until exploration of alternative method for identifying potential disadvantage related to cultural and linguistic diversity);
- *Proficiency in spoken English* (DRAFT until exploration of alternative method for identifying potential disadvantage related to cultural and linguistic diversity).

In the future, other data elements may be included in the Data Dictionary, that may or may not be included in the MDS collection. The most important collection mechanism for consideration is the Aged Care Application and Approval Form (2624). This information has uses outside of the ACAP, in particular for the Community Aged Care Package (CACP) program. Future inclusion of nationally agreed, standardised definitions of fields in this form would extend the coverage and utility of the Dictionary to the ACAP and other programs.

Definitions of data elements that have been agreed for inclusion in Version 2.0 of the ACAP MDS by ACAP Officials are labelled as CURRENT in the Dictionary. ACAP Officials have agreed that implementation of Version 2.0 will occur in January 2003. Thus the label CURRENT refers to data elements agreed for implementation from January 2003. The four DRAFT definitions, *Main language other than English spoken at home*, *Proficiency in spoken English*, *ACAT funding* and *Body function impairments* are under consideration for future inclusion in the MDS, but will not form part of the MDS at this stage.

The two DRAFT definitions, *Main language other than English spoken at home* and *Proficiency in spoken English* require further investigation of the standard for identification of cultural and linguistic diversity. Currently, the Australian Bureau of Statistics (ABS) has determined a national standard for the identification of cultural and linguistic diversity which includes a core set of data elements, *Indigenous status*, *Country of birth*, *Main language other than English spoken at home* and *Proficiency in spoken English*. The Pilot Test of the DRAFT ACAP MDS Version 2.0 revealed some resistance to the inclusion of all four data elements in the MDS. *Indigenous status* and *Country of birth* are included in the MDS Version 2.0. The ACAP DWG has discussed the possibility of using a method developed by the Department of Immigration and Multicultural Affairs (DIMA) for identifying people experiencing potential disadvantage related to cultural and linguistic diversity. This method only requires

information about *Country of birth* and, if acceptable to the ACAP, would reduce the data collection burden on ACATs. The difficulty with implementing the ABS recommended core variables for identifying potential disadvantage related to cultural and linguistic diversity in the ACAP (and other community care data collections) has been referred to the Aged and Community Care Data Advisory Group (ACCDAG) for the consideration of the National Community Services Information Management Group (NCSIMG). When a position is reached, the ACAP DWG will need to reconsider the status of these two data elements in the Dictionary.

The data definition *Body function impairments*, which is based on the International Classification of Functioning, Disability and Health (ICF 2001), will also remain with a status of DRAFT until further clarification on its application and interpretation in Version 2.0 can be reached. In particular, its relationship with the *Health condition* data element is one area of concern which will require further consideration. The code list for *Health condition* is based on the Australian modification of the International Classification of Diseases Version 10 (ICD-10-AM), which has a mix of concepts or dimensions that overlap with the ICF. In addition the ICD-10-AM has some internal overlap, particularly in the area of 'Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified' which have been addressed within the 'Guide for use' for the *Health condition* data element.

The *ACAT funding* data definition will be reported by State/Territory governments on a trial basis and will remain with a status of DRAFT until this trial is completed.

In drafting the data elements for Version 2.0 extensive use was made of international and national standards for the specification of data elements. Data elements were mapped across different data sets in order to maximise consistency across other programs and collections wherever practicable.

1.5 Scope of MDS Version 2.0

The ACAP MDS Version 2.0 is a client-centred data collection, designed to support program management and planning by supplying information about ACAT clients, their need for assistance and the results of their comprehensive assessment. The ACAP MDS is also intended to assist service providers in monitoring their service provision and in meeting program accountability requirements. The scope of data collection requirements under Version 2.0 is primarily defined by the agreed definition of an *ACAT client* and an *ACAT comprehensive assessment*. Full definitions of these two key concepts are included in Chapter 3.

In summary, an ACAT client for the purpose of the MDS Version 2.0 is 'a person who receives an evaluation of their care needs incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care from an Aged Care Assessment Team'.

However, the MDS reporting requirements do not preclude ACATs from collecting other information considered necessary for day to day service provision, nor does it preclude States/Territories incorporating extra MDS items for reporting at the State/Territory level. These items are not included in the Dictionary as they are not required for national reporting purposes.

The data elements required for national reporting by ACATs relate to:

- characteristics and circumstances of clients (e.g. socio-demographic information, availability of a carer, health status, functional abilities, current assistance from services);
- documentation of the assessment process (e.g. referral date, assessment end date); and

- components of the ACAT's care plan for the person (e.g. recommended long-term care setting, recommended formal assistance with activities).

The following diagram groups the data elements in Version 2.0 of the ACAP MDS into these three categories. The information provided by these data elements is likely to be only a subset of all the information that an ACAT will need in order to comprehensively assess a person and develop a care plan. This MDS subset only includes the information that needs to be consistently collected and reported nationally by all ACATs in Australia (see Section 1.5 Limitations of Version 2.0).

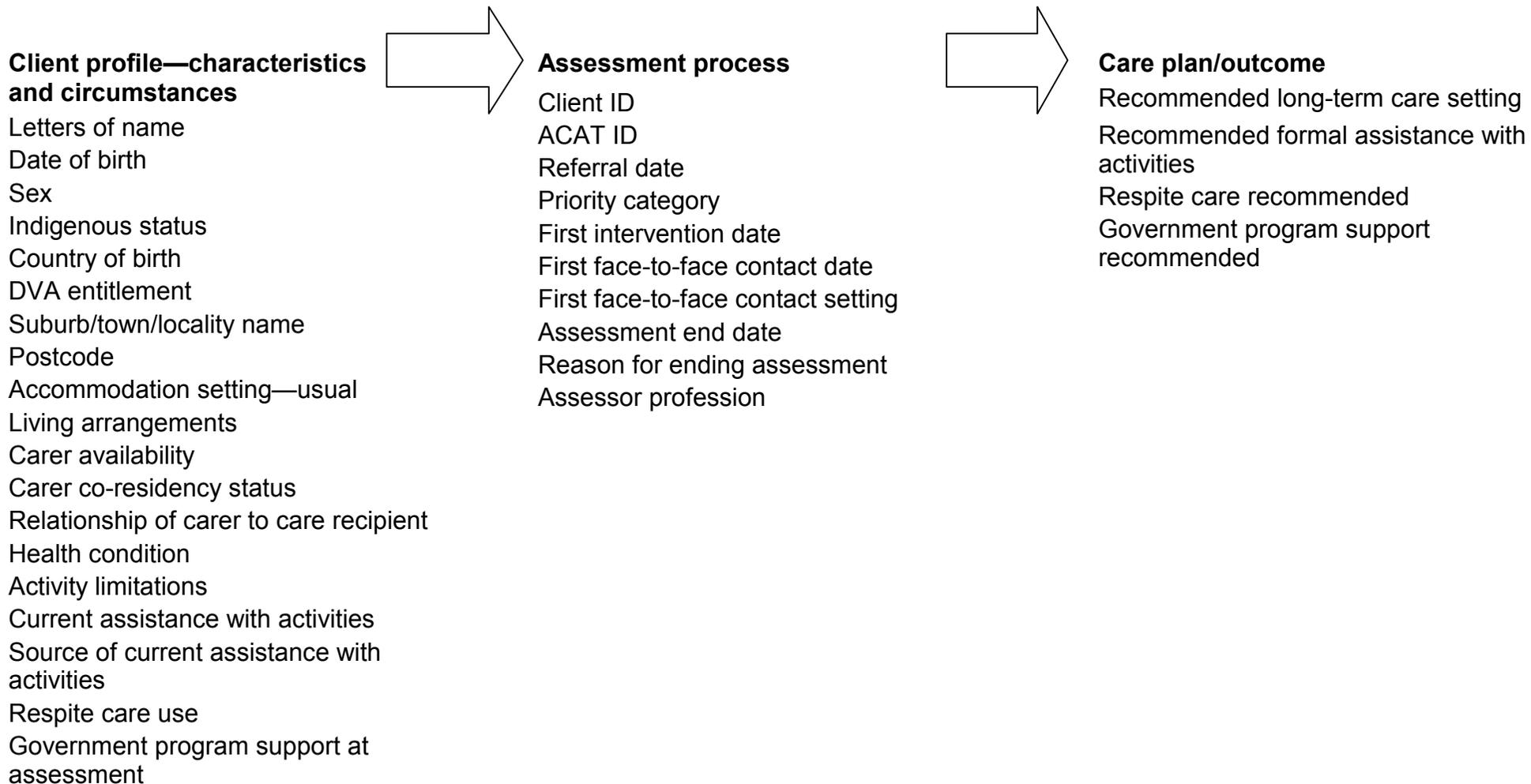
Version 2.0 has extended the scope of information about a client's characteristics and circumstances in the ACAP MDS in two main areas: information about informal carers, and the information describing a client's health profile and functional impairment. Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services. The ACAP DWG identified this as an important area to expand for Version 2.0 of the ACAP MDS. The data elements relating to carers included are consistent with the HACC MDS and CACP Data Dictionary Version 1.0 and include *Carer availability*, *Carer co-residency status* and *Relationship of carer to care recipient*. The importance of respite care to carers' ability to continue in their caring role is also reflected by the inclusion of the data elements *Respite care use* and *Respite care recommended* which were developed for the ACAP MDS Version 2.0.

The inclusion of the data element *Health condition* represents a significant expansion in health status information for clients and allows for the reporting of specific diagnoses from a more extensive list of coding options than was available in MDS Version 1.0.

Complementing this information, the data element *Activity limitations* identifies a person's need for assistance in key activities of daily living (e.g. self-care, mobility, communication). With the use of these two data elements it is possible to identify mobility, continence and orientation difficulties that maintains a link with Version 1.0 of the MDS. (Refer to Appendix C for a detailed mapping of Version 1.0 to Version 2.0 of the ACAP MDS).

ACAP MDS V2.0 groupings of data elements

Concepts: ACAT client, ACAT comprehensive assessment, Record linkage



1.6 Limitations of MDS Version 2.0

The ACAP MDS Version 2.0 is designed to report on the core work of ACATs and is therefore only capturing information about the people receiving a comprehensive assessment. The MDS is not designed to measure the total amount of ACAT activity or information about all people assisted in any way by a member of an ACAT.

The coverage of an ACAT comprehensive assessment excludes some forms of assistance (and thus the people receiving these forms of assistance) from MDS reporting. For example, medical consultations that do not incorporate the restorative, physical, medical, psychological, cultural and social dimensions of a comprehensive assessment; internal ACAT referrals (i.e. referrals from one ACAT member to another of a different discipline); and discipline specific assessments (i.e. physiotherapy or occupational therapy assessments) are excluded from the MDS reporting requirements. In addition, it is important to distinguish between a comprehensive assessment of care needs (whether it be the first or a subsequent comprehensive assessment) and the review or monitoring of a care plan resulting from a comprehensive assessment. Reviews of care plans or follow-up monitoring of clients should not be reported as comprehensive assessments in the ACAP MDS.

An ACAT comprehensive assessment is also distinguished from the provision of care or treatment. The MDS is designed to report on the comprehensive assessment functions and activities of ACATs and not the provision of any other services, care or treatment that ACAT members may also provide for clients.

The nature of an ACAT's work varies from one ACAT to another according to their location, auspicing arrangements, team composition and collection and assessment instruments used. The ACAP MDS Version 2.0 does not incorporate any reporting requirements related to the characteristics of ACATs themselves or the environment in which they operate. The data element *ACAT funding* (DRAFT) is defined in this publication as this information is required for reporting of the performance indicator related to the program's efficiency. However, it is not required for reporting by ACATs themselves in relation to particular clients or specific assessments. Funding levels is information that should be available to funding bodies (Commonwealth and State/Territory governments) and could be reported nationally once per year.

The ACAP MDS Version 2.0 does not include all the information that ACATs need in order to do their job. The MDS Version 2.0 is limited to the minimum information necessary for national reporting and analysis. Although all of this information is considered important, not all important information is included in the MDS. ACATs will continue to collect and use a wider range of information to support their decision-making and to assist individual clients to receive the assistance they need.

Information about ACATs themselves, their team composition and the characteristics of the service network they work within are not included in Version 2.0, to date. This information is important to a full understanding of the program and its place within the wider service network. However, it is information that could be the subject of a different collection methodology as it does not describe individual clients or specific assessments. ACATs currently report this information in narrative reports that accompany MDS Version 1.0 reporting, but it is not fully standardised. The extent to which government needs ACATs to report this information on a regular basis as opposed to drawing on (or developing) departmental databases on the relevant infrastructure existing in a geographic area, needs

some consideration before placing further data collection and reporting requirements on ACATs.

The outcomes of ACAT assessments for individual clients are often dependent on the availability of care options appropriate to the individual's care needs. Whether or not a client's assessed need for assistance is translated into a recommendation (or referral) for a service depends, at least partly, on the availability of such a service. This Dictionary includes a range of data definitions related to ACAT recommendations.

In addition, the extent to which an ACAT recommendation (or referral) to a particular service provider actually results in the client's receipt of the service depends on the service provider's capacity or willingness to accept the client. For some ACATs a recommendation is only recorded when the referral has been accepted by a service provider and service provision has begun. For others a recommendation is recorded when a referral has been accepted but service provision has not necessarily begun. For still others, a recommendation may be recorded when a referral has been made but has not necessarily been accepted. This variation in practice reflects a variation in ACATs' understanding of the point at which an ACAT's role ends, or, even where ACATs accept that the 'ideal' role would be that they remain involved until care plan implementation, some ACATs report that limited resources require them to withdraw from active involvement before that time. The implications of this variation for the MDS Version 2.0 and for the development of new Program Guidelines was considered before the final decision was made on the content of Version 2.0.

2 Structure of the Data Dictionary

2.1 Format

The presentation of data element definitions in the *ACAP Data Dictionary* Version 1.0 is primarily based on the international standards for defining data elements issued by the International Organisation for Standardization and the International Electrotechnical Commission, ISO/IEC Standard 11179 Specification and Standardization of Data Elements. The *National Community Services Data Dictionary*, the *National Health Data Dictionary*, the *HACC Data Dictionary* and the *National Housing Assistance Data Dictionary* are also based on the ISO/IEC Standard 11179. The application of this international standard across data dictionaries in the health, housing and community services fields adds to the completeness, integrity and consistency of data definitions and consequently to the quality and utility of national data.

Collectively, the format describes a set of attributes for data definitions or 'metadata' standards applicable to each data definition. Metadata may be defined as data describing the identifying, definitional, relational and representational attributes of data definitions (Australian Institute of Health and Welfare, *National Community Services Data Dictionary* Version 1.0, 1998, p. A-3).

The ISO/IEC 11179 is a six-part standard consisting of:

- Part 1 Framework for the specification and standardisation of data elements
- Part 2 Classification of concepts for the identification of domains
- Part 3 Basic attributes of data elements
- Part 4 Rules and guidelines for the formulation of data definitions
- Part 5 Naming and identification principles for data elements
- Part 6 Registration of data elements

The format used in the *ACAP Data Dictionary* Version 1.0 (and in the other data dictionaries mentioned above) is based largely on Part 3 of the standard. Some enhancements have been made to the standard to suit Australia's circumstances.

2.1.1 Data element template

The template or format used as the framework for each data element definition is designed to prompt answers to a range of standard questions about each piece of information. The following table describes the specific questions that the fields in the template are designed to answer. Definitions for each of the data element attributes used in Version 1.0 are provided at Appendix D.

Template used for specification of data elements

Name

Admin. status:

Identifying and definitional attributes

Data element type:

Definition: What is it you want to know?

Context: Who wants to know it and why?

Relational and representational attributes

Datatype:

Representational form:

Field size:

Min:

Max:

Representational layout:

Data domain: What is the range of possible answers?

Guide for use: Which one of the possible answers should I choose?

Collection methods: How and when should this information be obtained?

Related data: What other information is connected to this information?

Administrative attributes

Source document:

Source organisation:

Comments: What else do I need to know to understand this definition?

2.1.2 Performance indicator template

As part of the process of developing performance indicators the Project Team identified a need to define performance indicators and their specific requirements in a consistent way. As a result a template, based on a similar design used for the presentation of data elements was developed. Definitions for each of the performance indicator attributes are provided at Appendix E.

Each performance indicator definition identifies its source data elements that are defined within the Data Dictionary. Likewise, each data element definition identifies any performance indicators that use the data element.

To date, there is no nationally endorsed standard for the specification of national program level performance indicators in the community services sector. The template used in this publication is currently being applied to the specification of performance indicators in other Commonwealth-funded community care programs.

Template used for specification of performance indicators

Name

Admin. status:

Identifying and definitional attributes

Data element type: Performance indicator

Definition:

Related performance area:

Related objective:

Desired outcome:

Context:

Relational and representational attributes

Datatype: Numeric

Representational form: Quant

Field size: *Min:* *Max:*

Representational layout:

Data domain:

Numerator:

Source: *Data element:*

Data collection:

Denominator:

Source: *Data element:*

Data collection:

Interpretation:

Related PIs:

Administrative attributes

Source document:

Source organisation:

Reporting status: *from* / / *to* / /

Comments:

2.2 Content

There are four distinct types of data definitions included in the Data Dictionary. These are *data concepts*, *data elements*, *derived data elements* and *performance indicators*. The Dictionary contains definitions for a total of 3 data concepts, 38 data elements (4 of which have an 'Administration status' of 'DRAFT'), 1 derived data element and 16 performance indicators.

- Data concepts:*** are included to clarify the concepts underpinning related data elements within the Data Dictionary. They have no reporting requirement, but define the higher level concepts that many of the individual data elements describe. Dictionary entries for data concepts are presented in a more limited format than other data elements.
- Data elements:*** specify particular pieces of information which need to be collected by ACATs and reported as part of the ACAP MDS Version 2.0 collection. Data elements are labelled as CURRENT or DRAFT. An Administrative status of CURRENT reflects agreement by the ACAP DWG to their inclusion in the MDS Version 2.0. An Administration status of DRAFT applies to those data elements that require further clarification on their application and interpretation in Version 2.0.
- Derived data elements:*** are data which are not collected directly but which are derived from other information specified for collection by ACATs. The derivation of the data element may occur at different points in the data collection/provision/analysis process. In this case, the Derived data element *Letters of name* is derived by the ACAT from their record of the client's *First given name* and *Family name/surname*. Only *Letters of name* is reported nationally, and not the client's full names.
- Performance indicators:*** describe a set of analytical outputs from the ACAP MDS Version 2.0 that are designed for high level national reporting on the performance of the ACAP as a whole. Performance indicators are not the only use to which ACAP MDS Version 2.0 data will be put. However, they do establish what might be the minimum requirement of the MDS for national purposes.

The following table lists all data definitions according to their type as described above.

Data definitions by type (alphabetical)

Data concepts	
ACAT client	
ACAT comprehensive assessment	
Record linkage	
Data elements	
ACAT funding (Draft)	Government program support at assessment
ACAT ID	Government program support recommended
Accommodation setting—usual	Health condition
Activity limitations	Indigenous status
Assessment end date	Living arrangements
Assessor profession	Main language other than English spoken at home (Draft)
Body function impairments (Draft)	Postcode
Carer availability	Priority category
Carer co-residency status	Proficiency in spoken English (Draft)
Client ID	Reason for ending assessment
Country of birth	Recommended formal assistance with activities
Current assistance with activities	Recommended long-term care setting
Date of birth	Referral date
DVA entitlement	Relationship of carer to care recipient
Family name/surname	Respite care recommended
First face-to-face contact date	Respite care use
First face-to-face contact setting	Sex
First given name	Source of current assistance with activities
First intervention date	Suburb/town/locality name
Derived data elements	
Letters of name	
Performance indicators	
Percentage older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin	Percentage ACAT recommendations for long-term residential care for younger clients
Percentage older ACAT clients from culturally and linguistically diverse backgrounds	Percentage older ACAT clients with dementia recommended for long-term care in community settings
Percentage older ACAT clients living in rural/remote areas	Percentage older ACAT clients 'at risk' recommended for a Community Aged Care Package
Percentage ACAT clients receiving timely assistance	Percentage ACAT recommendations for long-term care in community settings for clients assessed in community settings
Percentage older people assessed by ACATs	Percentage ACAT recommendations for long-term care in community settings for clients assessed in hospital
Percentage older people with a severe or profound core activity restriction assessed by ACATs	Percentage multidisciplinary assessments for clients 'at risk'
Percentage younger ACAT clients with severe or profound core activity restriction	Cost per unit output
Percentage older ACAT clients with dementia	
Percentage ACAT recommendations for long-term residential care for clients not 'at risk'	

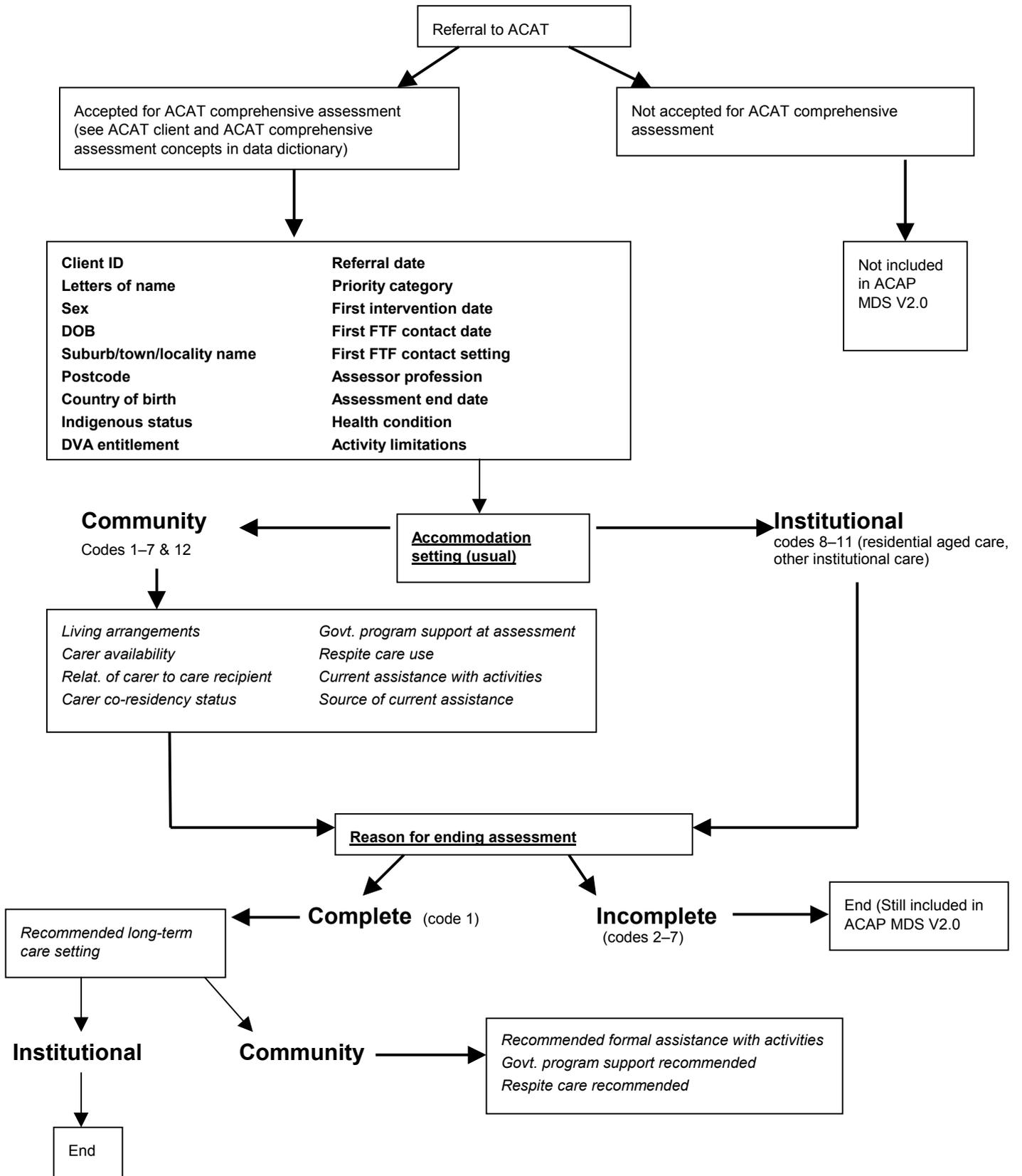
The following diagram illustrates the relationships between data elements that form the ACAP MDS Version 2.0. In particular, it highlights where the requirement to report particular data elements is dependent on the response values to other data elements. The two data elements that serve as 'filters' to other data elements are *Accommodation setting – usual* and *Recommended long-term care setting*. Depending on the response values to these two data elements (or questions) other data elements may or may not be required to be reported for a client.

Diagram of data element relationships for ACAP MDS V2.0

Key. Data elements in **bold** are to be collected and reported for **all** clients for whom an MDS record is required.

Data elements in **bold & underlined** determine whether dependent data elements are asked.

Data elements in *italics* are dependent on responses to bold and underlined data elements.



2.3 Organisation

The data definitions in the *ACAP Data Dictionary* Version 1.0 are presented in alphabetical order for easy reference. However, the data definitions have also been mapped to the *National Community Services Information Model (NCSIM)* Version 1.0 (with some modifications – see below). The NCSIM provides an overall conceptual framework that facilitates mapping of the ACAP MDS Version 2.0 to other aged and community care program data sets and to data standards in the broader community services arena.

Diagrams illustrating the areas of the model to which each data definition relates are presented at the end of this chapter.

2.3.1 National Community Services Information Model Version 1.0

The *National Community Services Information Model* Version 1.0 was developed by the Australian Institute of Health and Welfare during 1997, in consultation with the National Community Services Information Model Working Group. The Working Group was a subset of the National Community Services Data Committee (NCSDC), which is, in turn, a subcommittee of the National Community Services Information Management Group (NCSIMG). Membership of the NCSIMG includes representatives of all signatories to the National Community Services Information Agreement, including Commonwealth, State and Territory government departments responsible for community services, the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.

The NCSDC was established primarily to develop and maintain the *National Community Services Data Dictionary* as the repository of nationally endorsed data definitions for use in the community services field across Australia. The NCSDC has a coordinating role to ensure national consistency and standards in quality control. The development of the *National Community Service Information Model* was seen by the NCSDC as the first step in improving the quality and consistency of national community services information.

The *National Community Services Information Model (NCSIM)* Version 1.0 is reproduced at the end of this chapter. Following this the data definitions in Chapter 3 have been mapped to the entity in the NCSIM to which they relate.

The use of the NCSIM assists with ensuring compatibility between future developments in the ACAP MDS and related data sets, and the processes and outcomes of future developments in the NCSIM. This is consistent with the objective of the ACAP MDS Version 2.0 of facilitating consistency and comparability of ACAP data with other relevant information in the health and community services field.

2.3.2 Modifications to the NCSIM Version 1.0

The NCSIM Version 1.0 has been modified by the inclusion of some entities from the *National Health Information Model (NHIM)* Version 2.0 (Draft). These are 'Care plan' and 'Business factors' (incorporating all entities within this box on the NHIM). These enhancements have been made to add to the completeness of the NCSIM as applied to the ACAP's information needs. In particular, the inclusion of the 'Business factors' area of the NHIM allows for mapping of ACAP performance indicators within the same framework as their source data elements.

National Community Services Information Model Version 1.0 (Modified)

Prepared by the Community Care and Community Health Unit

Australian Institute of Health and Welfare

GPO Box 570, Canberra ACT Australia 2601

Phone: (02) 6244 1000 Fax: (02) 6244 1199

PARTY

PERSON

AGENCY

PARTY GROUP

FAMILY

HOUSEHOLD

TARGET GROUP

OTHER PARTY GROUP

NEED

PERSON PARTICIPATION/
INDEPENDENCE

CARE PLAN

ENVIRONMENT

TOOLS AND EQUIPMENT

PERSONAL SUPPORT

SOCIAL AND CULTURAL ENVIRONMENT

ECONOMIC AND POLITICAL ENVIRONMENT

HUMAN-MADE PHYSICAL ENVIRONMENT

NATURAL ENVIRONMENT

PARTY CHARACTERISTICS

PERSON CHARACTERISTICS

DEMOGRAPHIC CHARACTERISTIC

SOCIO-CULTURAL CHARACTERISTIC

EDUCATIONAL CHARACTERISTIC

LABOUR CHARACTERISTIC

ACCOMMODATION/LIVING CHARACTERISTIC

INCOME CHARACTERISTIC

LEGAL CHARACTERISTIC

IMPAIRMENT CHARACTERISTIC

DISABILITY CHARACTERISTIC

FUNCTIONAL CHARACTERISTIC

OTHER PERSON CHARACTERISTIC

PARTY GROUP CHARACTERISTIC

FAMILY CHARACTERISTIC

FAMILY INCOME CHARACTERISTIC

OTHER FAMILY CHARACTERISTIC

HOUSEHOLD CHARACTERISTIC

HOUSEHOLD INCOME CHARACTERISTIC

OTHER HOUSEHOLD CHARACTERISTIC

AGENCY CHARACTERISTIC

STATE OF WELLBEING

PERSON VIEW

EVENT

PERSON EVENT

BIRTH EVENT

LIFE EVENT

DEATH EVENT

ENVIRONMENTAL EVENT

ENVIRONMENTAL MODIFICATION EVENT

ECONOMIC TRANSACTION EVENT

EXPENDITURE

TRANSFER/SUBSIDY

REVENUE/RECEIPT

COMMUNITY/FAMILY EVENT

INFORMAL CARER ASSISTANCE EVENT

INFORMAL CARE EVENT

HEALTH AND WELFARE SERVICE EVENT

REFERRAL EVENT

ASSESSMENT FOR ELIGIBILITY FOR SERVICE EVENT

ENTRY INTO SERVICE EVENT

ASSESSMENT EVENT

SERVICE PROVISION EVENT

CASE MANAGEMENT EVENT

LEAVE FROM SERVICE EVENT

EXIT/DISCHARGE FROM SERVICE EVENT

DETERMINATION OF LEGAL STATUS EVENT

OTHER HEALTH AND WELFARE EVENT

OTHER EVENT

SERVICE

FEE STRUCTURE

ACTIVITY

ENABLING FACTORS

RESOURCE

KNOWLEDGE FACTOR

AVAILABILITY FACTOR

ACCESSIBILITY FACTOR

HEALTH AND WELFARE SERVICE PROGRAM

OUTCOME

LOCATION

ADDRESS

SETTING

SERVICE DELIVERY SETTING

OTHER SETTING

PARTY ROLE

PERSON ROLE

CITIZEN ROLE

FAMILY RELATIONSHIP ROLE

CARER ROLE

RECIPIENT ROLE

SERVICE PROVIDER ROLE (person)

AGENCY ROLE

SERVICE PROVIDER ROLE (AGENCY)

SERVICE FUNDER ROLE

SERVICE PURCHASER ROLE

OTHER ROLE

BUSINESS FACTORS

BUSINESS STATEMENT

HEALTH AND WELFARE POLICY/ PLAN

HEALTH AND WELFARE POLICY/PLAN ELEMENT

VISION/MISSION

GOAL/OBJECTIVE

PRIORITY

PERFORMANCE INDICATOR

OTHER POLICY/PLAN ELEMENT

BUSINESS PROGRAM

BUSINESS AGREEMENT

FUNDING AGREEMENT

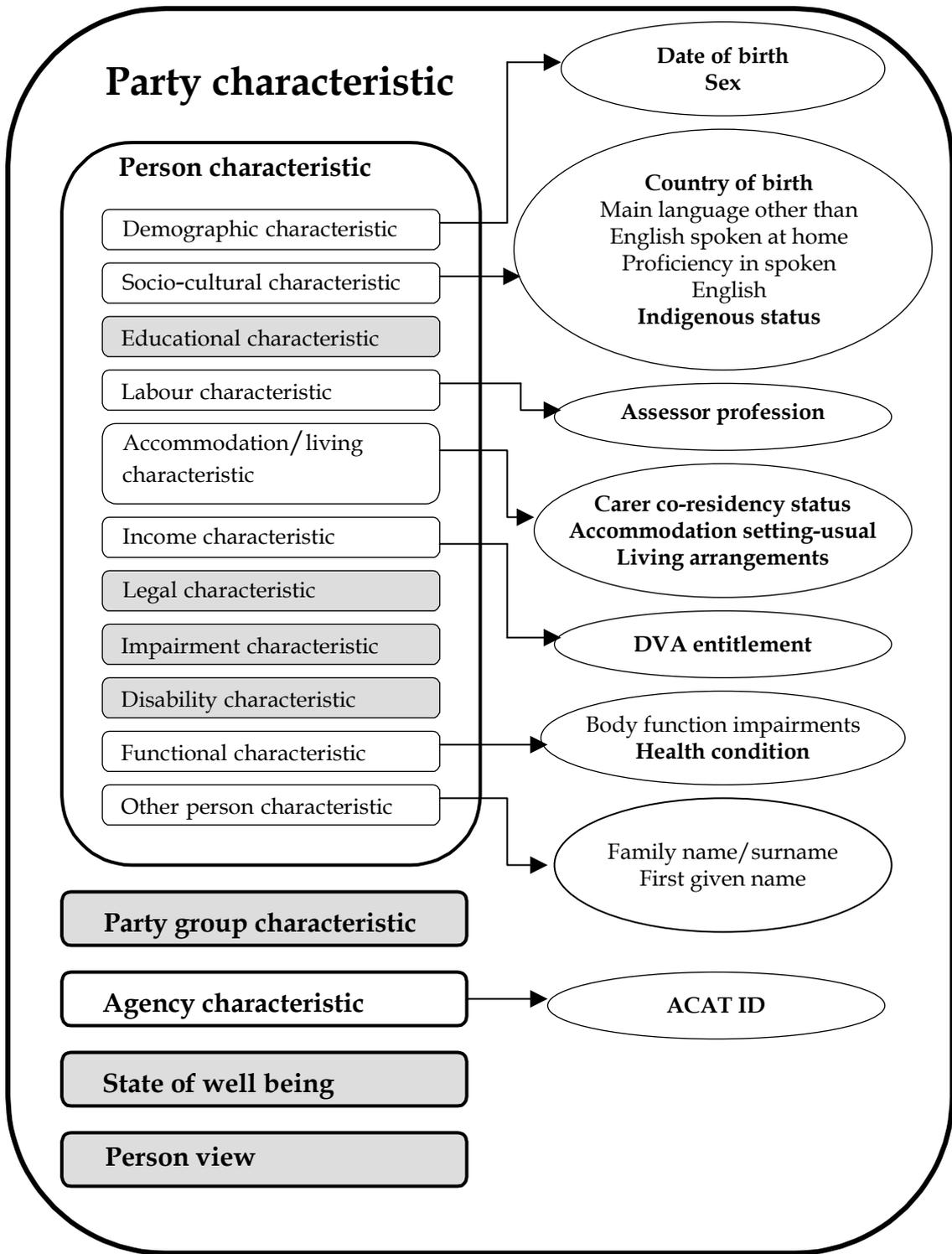
EMPLOYMENT

OTHER AGREEMENT

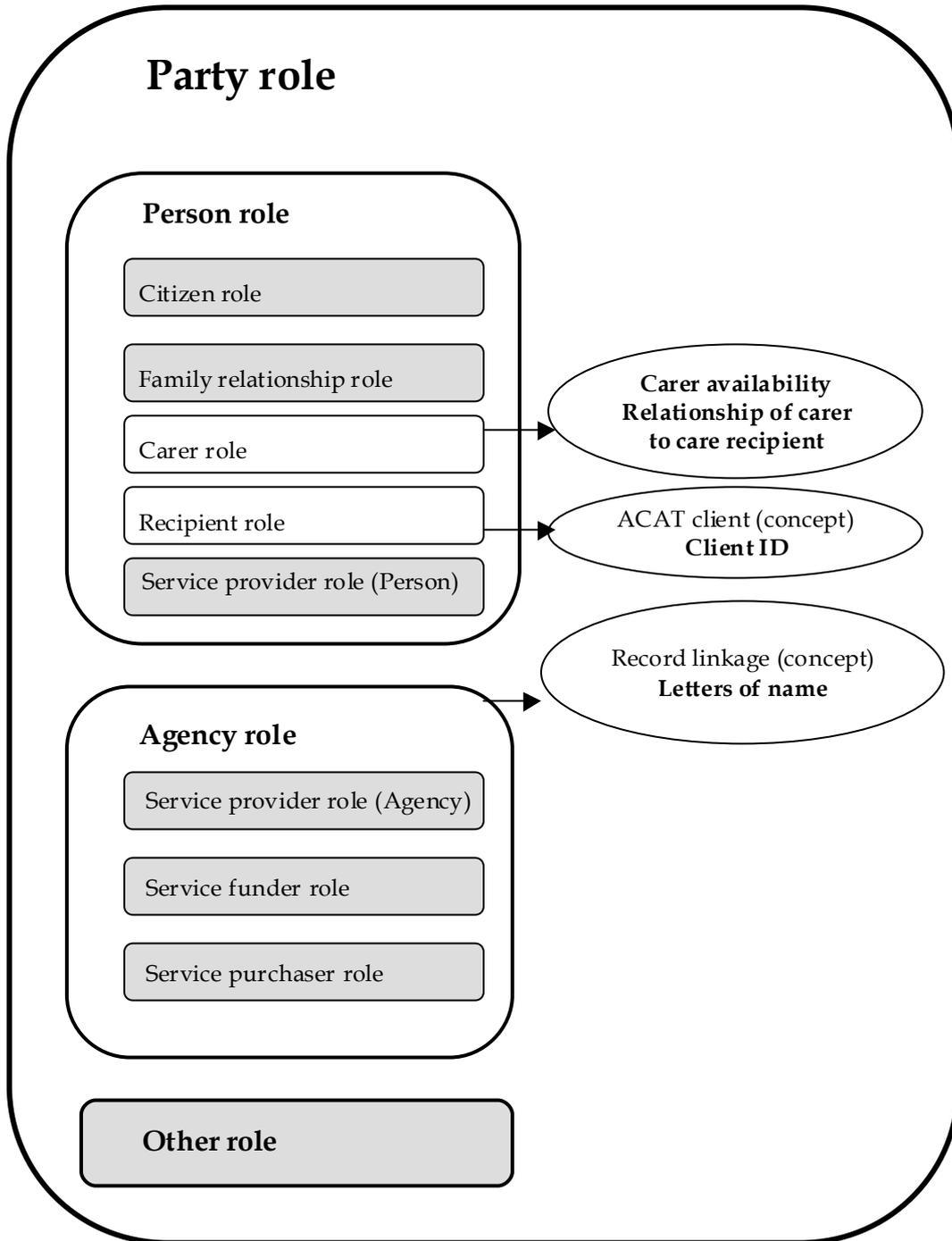
PERFORMANCE GOAL

BENCHMARK

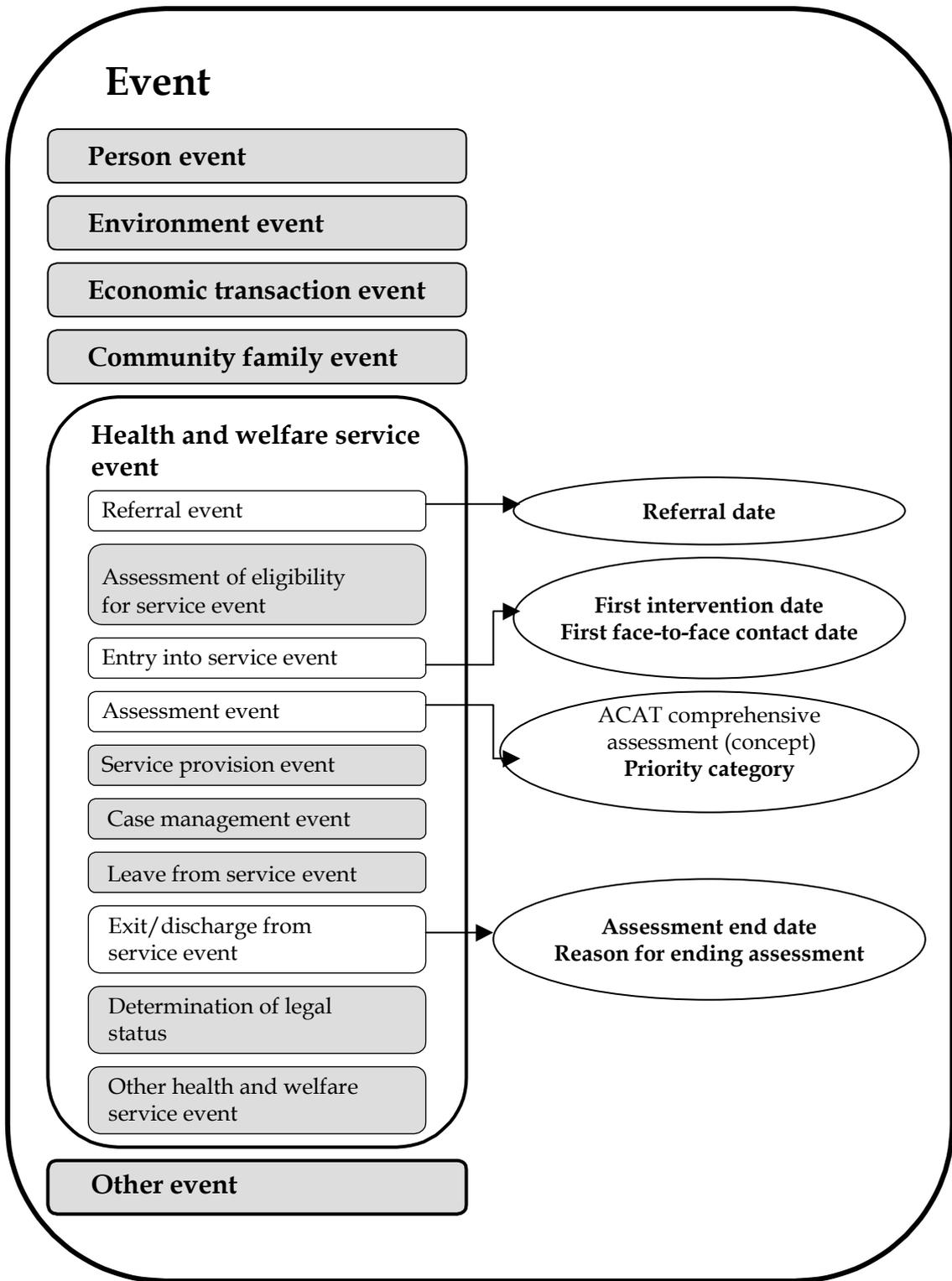
STANDARD



Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary.
Bold data elements represent items that will be reported in the ACAP MDS Version 2.0.

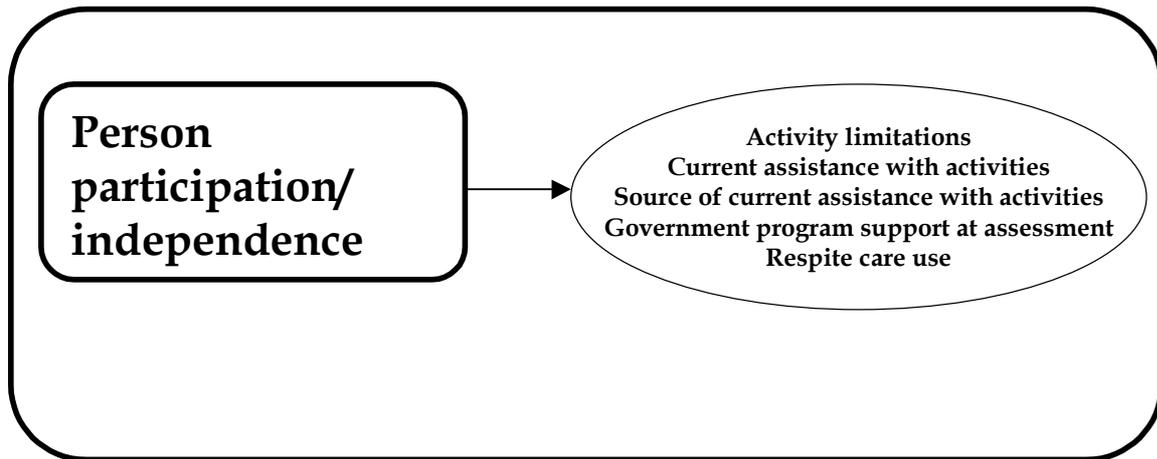


Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary. **Bold** data elements represent items that will be reported in the ACAP MDS Version 2.0.



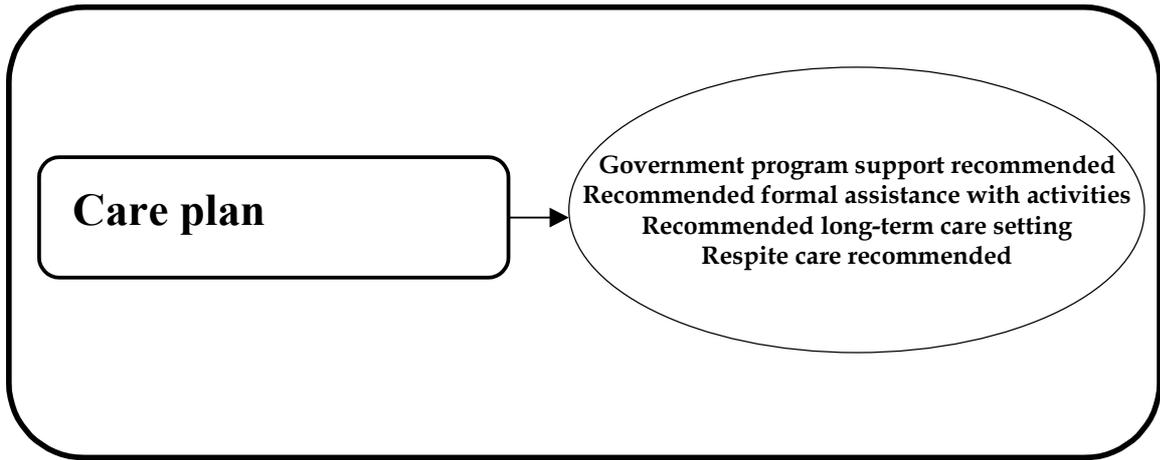
Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary.

Bold data elements represent items that will be reported in the ACAP MDS Version 2.0.

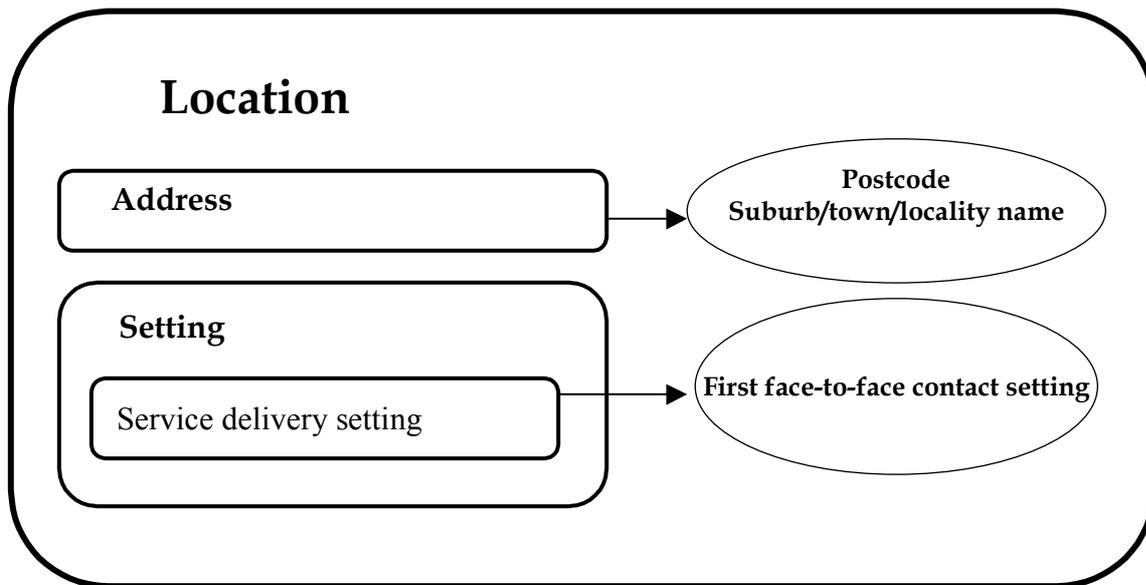


Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary.

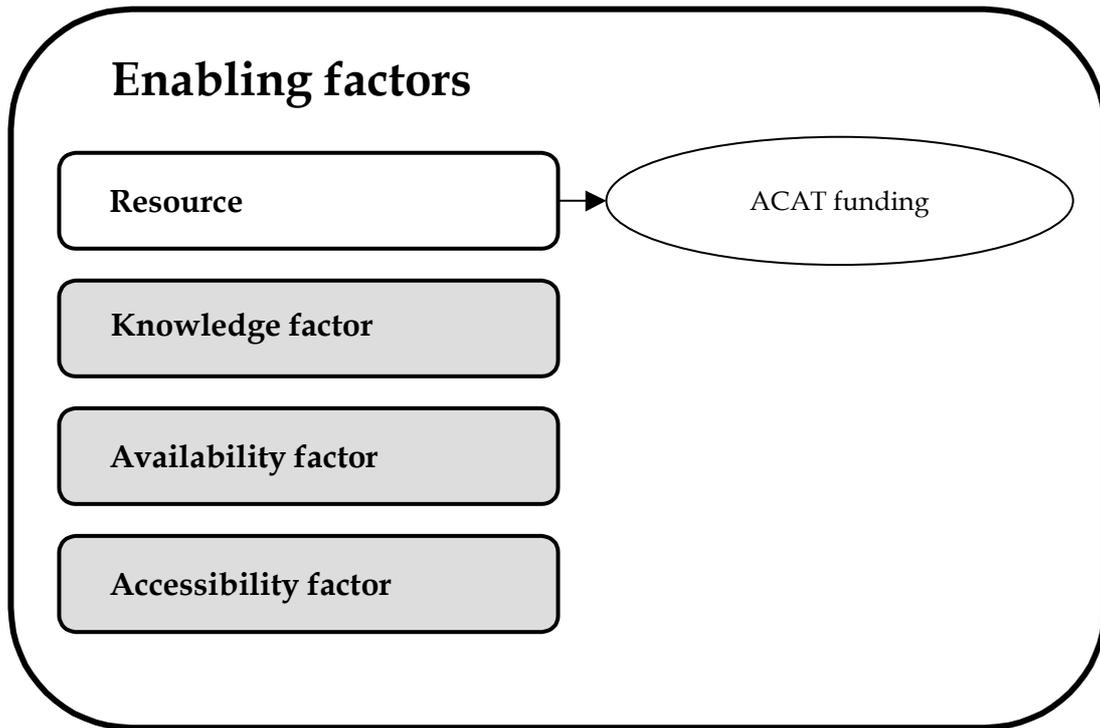
Bold data elements represent items that will be reported in the ACAP MDS Version 2.0.



Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary.
Bold data elements represent items that will be reported in the ACAP MDS Version 2.0.

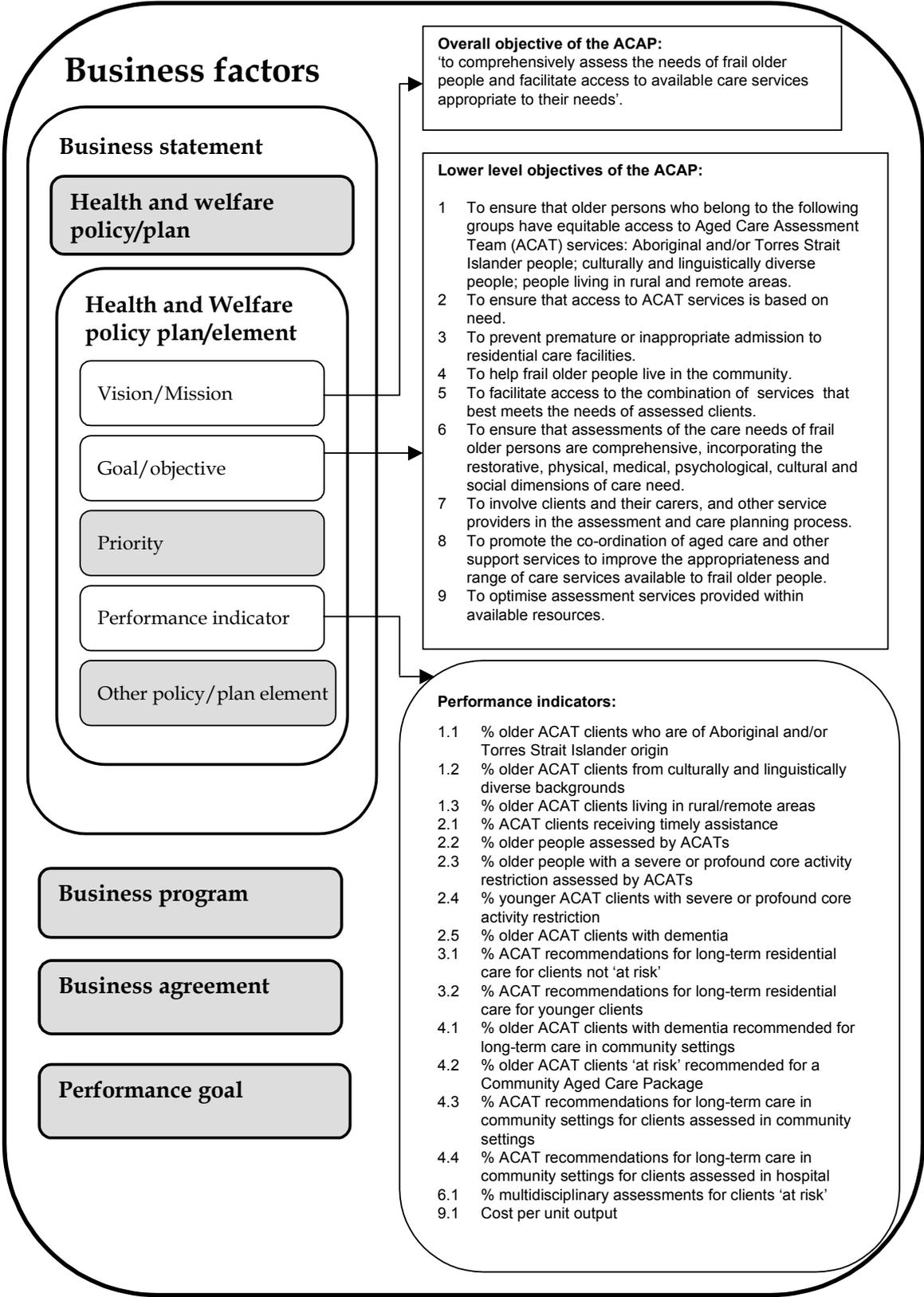


Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary. **Bold** data elements represent items that will be reported in the ACAP MDS Version 2.0.



Shaded boxes represent entities that have no related data elements in the draft version 1.0 of the ACAP Data Dictionary.

Bold data elements represent items that will be reported in the ACAP MDS Version 2.0.



3 Data definitions

This chapter contains definitions of individual data elements and data concepts included in Version 2.0 of the ACAP National Minimum Data Set. These data definitions have been endorsed by the Commonwealth and State/Territory government officials responsible for the program (ACAP Officials) for full national implementation as the ACAP MDS Version 2.0 collection implementation in January 2003.

At the time of publication, some data definitions have an administrative status of DRAFT. These definitions require further work before their implementation.

Throughout the process of developing the ACAP MDS Version 2.0, the ACAP DWG has taken considerable care to maintain, wherever possible, comparability and 'mappability' between the data elements included within the ACAP Data Dictionary Version 1.0, national standards and data elements in related collections, without compromising the logic and integrity of the ACAP MDS collection.

In line with this, the standards and data collections which have been given particular attention during this process have been:

- Australian Bureau of Statistics (ABS) standards;
- *National Community Services Data Dictionary* (NCSDD Version 2.0);
- *National Health Data Dictionary* (NHDD Version 10);
- *Community Aged Care Packages* (CACP) Data Dictionary Version 1.0; and
- *Home and Community Care Minimum Data Set* (HACC MDS Version 1.0).

Where data elements have aligned with or are mappable to ABS, NCSDD, NHDD and HACC MDS standards, this has been indicated within the Source document field of each data definition.

In this chapter data definitions are presented in alphabetical order.

ACAT client

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA CONCEPT

Definition: A person who receives an evaluation of their care needs incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care from an Aged Care Assessment Team (i.e. a comprehensive assessment).

Context: The overall objective of the Aged Care Assessment Program (ACAP) is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their needs.

The Aged Care Assessment Program Minimum Data Set (ACAP MDS) is a client-centred data set. That is, the information that is required to be recorded and reported by Aged Care Assessment Teams (ACATs) is structured around the people receiving a comprehensive assessment from an ACAT.

Some individuals receiving assistance from an ACAT are excluded from the ACAP MDS collection. For example, people seeking ad hoc advice or information from an ACAT by telephone are not counted as ACAT clients for the purposes of the MDS collection. Depending on the location and team composition of the ACAT, there may be people who are assisted by members of an ACAT but who do not necessarily receive or require a comprehensive assessment of their care needs. These people are excluded from the definition of ACAT client for the purposes of the MDS.

Relational attributes

Related data: Is qualified by the data concept ACAT comprehensive assessment.

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

ACAT comprehensive assessment

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA CONCEPT

Definition: An evaluation of the care needs of a person incorporating the restorative, physical, medical, psychological, cultural and social dimensions of care.

Context: The overall objective of the Aged Care Assessment Program (ACAP) is to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their needs. The Aged Care Assessment Program Minimum Data Set (ACAP MDS) is designed to report on the core work of Aged Care Assessment Teams (ACATs). The MDS is not designed to measure the total amount of ACAT activity. In order to collect valid data within a national reporting framework, some degree of standardisation in relation to the scope of ACAT activity to be reported in the MDS is necessary to ensure comparability of data across and within States and Territories.

Face-to-face contact is considered to be a core element of any ACAT comprehensive assessment. At times, another person may act as an ACAT representative if face-to-face contact with an ACAT member is not possible. This may be relevant in remote areas.

The nature of an ACAT's work varies from one ACAT to another according to their location, auspicing arrangements, team composition and collection and assessment instruments used. Non-standardised procedures are a characteristic of the ACAP that allows for variations appropriate to the very diverse nature of ACATs.

The ACAP MDS is designed to capture information about the people receiving a comprehensive assessment from an ACAT, including their characteristics, circumstances, need for assistance and the long-term care setting appropriate for the person.

The ACAP MDS is not designed to capture information about all people assisted in any way by a member of an ACAT. The concept of ACAT comprehensive assessments excludes some assistance (and thus clients) from MDS reporting. Medical consultations that do not incorporate the physical, psychological, cultural and social aspects of comprehensive assessment and internal ACAT referrals (i.e. referrals from one ACAT member to another of a different discipline) are excluded from the MDS reporting requirements. Neither of these activities should result in a separate MDS record.

Many clients receive more than one comprehensive assessment from an ACAT over time. However, it is important to distinguish between a comprehensive assessment of care needs (whether it be the first or a subsequent comprehensive assessment) and a review or monitoring of a care plan resulting from a comprehensive assessment. Reviews of care plans or follow-up monitoring of clients should not be reported as comprehensive assessments in the ACAP MDS. If, as a result of reviewing a client's care plan, the ACAT finds that the client's circumstances and needs have changed

significantly, the ACAT may decide that the client requires another comprehensive assessment. Thus while case reviews or monitoring should not generate an MDS record, whenever a comprehensive assessment is undertaken, an MDS record should be created. A review may generate a reassessment but is not in itself a reassessment.

ACAT comprehensive assessments often include discipline specific assessments that contribute to the overall assessment of a person's care needs. However, where discipline specific assessments are not part of a comprehensive assessment of care needs they should not be reported in the ACAP MDS collection.

An ACAT comprehensive assessment is also distinguished from the provision of care or treatment. The ACAP MDS is designed to report on the comprehensive assessment functions and activities of ACATs and not the provision of any other services, care or treatment that ACAT members may provide to clients.

Relational and representational attributes

Related data: Qualifies the data concept ACAT client.

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

function or service indirectly related to ACAT comprehensive assessments , irrespective of whether they are considered part of an ACAT or located in a hospital or community-based setting.

Collection methods: Reported annually at the end of a financial year by State/Territory government departments responsible for the ACAP.

Related data: Is used in the derivation of the Performance Indicator:
Cost per unit output [9.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: This data element will be reported by State/Territory governments on a trial basis and will remain with a status of DRAFT until this trial is completed.

This data element as it stands is based on information collected by NSW Health during 1999 from all ACATs in that State.

ACAT ID

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: A code that uniquely identifies an Aged Care Assessment Team.

Context: An Aged Care Assessment Team (ACAT) ID will be used to uniquely identify each ACAT within Australia. The *ACAT ID* number should be reported by each ACAT in conjunction with data collected for each reporting period. The data can then be analysed by State/Territory and ACAT locality.

Relational and representational attributes

Datatype: Alphanumeric *Representational form:* Code

Field size: *Min:* 3 *Max:* 3 *Representational layout:* NAA

Data domain: Concatenation of:
N—State/Territory identifier
AA—Locality of ACAT

Guide for use: N—State identifier

- 1 New South Wales
- 2 Victoria
- 3 Queensland
- 4 South Australia
- 5 Western Australia
- 6 Tasmania
- 7 Northern Territory
- 8 Australian Capital Territory
- 9 Other Territories (i.e. Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)

Collection methods: Locality of the ACAT (AA) is allocated by the Commonwealth Department of Health and Ageing.

Related data:

Administrative attributes

Source document: Aged and Community Care Management Information System (ACCMIS). National Community Services Data Dictionary Version 2.

Source organisation: Department of Health and Ageing
National Community Services Data Committee

Comments: The codes for States/Territories are consistent with the National Community Services Data Dictionary Version 2. Currently, ACCMIS collapses the ACT into NSW and has no separate coding for Other Territories.

Accommodation setting—usual

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The setting in which the person usually lives.

Context: The relationship between housing and the care needs of frail older people and people with disabilities is an area of considerable policy importance. Recent reviews have identified insecure housing as a risk factor in premature entry into residential care among frail older people and the possibility that it may be associated with more limited access to community-based services.

This data element supports the reporting of Performance Indicators relating to the effectiveness of the Aged Care Assessment Program and community care programs generally, particularly when compared to *Recommended long-term care setting*.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain:

- 1 Private residence—owned/purchasing
- 2 Private residence—private rental
- 3 Private residence—public rental or community housing
- 4 Independent living within a retirement village
- 5 Boarding house/rooming house/private hotel
- 6 Short-term crisis, emergency or transitional accommodation
- 7 Supported community accommodation
- 8 Residential aged care service—low level care
- 9 Residential aged care service—high level care
- 10 Hospital
- 11 Other institutional care
- 12 Public place/temporary shelter
- 13 Other
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

This data element should be used to record the accommodation setting in which the person usually lives (see below for more information on defining 'usual').

Private residence – owned/purchasing; private rental; public rental or community housing: Includes private residences of a wide range of dwelling types, such as houses, flats, units, caravans, mobile homes, boats, marinas, etc. Codes 1, 2 and 3 distinguish between different types of tenure associated with private residences. Where the person's tenure over the residence is not clear (e.g. living rent free with friends or family), the code used should reflect the type of tenure primarily associated with the dwelling.

- 1 **Private residence – owned/purchasing:** Includes private residences which are owned or being purchased either by the person or another member of their household or family (including a non-resident relative).
- 2 **Private residence – private rental:** Includes private residences which are rented on the private rental market at competitive market rates. This includes dwellings rented through real estate agents as well as private landlords who are not part of the person's family.
- 3 **Private residence – public rental or community housing:** Includes private residences secured through State/Territory Housing Authorities (public rental) or through community or cooperative housing groups.
- 4 **Independent living within a retirement village:** Includes persons living in self-care or independent-living units within a retirement village, irrespective of the type of tenure the person holds over the residence. Persons living in a retirement village with the provision of care services should be coded to Supported community accommodation.
- 6 **Short-term crisis, emergency or transitional accommodation:** Includes temporary or short-term accommodation provided in response to crisis or emergency situations (e.g. night shelters, refuges, hostels for the homeless), or to facilitate a transition between institution-type settings and independent community living (e.g. halfway houses). These settings often provide some form of support services – such as meals, counselling, information or advocacy – but are not intended to function as a permanent or ongoing accommodation option. This code should only be used when the person is living in this type of setting at the time of assessment and has no other usual accommodation setting.
- 7 **Supported community accommodation:** Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24-hour supervision and support services by rostered care workers (such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only). Persons living in aged care hostels should be coded to Residential aged care (8 or 9) depending on the level of care they receive.
- 8 **Residential aged care service – low level care:** Includes permanent residents of residential aged care services (formerly nursing homes and

aged care hostels) and multi purpose services or multi purpose centres, who are receiving low level care. This category includes Indigenous Flexible Pilots.

- 9 **Residential aged care service – high level care:** Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels) and multipurpose services or multi purpose centres, who are receiving high level care. This category includes Indigenous Flexible Pilots.
- 10 **Hospital:** This code should only be used when the person is in hospital at the time of assessment and has no other usual accommodation setting or place they would call 'home'.
- 11 **Other institutional care:** Includes other institutional settings which provide care and accommodation services such as hospices and long-stay residential psychiatric institutions.
- 12 **Public place/temporary shelter:** Includes public places such as streets and parks, as well as temporary shelters such as bus shelters or camps and accommodation outside legal tenure arrangements, such as squats.
- 13 **Other:** Includes all other types of settings.

Where the client's accommodation arrangements at the time of comprehensive assessment reflect their usual accommodation setting, the client's **current** accommodation setting should be recorded. The data elements *Suburb/town/locality name*, *Postcode* and *Living arrangements* should also relate to the same location.

Where the client's accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the client's 'usual' accommodation setting should be recorded. This includes situations where the client is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement.

In these cases, the client should be asked to nominate what they consider to be their usual place of residence. The following standard questions are recommended to elicit the information required for reporting *Suburb/town/locality name*, *Postcode*, *Living arrangements* and *Accommodation setting – usual*, all of which should relate to the same place.

Where do you live?

Do you consider this to be your usual place of residence or home? (Yes/No)

If No: Where is your usual place of residence?

Many ACAT clients may change their accommodation setting as a result of their ACAT assessment. A recommended change in the person's accommodation setting is recorded under the data element *Recommended long-term care setting*.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data: Is related to the data elements *Suburb/town/locality name*, *Postcode*, and *Living arrangements*.
Qualifies the data elements *Current assistance with activities*, *Source of current assistance with activities*, *Respite care use*, *Government program support at assessment*, *Carer availability* and *Living arrangements*.
Is used in the derivation of the performance indicators:

% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% ACAT recommendations for long-term residential care for younger clients [3.2]
% older ACAT clients with dementia recommended for long-term care in community settings [4.1]
% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2].

Administrative attributes

Source document: National Classification of Community Services Version 1.0, 1997.
National Community Services Data Dictionary Version 2, 2000.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: In the classification of settings included in the *National Classifications of Community Services* Version 1.0, aged care hostels are included in Class 205 (Supported accommodation facility) and nursing homes are included in Class 402 (Special-purpose residential facility). For the purposes of the ACAP MDS, nursing homes and aged care hostels have been grouped together as Residential Aged Care Facilities (Class 402) and then divided into low/high level care. This is in line with the recent Commonwealth government restructuring of aged care services which combines nursing homes and aged care hostels into a single category called Residential Aged Care Services.

The categories in the ACAP MDS Version 2.0 *Accommodation setting – usual* are different to the HACC MDS data element *Accommodation setting*, but both can be mapped to the *National Community Services Data Dictionary* Version 2 *Residential setting* item (see following table). There are also differences between the concept of 'usual' in the ACAP MDS Version 2.0 and 'while receiving services' in the HACC MDS.

Mapping the coding options for Accommodation setting—usual (ACAP MDS V2.0 & HACC MDS V1.0) to the National Community Services Data Dictionary Version 2

Accommodation setting—usual (ACAP)	Residential setting (NCSDD)	Accommodation setting (HACC)
Private residence—owned/purchasing Private residence—private rental Private residence—public rental or community housing Independent living within a retirement village	Private setting	Private residence—owned/purchasing Private residence—private rental Private residence—public rental Private residence—mobile home Private residence—rented from Aboriginal community Independent living unit within a retirement village
Boarding house/rooming house/private hotel Short-term crisis, emergency or transitional accommodation Supported community accommodation	Community-based setting	Boarding house/private hotel Short-term crisis, emergency or transitional accommodation facility Domestic-scale supported living facility Supported accommodation facility
Residential aged care service—low level care Residential aged care service—high level care Hospital Other institutional care	Institutional setting	Residential aged care facility Psychiatric/mental health community care facility
Public place/temporary shelter	None/homeless/public place	Public place/temporary shelter Temporary shelter within Aboriginal community
Other		Other
Not stated/inadequately described		Not stated/inadequately described

Activity limitations

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The activities in which the help or supervision of another individual is needed by the person, as assessed by the Aged Care Assessment Team.

Context: Information about the types of assistance the client is assessed by the Aged Care Assessment Team (ACAT) as needing gives some indication of the extent and complexity of the needs of ACAT clients. This information can be compared with members of the general population needing these types of assistance, as identified by the Australian Bureau of Statistics (ABS) in the Survey of Disability, Ageing and Carers.

The categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the ABS) and to enable comparisons of assistance needed by ACAT clients with the types of assistance provided by other government-funded community care services (e.g. Home and Community Care (HACC) and Community Aged Care Packages (CACP)).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. However, needing assistance with these tasks is not used as eligibility criteria for ACAT services, nor is it intended for use as criteria for eligibility to any other type of service or care. The need for assistance with these tasks is one way of identifying clients with higher level needs in a way that allows them to be compared with members of the general population.

The first four areas of activity in this data element are used to identify severe or profound core activity restriction. Identification of a need for assistance in the other categories facilitates analysis of need for those types of assistance commonly provided by government funded community care programs. The categories used in this data element are consistent with those used in the HACC program and CACP program. They are also consistent with the ABS Disability, Ageing and Carers Survey and thus facilitate comparisons with population data on the need for these types of assistance.

Consistency with the *National Community Services Data Dictionary* Version 2 has also been maintained. In particular, with the definition of *Areas of activity* used in that dictionary which is based on the International Classification of Functioning, Disability and Health (ICF 2001).

This data element supports the reporting of a number of the Performance Indicators relating to the measurement of the equity, effectiveness and quality of the Aged Care Assessment Program.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	CODE
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 13	<i>Representational layout:</i>	NNNN....
<i>Data domain:</i>	1 Self-care 2 Movement activities 3 Moving around places at or away from home 4 Communication 5 Health care tasks 6 Transport 7 Activities involved in social and community participation 8 Domestic assistance 9 Meals 10 Home maintenance 11 Other 12 None 98 Unable to determine 99 Not stated/inadequately described (<i>not for use in primary data collections</i>)		

Guide for use:

- 1 Self-care:** Refers to assistance or supervision of another person with daily self-care tasks such as eating, showering/bathing, dressing, toileting and managing incontinence. The independent use of aids and equipment should not be recorded against this code. Where an ACAT considers that the person's need for assistance with self-care would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.
- 2 Movement activities:** Refers to assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair. The independent use of aids and equipment should not be recorded against this code. Where an ACAT considers that the person's need for assistance with movement activities would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.
- 3 Moving around places at or away from home:** Refers to assistance or supervision of another person with walking and related activities, either around the home or away from home (excludes needing assistance with transportation). The independent use of aids and equipment should not be recorded against this code. Where an ACAT considers that the person's need for assistance with moving around places at or away from home would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.

- 4 **Communication:** Refers to assistance or supervision of another person with understanding others, making oneself understood by others. The independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code. Where an ACAT considers that the persons' need for assistance with communication would be met by their independent use of aids or equipment (i.e. not requiring the help or supervision of another individual) they should not be recorded here.
- 5 **Health care tasks:** Refers to assistance or supervision of another person with taking medication or administering injections, dressing wounds, using medical machinery, manipulating muscles or limbs, taking care of feet (includes a need for home nursing and allied health care, such as physiotherapy and podiatry).
- 6 **Transport:** Refers to assistance or supervision of another person with using public transport, getting to and from places away from home or driving.
- 7 **Activities involved in social and community participation:** Refers to assistance or supervision of another person with shopping, banking, participating in recreational, cultural or religious activities, attending day centres, managing finances and writing letters.
- 8 **Domestic assistance:** Refers to assistance or supervision of another person with household chores such as washing, ironing, cleaning and formal linen services.
- 9 **Meals:** Refers to assistance or supervision of another person with meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.
- 10 **Home maintenance:** Refers to assistance or supervision of another person with the maintenance and repair of the person's home, garden or yard to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.
- 11 **Other:** Refers to assistance or supervision of another person with any other tasks or activities of daily living.
- 12 **None:** Should be recorded when the assistance or supervision of another person is not needed by the person.
- 98 **Unable to determine:** Should be recorded when the need for assistance or supervision of another person with tasks or activities cannot be identified for any reason.

Collection methods: More than one activity can be recorded.

This data element should be reported for all clients comprehensively assessed by an ACAT.

For clients whose usual accommodation setting is in a residential aged care service, hospital or other institutional care setting, codes 8, 9 and 10 (domestic assistance, meals and home maintenance) do not apply. It is assumed that these activities are provided as part of their accommodation setting.

The person's need for assistance with activities should be reported in relation to their usual accommodation setting. If the person's accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the information recorded here should reflect the person's usual

living situation. This includes situations where the person is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement. This is consistent with the reporting of the data elements *Accommodation setting – usual*, *Living arrangements*, *Postcode* and *Suburb/town/locality name*.

Record those areas of activity that, in the ACAT's opinion, the client needs the assistance or supervision of another person, from either formal agencies or informal carers, regardless of whether the assistance is available or not, and also regardless of whether the client agrees to a referral being made to a relevant agency.

The client's need for assistance or supervision from another person should take into account their use of, or need for, aids or equipment. That is, if a client independently uses an aid to help them with a particular activity, or could independently use such an aid, they should not be recorded as needing the help or supervision of another individual.

If the person chooses not to use the aid (or it is unavailable) this will be captured in the *Recommended formal assistance with activities* data element, i.e. formal assistance with an activity will be recommended, even though it has not been identified as needed.

Related data:

Is used in conjunction with the data element Health condition.

Is qualified by the data element Accommodation setting – usual.

Is used in the derivation of the performance indicators:

% older people with a severe or profound core activity restriction assessed by ACATs [2.3]

% younger ACAT clients with severe or profound core activity restriction [2.4]

% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]

% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]

% multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

Source document: National Classifications of Community Services, Version 1.0, 1997.
Home and Community Care Data Dictionary Version 1.0, 1998.
Australian Bureau of Statistics Survey of Disability, Ageing and Carers 1998.
National Community Services Data Dictionary Version 2, 2000.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Assessment end date

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which the comprehensive assessment of the person ends.

Context: This data element records the end of the comprehensive assessment phase of an Aged Care Assessment Team's (ACAT's) work with a client and is the trigger for inclusion of the record of a client's comprehensive assessment in the Aged Care Assessment Program Minimum Data Set (ACAP MDS) collection. It may be used in conjunction with the data element *Referral date* to measure the length of time taken from beginning to end of a comprehensive assessment.

Recording the end of a comprehensive assessment in the MDS does not necessarily mean that the comprehensive assessment process was completed. The data element *Reason for ending assessment* is reported in conjunction with the *Assessment end date* so that complete and incomplete comprehensive assessments are identified for subsequent analyses.

A comprehensive assessment may end because the client died, or moved away, or because the client's medical condition or functional status is unstable, indicating a need for acute care or a period of rehabilitation care before their long-term care needs can be comprehensively assessed by the ACAT.

At times, ACATs may continue to work with their clients beyond the point where a care plan is developed and referrals to other services are made. Recording and reporting of *Assessment end date* does not imply that ACATs will have no further contact with the client beyond that date.

This data element supports the reporting of all the Performance Indicators for the Aged Care Assessment Program, with the exception of Performance Indicator 2.1: Percentage ACAT clients receiving timely assistance.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	DATE
<i>Field size:</i>	<i>Min:</i> 8 <i>Max:</i> 8	<i>Representational layout:</i>	DDMMYYYY
<i>Data domain:</i>	Valid date.		
<i>Guide for use:</i>	This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use zeros to ensure that the date contains the required 8 digits. For example, for a comprehensive assessment that ended for whatever reason on the 1st of July, 2000, the <i>Assessment end date</i> would be reported as 01/07/2000.		

The *Assessment end date* is the date that the ACAT completes the care plan (i.e. makes a recommendation for the client's long-term care setting) for the client or ends the comprehensive assessment process because of other factors or events that mean that the comprehensive assessment cannot proceed. This may be because the client died, moved away or was referred to another ACAT. It may also be because the client's medical condition or functional status is unstable, indicating a need for acute care or a period of rehabilitation care before their care needs can be comprehensively assessed by the ACAT. This may mean that some comprehensive assessments that were previously 'held open' or 'interrupted' or 'suspended' will be recorded, for the purposes of the MDS collection, as ended (see *Reason for ending assessment*) and a new comprehensive assessment reported when the client is eventually assessed by the ACAT after completion of the acute or rehabilitation care.

Collection methods: This data element should be reported for all clients who were accepted by an ACAT for a comprehensive assessment.

Related data: Is used in conjunction with the data element Reason for ending assessment
 Relates to the data element Referral date.
 Is used in the derivation of the performance indicators:
 % older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]
 % older ACAT clients from culturally and linguistically diverse backgrounds [1.2]
 % older ACAT clients living in rural/remote areas [1.3]
 % older people assessed by ACATs [2.2]
 % older people with a severe or profound core activity restriction assessed by ACATs [2.3]
 % younger ACAT clients with severe or profound core activity restriction [2.4]
 % older ACAT clients with dementia [2.5]
 % ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
 % ACAT recommendations for long-term residential care for younger clients [3.2]
 % older ACAT clients with dementia recommended for long-term care in community settings [4.1]
 % older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
 % ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
 % ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
 % multidisciplinary assessments for clients 'at risk' [6.1]
 Cost per unit output [9.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
 Australian Institute of Health and Welfare

Comments:

Assessor profession

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The profession of all Aged Care Assessment Team members and non-team members participating in the person's comprehensive assessment via extensive consultation or discussion of the person's situation, condition or care needs that contributes to their care plan.

Context: Identifying the range of disciplines or areas of expertise contributing to the client's comprehensive assessment provides a picture of the extent to which Aged Care Assessment Team (ACAT) comprehensive assessments are multidisciplinary. It is acknowledged that a multidimensional approach to comprehensive assessment does not necessarily require contribution from more than one discipline. For this reason this data element is only seen as a proxy measure of the extent to which the Aged Care Assessment Program is providing comprehensive, multidimensional assessments of the care needs of frail older people.

This data element is not limited to ACAT members. That is, the profession of any person who has a significant involvement in the client's comprehensive assessment via extensive consultation or discussion that contribute to the care plan should be reported.

This data element supports the reporting of Performance indicator 6.1: Percentage multidisciplinary assessments for clients 'at risk' which is a quality measure for the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 58 *Representational layout:* NNNN.....

Data domain:

Medical practitioners

- 1 Generalist medical practitioner
- 2 Geriatrician
- 3 Psychogeriatrician
- 4 Psychiatrist
- 5 Other medical practitioner

Nursing professionals

- 6 Nurse manager
- 7 Nurse educator & researcher
- 8 Registered nurse
- 9 Registered mental health nurse
- 10 Registered developmental disability nurse
- 11 Other nursing professional

Health professionals

- 12 Occupational therapist
- 13 Physiotherapist

- 14 Speech pathologist/therapist
- 15 Podiatrist
- 16 Pharmacist
- 17 Aboriginal health worker
- 18 Other health professional
- Social welfare professionals**
- 19 Social worker
- 20 Welfare & community worker
- 21 Counsellor
- 22 Psychologist
- 23 Other social professional
- 24 Other profession
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- 5 **Other medical practitioners:** Includes specialist physicians e.g. neurologists, rehabilitation specialists.
- 13 **Physiotherapist:** Includes physical therapists.
- 18 **Other health professional:** Includes audiologist, orthoptist, orthotist and health professionals not elsewhere classified.
- 21 **Counsellor:** Includes rehabilitation counsellor, drug and alcohol counsellor, family counsellor etc.
- 23 **Other social professional:** Includes interpreters and social professionals not elsewhere classified.

Collection methods:

This data element should be reported for all clients comprehensively assessed by an ACAT.

Record the profession of each clinician or professional person, ACAT member or non-team member, that contributes to the comprehensive assessment of the client. If more than one assessor belongs to the same professional category, the category should only be recorded once.

Related data:

Is used in the derivation of the performance indicator:
% multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

Source document: Australian Bureau of Statistics: Australian Standard Classification of Occupations, Second Edition, 1997, ABS Catalogue No. 1220.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Body function impairments

Admin. status: DRAFT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The physiological or psychological functions of the person's body where significant deviation from the norm or loss of function is experienced and affects the person's need for assistance with activities of daily living or social participation.

Context: This data element provides information about the presence of impairment for given body functions. Body functions are the physiological or psychological functions of body systems, and impairments are problems in body function or structure experienced as a significant deviation or loss (World Health Organization 2001).

This data element, in conjunction with the data elements *Health condition* and *Activity limitations*, provides information that assists in describing the overall health status of the Aged Care Assessment Program (ACAP) client population. *Body function impairments* allows for the reporting of functional limitations even in the absence of diagnosed health conditions known to be the cause of the impairment.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

Field size: *Min:* 4 *Max:* 40 *Representational layout:* NNNNN.....

Data domain: 4-digit code based on the International Classification of Functioning, Disability and Health (ICF), World Health Organization (WHO) 2001 (refer to Appendix F for code list).

0000 No body function impairment identified
9999 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: Up to 10 body function impairments may be reported for the client.

Body function and impairment of body function are classified in the ICF 2001.

Where multiple body functions or impairment of body functions are recorded, the following prioritising system should be used.

- The first recorded body function impairment is the one having the greatest impact on the person's need for assistance with activities of daily living or social participation.
- Second and subsequent recorded body function impairments are also of relevance to the individual but need not be ranked in order of significance in relation to need for assistance.

This data element can be used to record the manifestation of the pathology identified in the *Health condition* data element. It can also be used to record a

body function impairment in the absence of any identified disease or disorder.

Record 0000 when the person has no impairment of body function of concern.

Record 9999 when the person's body function impairments are unknown or the Aged Care Assessment Team (ACAT) has insufficient information to report this data element.

Collection methods: This data element should be recorded at the end of the comprehensive assessment process and reported for all clients comprehensively assessed by an ACAT.

Related data: Is related to the data elements Health condition and Activity limitations.

Administrative attributes

Source document: International Classification of Functioning, Disability and Health, WHO 2001. National Community Services Data Dictionary Version 2, 2000.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: ACAP Officials have supported the continuation of the sub-group of the ACAP Data Working Group to focus on the maintenance of the *Health condition (ICD-10-AM)* code list and to explore the potential of the *Body function impairments (ICF)* item. If and when this data element is implemented it will be designed to complement *Health condition* and *Activity limitations*. This work will be coordinated through the Victorian Evaluation Unit.

The codes used in this data element are consistent with the structure used in the *National Community Services Data Dictionary Version 2 (2000)* for the data element 'Body functions'. The 'Body functions' data element uses the chapter level structure of the ICF in the data domain.

The ICF belongs to the family of classifications developed for a wide range of health-related applications. Health conditions are classified mainly in the ICD-10. The ICF and ICD-10 are complementary and users are encouraged to use these two classifications together wherever applicable. ICD-10 provides a diagnosis and this information is enriched by the additional information given by ICF on functioning. Together, information on diagnosis plus functioning provides a broader and more meaningful picture that describes the health status of people, which could be used for decision making purposes.

Impairment is not contingent on aetiology or how the state is developed; for example, loss of vision or a limb may arise from a genetic abnormality or an injury. The presence of an impairment necessarily implies a cause; however, the cause may not be sufficient to explain the resulting impairment. Also, when there is an impairment, there is a dysfunction in the body functions, but this may be related to any of the various diseases, disorders or physiological states.

Impairment is part of a health condition, but does not necessarily indicate that a disease is present or that an individual should be regarded as sick.

Impairments are broader and more inclusive in scope than disorders or diseases; for example, the loss of a leg is an impairment of body structure, but not a disorder or disease.

Some categories of the body functions and structure and the ICD-10

categories seem to overlap, particularly with regard to symptoms and signs. However, the purposes of the two classifications are different. ICD-10 classifies symptoms in a special chapter to document morbidity or service utilisation, whereas the ICF shows them as part of the body functions. These may be used for prevention or identifying patients' needs.

National Community Services Data Dictionary Version 2, 2000 – Information annexes (4.4)

The dimensions of the ICF are defined in relation to a health condition. 'A health condition is an alteration or attribute of the health state of an individual that may lead to distress, interference with daily activities, or contact with health services. It may be a disease (acute or chronic), disorder, injury or trauma, or reflect other health-related states such as pregnancy, ageing, stress, congenital anomaly or genetic predisposition' (WHO, 2001). In the WHO's international classifications, health conditions are classified mainly in the International Classification of Diseases, Tenth Revision (ICD-10).

Further information on developments regarding the ICF should be directed to the Australian Institute of Health and Welfare who are the WHO Collaborating Centre in Australia for the development of the ICF. The contact is Ros Madden, GPO Box 570, Canberra ACT 2601, phone 02 6244 1000.

Carer availability

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether someone, such as a family member, friend or neighbour, excluding paid or volunteer carers organised by formal services, has been identified as providing regular and sustained care and assistance to the person without payment other than a pension or benefit.

Context: Recent years have witnessed a growing recognition of the critical role that informal support networks play in caring for frail older people and younger people with disabilities within the community. Not only are informal carers responsible for maintaining people with often high levels of functional impairment within the community, but the absence of an informal carer has been identified as a significant risk factor contributing to institutionalisation among the Aged Care Assessment Program (ACAP) target population.

Even though carers may continue to play an important role for people in residential care, the focus of this data element is on the extent to which carers help their care recipients remain living in the community.

Increasing interest in the needs of carers and the role they play has prompted greater interest in collecting more reliable and detailed information about carers and the relationship between informal care and the provision of and need for formal services.

This data element supports the reporting of a number of the Performance Indicators relating to the effectiveness and quality of the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 0 Not applicable
- 1 Has a carer
- 2 Has no carer
- 9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: 0 **Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multi purpose services (or multi purpose centres), Indigenous flexible pilots, hospitals or other institutional care settings at the time of assessment.

This data element is purely descriptive of a client’s circumstances. It is not intended to reflect whether a client is considered by the Aged Care Assessment Team (ACAT) to need a carer or not; or whether an identified

'carer' is considered by the ACAT to be capable of undertaking the caring role.

In line with this, the expressed views of the client and/or their carer or significant other should be used as the basis for determining whether the client is recorded as having a carer or not.

A carer is someone who provides care and/or assistance to the person on a regular and sustained basis. If in doubt about whether the level and type of assistance provided by another person is sufficient to identify them as a carer, if the removal of that assistance would significantly compromise the care available to the person to their detriment, record the person as having a carer. Excluded from the definition of carers are paid workers or volunteers organised by formal services (including paid staff in funded group houses).

When asking a client about the availability of a carer, it is important for agencies to recognise that a carer does not always live with the person for whom they care. That is, a person providing care and assistance to the client does not have to live with the client in order to be called a carer.

The availability of a carer should also be distinguished from living with someone else. Although in many instances a co-resident will also be a carer, this is not necessarily the case. The data element *Living Arrangements* is designed to record information about person(s) with whom the client may live.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.

Related data: Qualifies the data elements Carer co-residency status and Relationship of carer to care recipient.
Is qualified by the data element Accommodation setting – usual.
Is used in the derivation of the performance indicators:
% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% multidisciplinary client assessments for 'at risk' clients [6.1].

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments: It is important to note that the definition of carer implied here is not the same as the definition of 'primary carer' used by the Australian Bureau of Statistics.
Consistent with the Home and Community Care Minimum Data Set.

Carer co-residency status

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the carer lives with the person for whom they care.

Context: This data element helps to establish a profile of the characteristics of informal carers assisted either directly or indirectly by the Aged Care Assessment Team (ACAT). As such it increases our knowledge about the dynamics and patterning of the provision of informal care to and by clients of the ACAT. In particular, whether or not the carer lives with the person for whom they care is one indication of the level of informal support available to clients and of the intensity of care provided by the carer.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 0 Not applicable
- 1 Co-resident carer
- 2 Non-resident carer
- 9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: 0 **Not applicable:** Should only be recorded for people who either have no carer or were permanent residents of residential aged care services, multipurpose services (or multipurpose centres), Indigenous flexible pilots, hospitals or other institutional care settings at the time of assessment.

A client may have more than one family member or friend providing them with care and assistance. In such circumstances, this data element relates to the carer who is identified as providing the most care and assistance.

A co-resident carer is a person who provides care and assistance on a regular and sustained basis to a person who lives in the same household. A non-resident or visiting carer is a person who provides care and assistance on a regular and sustained basis to someone who lives in a different household.

If a client has both a co-resident (e.g. a spouse) and a visiting carer (e.g. a daughter or son), the coding response to this data element should be related to the carer who provides the most care and assistance related to the client's capacity to remain living in the community. The expressed views of the client and/or their carer(s) or significant other should be used as the basis for determining which carer should be considered to be the primary or principal carer in this regard.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.

Related data: Is qualified by the data elements Accommodation setting – usual and Carer availability.
Is related to the data element Living arrangements.

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments: Consistent with the Home and Community Care Minimum Data Set.

Client ID

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: This is the number assigned by the Aged Care Assessment Team (or the institution of which it is part) to uniquely identify each client registered for a comprehensive assessment.

Context: In conjunction with *Aged Care Assessment Team (ACAT) ID* and *Referral date*, the *Client ID* number uniquely identifies a record submitted in the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) collection. The number is not standardised across ACATs. It may be used to identify particular records that require some follow-up contact with an ACAT to resolve any queries on the data reported.

Relational and representational attributes

Datatype: Alpha numeric *Representational form:* CODE

Field size: *Min:* *Max:* *Representational layout:*

Data domain: The structure of the Client ID number varies according to State/Territory or ACAT.

Guide for use: The Client ID number should be the number used within the ACAT to identify the client. In New South Wales, the Australian Capital Territory, Tasmania and Victoria (where applicable), the AGS SRN number should be used.

Collection methods: This data element should be reported for all clients who were accepted by an ACAT for a comprehensive assessment.
This number should be assigned on the client's initial entry into the service.

Related data: Is related to the data elements ACAT ID and Referral date.

Administrative attributes

Source document: Aged Care Assessment Program Minimum Data Set Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Country of birth

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: This data element can be analysed in conjunction with the data elements *Main language other than English spoken at home* and *Proficiency in spoken English* to derive measures of access to Aged Care Assessment Team (ACAT) services by culturally and linguistically diverse members of the population. This information is also used for planning of targeted services to meet the specific needs of members of culturally and linguistically diverse groups.

This data element supports the reporting of Performance Indicator 1.2: Percentage older ACAT clients from culturally and linguistically diverse backgrounds, which is an access and equity measure for the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 4 *Max:* 4 *Representational layout:* NNNN

Data domain: Standard Australian Classification of Countries 1998 4-digit (individual country) level, ABS Catalogue No. 1269.0 (refer to Appendix G).

Guide for use: Code 0000 should be used when the country of birth has not been supplied by the client upon request or where insufficient information has been supplied by the client to code the data element.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

ACATs may collect *Country of birth* in a variety of ways. Some ACATs use an open ended question asking the person to specify their country of birth. Regardless of the exact format used by the ACAT, *Country of birth* should be collected in such a way as to allow the information to be coded using the Standard Australian Classification of Countries. A question that only asks the person to identify whether they were born in either an 'English speaking' or 'non-English speaking' country will not provide sufficient information to code the person's *Country of birth*.

Related data: Is related to the data element Indigenous status
Is used in the derivation of the performance indicator:
% older ACAT clients from culturally and linguistically diverse backgrounds [1.2].

Administrative attributes

- Source document:** Australian Bureau of Statistics: Standard Australian Classification of Countries 1998, ABS Catalogue No. 1269.0.
Australian Bureau of Statistics. Standards for Statistics on Cultural and Linguistic Diversity. Catalogue No. 1289.0, 1999.
National Community Services Data Dictionary Version 2, 2000.
- Source organisation:** National Community Services Data Committee
Aged Care Assessment Program Officials
- Comments:** The Standard Australian Classification of Countries was published by the Australian Bureau of Statistics (ABS) in June 1998. This is a revised version of the previous Australian Standard Classification of Countries for Social Statistics (ASCCSS). The revised version retains the 4-digit format but has an updated main structure and coding index.
- The ABS Standard Australian Classification of Countries specifies that code '0003' should be used to code responses where the person's country of birth is 'Not stated', whereas code '0000' should be used for responses that are 'Unknown' or 'Inadequately described'. The separate identification of 'Not stated' and 'Unknown/Inadequately described' responses was considered unnecessary for the purposes of the ACAP MDS Version 2.0 collection, and therefore the Guide for use for the data element *Country of birth* specifies that code '0000' should be used for responses that are 'Not stated', 'Unknown' or 'Inadequately described'.
- Traditionally, the most widely used method for identifying and measuring multicultural phenomena in Australia has been to categorise people as being of non-English speaking background (NESB). A decision was made in May 1996 by a Ministerial Council of the Commonwealth and State governments to discontinue the official use of NESB as a measure of cultural diversity. This decision was made following strong criticism of NESB by a House of Representatives Standing Committee on Community Affairs inquiry into migrant access and equity in its report to Parliament, *A Fair Go For All: Report on Migrant Access and Equity*.
- The ABS recommends new and more relevant methods of measuring social, cultural and economic disadvantage in Australia's multicultural society. The core data elements (or variables) recommended by the ABS are *Country of birth* (or Birthplace), *Main language other than English spoken at home* and *Proficiency in spoken English*. However, at this stage the process for the analysis and interpretation of these data elements as a set remains unclear and further clarification is being sought through the National Community Services Information Management Group, before their inclusion in the ACAP MDS will be considered by the ACAP DWG. The two definitions, *Main language other than English spoken at home* and *Proficiency in spoken English*, are labelled with a status of DRAFT and will remain so until further investigation of the standard for identification of cultural and linguistic diversity. The ACAP DWG will be exploring the possibility of using a methodology developed by the Department of Immigration and Multicultural Affairs for identifying potential disadvantage related to cultural and linguistic diversity that would only require ACATs to report *Country of birth* for each client.

Current assistance with activities

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The activities in which the help or supervision of another individual is used by the person at the time of their comprehensive assessment, in relation to their usual accommodation arrangements.

Context: This data element helps to establish a profile of the support already used by the person at the time of their comprehensive assessment, from either formal services or informal carers. When analysed in conjunction with *Source of current assistance with activities* it also provides some indication of the extent of the contribution of informal carers to supporting frail older people living at home.

The categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the Australian Bureau of Statistics) and to enable comparison with the type of assistance provided by other government funded community care services (e.g. Home and Community Care (HACC) and Community Aged Care Packages (CACP)).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. However, needing assistance with these tasks is not used as eligibility criteria for Aged Care Assessment Team services nor is it intended for use as criteria for eligibility to any other type of service or care. The need for assistance with these tasks is one way of identifying clients with higher level needs in a way that allows them to be compared with members of the general population.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	CODE
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 13	<i>Representational layout:</i>	NNNN....
<i>Data domain:</i>	0 Not applicable		
	1 Self-care		
	2 Movement activities		
	3 Moving around places at or away from home		
	4 Communication		
	5 Health care tasks		
	6 Transport		
	7 Activities involved in social and community participation		
	8 Domestic assistance		

- 9 Meals
- 10 Home maintenance
- 11 Other
- 12 None
- 98 Unable to determine
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- 0 **Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multi purpose services (or multi purpose centres), Indigenous flexible pilots, hospitals or other institutional settings at the time of assessment.
- 1 **Self-care:** Refers to assistance or supervision of another person with daily self-care tasks such as eating, showering/bathing, dressing, toileting and managing incontinence. The independent use of aids and equipment should not be recorded against this code.
- 2 **Movement activities:** Refers to assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair. The independent use of aids and equipment should not be recorded against this code.
- 3 **Moving around places at or away from home:** Refers to assistance or supervision of another person with walking and related activities, either around the home or away from home (excludes needing assistance with transportation). The independent use of aids and equipment should not be recorded against this code.
- 4 **Communication:** Refers to assistance or supervision of another person with understanding others, making oneself understood by others. The independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code.
- 5 **Health care tasks:** Refers to assistance or supervision of another person with taking medication or administering injections, dressing wounds, using medical machinery, manipulating muscles or limbs, taking care of feet (when received from formal services, this type of assistance includes home nursing and allied health care, such as physiotherapy and podiatry and therapeutic services provided at Day Therapy Centres).
- 6 **Transport:** Refers to assistance or supervision of another person with using public transport, getting to and from places away from home and driving.
- 7 **Activities involved in social and community participation:** Refers to assistance or supervision of another person with shopping, banking, participating in recreational, cultural or religious activities, attending day centres, managing finances and writing letters. Attendance at Day Therapy Centres should be coded to 5.
- 8 **Domestic assistance:** Refers to assistance or supervision of another person with household chores such as washing, ironing, cleaning and formal linen services.

- 9 **Meals:** Refers to assistance or supervision of another person with meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.
- 10 **Home maintenance:** Refers to assistance or supervision of another person with the basic maintenance and repair of the person's home, garden or yard to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.
- 11 **Other:** Refers to assistance or supervision of another person with any other tasks or activities of daily living.
- 12 **None:** Should be recorded when the assistance or supervision of another individual is not used by the person.
- 98 **Unable to determine:** Should be recorded when the use of assistance or supervision of another person with tasks or activities by a person cannot be identified for any reason.

Collection methods: More than one activity can be recorded.

This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.

The person's current use of assistance with activities should be reported in relation to their usual accommodation setting. If the person's accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the information recorded here should reflect the person's usual living situation. This includes situations where the person is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement. This is consistent with the reporting of the data elements *Accommodation setting – usual*, *Living arrangements*, *Postcode and Suburb/town/locality name*.

Related data: Is used in conjunction with the data element Source of current assistance with activities.

Is qualified by the data element Accommodation setting – usual.

Administrative attributes

Source document: National Classifications of Community Services Version 1.0, 1997.
Home and Community Care Data Dictionary Version 1.0, 1998.
Australian Bureau of Statistics Disability, Ageing and Carers Survey 1998.
National Community Services Data Dictionary Version 2, 2000.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Date of birth

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

Context: This data element is required for many purposes in the Aged Care Assessment Program. Planning processes for the program require analysis of the number of people in the general population aged 70 and over, and 50 and over for Aboriginal and Torres Strait Islander people, living in different geographic areas across Australia. Comparisons of the number of people assessed by Aged Care Assessment Teams (ACATs) in these age groups with general population numbers is one measure of the accessibility of the program to its target group. *Date of birth* is also combined with the data elements *Letters of name* and *Sex* to construct a statistical linkage key. This key assists with counting the number of people who have been assessed by ACATs across Australia by identifying where multiple records appear to refer to the same person.

Relational and representational attributes

Datatype: Numeric *Representational form:* Date

Field size: *Min:* 8 *Max:* 8 *Representational layout:* DDMMYYYY

Data domain: Valid date.

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use zeros to ensure that the date contains the required 8 digits. For example, for a person born on the 1st of July, 1926, their *Date of birth* would be reported as 01071926.

If the actual date of birth of the person is not known, ACATs should calculate an estimated date of birth in the following way. If the age of the person is known, the age of the person should be used to derive the person's year of birth. If the person's age is not known, an estimate of the person's age should be used to calculate an estimated year of birth. An actual or estimated year of birth should then be converted to an estimated date of birth according to the following convention: 0107 estimated year of birth. The 1st of July is used for estimated dates of birth to align with Centrelink's practice. This is particularly relevant to Aboriginal clients living in remote areas where dates of birth are often unknown and Centrelink's records are commonly taken as the standard for consistent recording.

It is important that ACATs do not record estimated dates of birth by using '00' for the day, month or year as this would not be considered a valid date by the system processing the data.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data: Relates to the data concept Record linkage.
 Is used in conjunction with the data elements Letters of name and Sex.
 Is used in the derivation of the performance indicators:
 % older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]
 % older ACAT clients from culturally and linguistically diverse backgrounds [1.2]
 % older ACAT clients living in rural/remote areas [1.3]
 % older people assessed by ACATs [2.2]
 % older people with a severe or profound core activity restriction assessed by ACATs [2.3]
 % younger ACAT clients with severe or profound core activity restriction [2.4]
 % older ACAT clients with dementia [2.5]
 % ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
 % ACAT recommendations for long-term residential care for younger clients [3.2]
 % older ACAT clients with dementia recommended for long-term care in community settings [4.1]
 % older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
 % ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
 % ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
 % multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
 Aged Care Assessment Program Officials

Comments: Wherever possible and wherever appropriate in a community services context, date of birth should be collected rather than age because the actual date of birth usually allows more precise calculation of age.

DVA entitlement

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether the person is receiving a Department of Veterans' Affairs entitlement, and the level of the entitlement held by the person.

Context: This information identifies people that are clients of Aged Care Assessment Teams and have a Department of Veterans' Affairs (DVA) entitlement, for national policy and planning purposes.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 1 DVA entitlement—gold card
- 2 DVA entitlement—white card
- 3 DVA entitlement—no card
- 4 No DVA entitlement
- 9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: The category 'No DVA entitlement' should be ticked for any person who is not formally recognised by DVA as having any form of DVA entitlement, including persons receiving the Aged Pension.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data:

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Department of Veterans' Affairs
Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Family name/surname

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The name a person has in common with other members of her/his family, as distinguished from her/his first name.

Context: The person's Family name/surname is not required for Aged Care Assessment Program Minimum Data Set (ACAP MDS) reporting purposes. However, Aged Care Assessment Teams (ACATs) are required to report selected letters of the person's *Family name/surname* and *First given name*. These will be used in combination with the person's *Date of birth* and *Sex* in order to link client records for statistical purposes.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person's name will only be used for linking records for statistical purposes.

Relational and representational attributes

Datatype: Alphabetic *Representational form:* Text

Field size: *Min:* *Max:* *Representational layout:* AAAAA...

Data domain: (Name)

Guide for use: The ACAT should record the client's full *Family name/surname* on their information systems. The field length for this data element is at the discretion of information system designers.

At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the client's Centrelink card should be used.

Collection methods: This data element should be recorded for all clients comprehensively assessed by an ACAT but does not need to be reported in the ACAP MDS Version 2.0. It is designed to assist with the derivation of the data element *Letters of name* which is required to be reported in the ACAP MDS Version 2.0 collection.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording – such as the difference between MacIntosh and McIntosh – can make record linkage impossible. To minimise discrepancies in the recording and reporting of name information, ACATs should ask the person for their full (formal) *First given name* and *Family name/surname*. These may be different from the name that the person may prefer the ACAT member to use in personal dealings. ACATs may choose to separately record the preferred names that the person wishes to be used by ACAT members.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, ACATs should always ask the person to specify their first given name and their family name or surname separately. These should then be recorded as *First given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Related data: Is used in the derivation of the data element Letters of name.
Is used in conjunction with the data element First given name.

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments:

First face-to-face contact date

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which one or more members of an Aged Care Assessment Team (or their representative) first has face-to-face contact with the person for the purpose of a comprehensive assessment, in response to a particular referral.

Context: Face-to-face contact is considered to be a core element of any Aged Care Assessment Team (ACAT) comprehensive assessment. At times, another person may act as an ACAT representative if face-to-face contact with an ACAT member is not possible. This may be particularly relevant in remote areas.

Relational and representational attributes

Datatype: Numeric *Representational form:* DATE

Field size: *Min:* 8 *Max:* 8 *Representational layout:* DDMMYYYY

Data domain: Valid date.

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8 digits. For example, for a client seen on the 1st of July, 2000, their *First face-to-face contact date* would be recorded and reported as 01072000.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data: Is used in conjunction with the data elements Referral date and Priority category.

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

First face-to-face contact setting

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The setting of the first face-to-face contact between the person and an Aged Care Assessment Team member (or their representative) in response to a particular referral for a comprehensive assessment.

Context: Information about the setting of the first face-to-face contact describes the environmental context in which the comprehensive assessment has occurred. This information has been identified as a factor in the recommended long-term care setting for the client.

This data element supports the reporting of Performance Indicator 4.3: Percentage ACAT recommendations for long-term care in community settings for clients assessed in community settings and Performance Indicator 4.4: Percentage ACAT recommendations for long-term care in community settings for clients assessed in hospital which are effectiveness measures for the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 1 Hospital (acute care)
- 2 Other inpatient setting
- 3 Residential aged care service
- 4 Other
- 9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- 1 **Hospital (acute care):** Includes patients in hospital (public or private) classified by the hospital as 'acute care' patients.
- 2 **Other inpatient setting:** Includes other settings (i.e. other than hospital-acute care) in which the person is an admitted patient receiving overnight care, admitted patients in extended care or rehabilitation facilities or other non-acute wards/beds in a hospital.
- 3 **Residential aged care service:** Includes all government-funded residential aged care services (formerly nursing homes and aged care hostels), multipurpose services or multipurpose centres and Indigenous flexible pilots, regardless of the level of care received by the person or whether the person is a permanent or respite resident at the first face-to-face contact.
- 4 **Other:** Includes all other settings, such as private homes, outpatient clinics, retirement villages, independent living units, Supported

Residential Services/Facilities (Victoria and South Australian only) and supported accommodation settings in the community.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data: Is related to the data element First face-to-face contact date.
Is used in the derivation of the performance indicators:
% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
% ACAT recommendations for long-term care in community settings for clients assess in hospital [4.4].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

First given name

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The name given to a person (also known as Christian name) which is that person's identifying name within the family group, or the name by which the person is uniquely socially identified.

Context: The person's *First given name* is not required for Aged Care Assessment Program Minimum Data Set (ACAP MDS) reporting purposes. However, Aged Care Assessment Teams (ACATs) are required to report selected letters of the person's *Family name/surname* and *First given name*. These will be used in combination with the person's *Date of birth* and *Sex* in order to link client records for statistical purposes.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person's name will only be used for linking records for statistical purposes.

Relational and representational attributes

Datatype: Alphabetic *Representational form:* TEXT

Field size: *Min:* *Max:* *Representational layout:* AAAAA...

Data domain: (Name)

Guide for use: The ACAT should record the client's full *First given name* on their information systems. The field length for this data element is at the discretion of information system designers.

At times, a person may be known by many names. This is sometimes the case with Aboriginal clients. Where uncertainty exists about which name to record, the name recorded on the client's Centrelink card should be used.

Collection methods: This data element should be recorded for all clients comprehensively assessed by an ACAT but does not need to be reported in the ACAP MDS Version 2.0. It is designed to assist with the derivation of the data element *Letters of name*, which is required to be reported in the ACAP MDS Version 2.0 collection.

Often people use a variety of names, including legal names, married/maiden names, nicknames, assumed names, traditional names, etc. Even small differences in recording – such as the difference between Thomas and Tom – can make record linkage impossible. To minimise discrepancies in the recording and reporting of name information, ACATs should ask the person for their full (formal) *First given name* and *Family name/surname*. These may be different from the name that the person may prefer the ACAT member to use in personal dealings. ACATs may choose to separately record the preferred name that the person wishes to be used by ACAT members.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, ACATs should always ask the person to specify their first given name and their family or surname separately. These should then be recorded as *First given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Related data: Is used in the derivation of the data element Letters of name.
Is used in conjunction with the data element Family name/surname.

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments:

First intervention date

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The first date that contact of a clinical nature (i.e. non-administrative) is made between an Aged Care Assessment Team member (or their representative) and the person, their carer, a service provider or a clinician in response to the person's referral for a comprehensive assessment.

Context: This data element is used in conjunction with the data elements *Referral date* and *Priority category*, as a measure of the appropriateness of the Aged Care Assessment Team's (ACAT's) response time to a referral. The first clinical intervention by an ACAT may involve direct face-to-face contact with the client. In this case, the *First intervention date* will be the same as the *First face-to-face contact date*. However, at times, an ACAT may take significant action in response to information available at referral before face-to-face contact with the client (e.g. organising emergency respite care, telephone counselling of carer).

This data element supports the reporting of Performance Indicator 2.1: Percentage ACAT clients receiving timely assistance which is an access and equity measure for the Aged Care Assessment Program.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	DATE
<i>Field size:</i>	<i>Min:</i> 8 <i>Max:</i> 8	<i>Representational layout:</i>	DDMMYYYY
<i>Data domain:</i>	Valid date.		

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, ACATs should use zeros to ensure that the date contains the required 8 digits. For example, for a client seen on the 1st of July, 2001, their *First intervention date* would be recorded and reported as 01072001.

This date records the first action by the ACAT related to this referral for a comprehensive assessment that involves a clinical intervention. It can be used to record the date on which an interim care plan is developed before a full comprehensive assessment is completed (e.g. emergency respite admission), or when a significant amount of telephone counselling is provided for the client or carer by the ACAT, or detailed discussions with a client's general practitioner (e.g. regarding medical history), or when support services are put in place for a client before they can be seen by the ACAT.

This data element may be the same date as the *First face-to-face contact date*. However, if any significant ACAT intervention or assistance for a client occurs before face-to-face contact, the date of this assistance should be recorded here.

The date of any administrative action, such as scheduling of appointments or requesting reports should not be reported as the *First intervention date*.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT where appropriate.

Related data: Is used in conjunction with the data elements Referral date and Priority category.

Is used in the derivation of the performance indicator:
% ACAT clients receiving timely assistance [2.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Government program support at assessment

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The major national government-funded community care program(s) from which the person is receiving support or assistance at the time of their comprehensive assessment.

Context: This information assists in establishing a profile of the support used by the person at the time of their comprehensive assessment from selected major national government-funded community care programs. This data element identifies the program source of assistance rather than the specific agency from which people receive assistance or the specific type of assistance they require from that agency.

It is designed to capture information about the types of national government programs that are being used to support frail aged people, and their carers, to remain living at home.

This data element also supplements the information captured in the data elements *Current assistance with activities* and *Source of current assistance with activities* by providing the program source of the assistance currently used by the person.

In the absence of the ability to undertake record linkage across specific programs, this data element assists in tracking the use of identified major national government-funded community care programs, particularly Community Aged Care Packages.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	CODE
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 7	<i>Representational layout:</i>	NNNN....
<i>Data domain:</i>	0 Not applicable		
	1 Community Aged Care Package (CACP)		
	2 Extended Aged Care at Home (EACH)		
	3 Home and Community Care (HACC) (including Community Options/Linkages)		
	4 Veterans' Home Care		
	5 Day Therapy Centre (Commonwealth funded)		
	6 National Respite for Carers Program (Carer Respite Centre/Resource Centre)		
	7 Other		
	8 None		

- 98 Unable to determine
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- 0 **Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multipurpose services (or multipurpose centres), Indigenous flexible pilots, hospitals or other institutional settings at the time of assessment.
- 1 **Community Aged Care Package (CACP):** Refers to the provision of a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. A CACP is targeted at frail older people living in the community who would otherwise be eligible for at least low level residential care.
- 2 **Extended Aged Care at Home (EACH):** Refers to a package of intensive home-based care or support.
- 3 **Home and Community Care (HACC):** Refers to assistance from a program of home- and community-based services to assist frail older people, younger people with disabilities and their carers to remain living at home or in the community.
Community Options/Linkages: Refers to assistance from a program of intensive home-based care and case management aimed at people of all ages with high dependency profiles and complex care needs. This program is also known as Options Co-ordination in South Australia.
- 4 **Veterans' Home Care:** Refers to assistance from a program of home support services including domestic assistance, personal care, home and garden maintenance and respite care, provided by the Department of Veterans' Affairs to help veterans and war widows/widowers remain in their homes for longer.
- 5 **Day Therapy Centres (Commonwealth funded):** Refers to the assistance from this Commonwealth-funded program that provides a wide range of therapeutic services in centre-based care, including physiotherapy, occupational therapy, speech therapy and podiatry to frail older people living in the community.
- 6 **National Respite for Carers Program (Carer Respite Centre/Resource Centre):** Refers to the assistance provided by a national network of Carer Respite Centres and Carer Resource Centres which help carers to access the wide range of respite services provided through different programs and by different levels of government.
- 7 **Other:** Refers to the receipt of any other formal support or assistance provided or delivered by agencies for example, transport, housing, aids and equipment, rehabilitation, state funded respite.
- 8 **None:** Should be recorded when no formal support or assistance from any agency is being received by the person.
- 98 **Unable to determine:** Should be recorded when the use of formal support or assistance from any agency cannot be identified for any reason.

If the person is currently receiving support from any of the nominated programs, the ACAT should also include the specific types of assistance received by the person via the program. These should be identified in the data element *Current assistance with activities*.

Collection methods: More than one program can be recorded.
This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.
If the client pays the full cost of services it should not be recorded. If the client receives assistance fully or partially funded by a program it should be recorded.

Related data: Is related to the data element Current assistance with activities.
Is qualified by the data elements Source of current assistance with activities and Accommodation setting – usual.

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: At this stage it is only those major national programs listed that have been identified as required for national reporting.

Government program support recommended

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The major national government-funded community care program(s) recommended by the Aged Care Assessment Team as the source of assistance for the person, as identified in their care plan.

Context: This information identifies which (if any) selected major national government-funded community care programs have been identified by the Aged Care Assessment Team (ACAT) as the recommended source of assistance to the client. This data element identifies the program source of assistance rather than the specific agency to which people may be referred or the specific type of assistance they require from that agency.

It is designed to capture information about the referral patterns from ACATs to other community care programs. In most cases, with the agreement of the person, the ACAT will initiate a referral to an appropriate agency or range of agencies. However, in some cases, the person themselves, or their carer, may be responsible for initiating the referral. A referral or request for assistance from another agency does not mean that the person will necessarily receive the assistance identified by the ACAT as needed by the person. The agency to which the person is referred assesses their relative need in the light of their capacity to supply assistance and sometimes competing demands from other clients.

In the absence of the ability to undertake record linkage across specific programs, this data element assists in tracking the use of identified major national government funded community care programs, particularly Community Aged Care Packages.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	CODE
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 7	<i>Representational layout:</i>	NNNN....
<i>Data domain:</i>	1 Not applicable		
	2 Community Aged Care Package (CACP)		
	3 Extended Aged Care at Home (EACH)		
	4 Home and Community Care (HACC) (including Community Options/Linkages)		
	5 Veterans' Home Care		
	6 Day Therapy Centre (Commonwealth funded)		
	7 National Respite for Carers Program (Carer Respite Centre/Resource Centre)		

- 8 Other
- 9 None
- 98 Unable to determine
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- 0 **Not applicable:** Should only be recorded for people whose *Recommended long-term care setting* is code 4 (Residential aged care service – low level care), code 5 (Residential aged care service – high level care), code 6 (Hospital) or code 7 (Other institutional care).
- 1 **Community Aged Care Package (CACP):** Refers to the provision of a planned and coordinated package of community care services to assist a person who requires management of services because of their complex care needs. A CACP is targeted at frail older people living in the community who would otherwise be eligible for at least low level residential care.
- 2 **Extended Aged Care at Home (EACH):** Refers to a package of intensive home-based care or support.
- 3 **Home and Community Care (HACC):** Refers to assistance from a program of home- and community-based services to assist frail older people, younger people with disabilities and their carers to remain living at home or in the community.
Community Options/Linkages: Refers to assistance from a program of intensive home-based care and case management aimed at people of all ages with high dependency profiles and complex care needs. This program is also known as Options Co-ordination in South Australia.
- 4 **Veterans' Home Care:** Refers to assistance from a program of home support services including domestic assistance, personal care, home and garden maintenance and respite care, provided by the Department of Veterans' Affairs to help veterans and war widows/widowers remain in their homes for longer.
- 5 **Day Therapy Centres (Commonwealth-funded):** Refers to the assistance from this Commonwealth-funded program that provides a wide range of therapeutic services in centre-based care, including physiotherapy, occupational therapy, speech therapy and podiatry to frail older people living in the community.
- 6 **National Respite for Carers Program (Carer Respite Centre/Resource Centre):** Refers to the assistance provided by a national network of Carer Respite Centres and Carer Resource Centres which help carers to access the wide range of respite services provided through different programs and by different levels of government.
- 7 **Other:** Refers to any other formal support or assistance provided or delivered by agencies for example, transport, housing, aids and equipment, rehabilitation, state funded respite.
- 8 **None:** Should be recorded when no formal support or assistance from any agency is recommended for the person.
- 98 **Unable to determine:** Should be recorded when the use of formal support or assistance from any agency cannot be identified for any reason.

If the person is recommended for support from any of the nominated programs, the ACAT should also include the specific types of assistance recommended for the person via the program. These should be identified in the data element *Recommended formal assistance with activities*.

Collection methods: This data element should only be reported for clients comprehensively assessed by an ACAT whose *Recommended long-term care setting* is in the community (i.e. codes 1–3, private residence, independent living in a retirement village or supported community accommodation).

Record those programs that are newly recommended for the person by the ACAT or are recommended to be ongoing as part of the care plan. A recommendation takes account of the availability of the program and reflects a consensus between the person and the ACAT.

More than one program can be recorded.

If the client will pay the full cost of services it should not be recorded. If the client is recommended to receive assistance fully or partially funded by a program it should be recorded.

Related data: Is qualified by the data elements Accommodation setting – usual and Recommended formal assistance with activities.

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: At this stage it is only those major national programs listed that have been identified as required for national reporting.

Record 0000 when the person has no diagnosed diseases or disorders or identified sign or symptom related to their need for assistance with activities of daily living and social participation.

Record 9998 when the person's health condition is of concern but the ACAT has insufficient information to report a formal diagnosis or identified sign or symptom.

The signs and symptoms included in codes 1701–1799 should be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.

In any analysis of 'Diseases of the nervous system' code 0500–0504 'Dementia in Alzheimer's disease' should be grouped with 0600. 'Diseases of the nervous system'.

In any analysis of 'Cerebrovascular disease' code 0605 transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

Not otherwise specified (n.o.s) is used where an assumption of the cause cannot be made that would allow a more specific code to be assigned. *Not otherwise specified* implies 'unspecified' or 'unqualified'.

Not elsewhere classified (n.e.c) is used when the health condition diagnosed contains specific variants which are not included in any other code.

Collection methods: This data element should be recorded at the end of the comprehensive assessment process and reported for all clients comprehensively assessed by ACATs. The data element should reflect the health conditions that are related to the person's assessed need for assistance with activities of daily living and social participation. The areas of activity in which a person needs assistance should be recorded under the data element *Activity limitations*.

Related data: Is related to the data element Activity limitations.
Is used in the derivation of the performance indicators:
% older ACAT clients with dementia [2.5]
% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% older ACAT clients with dementia recommended for long-term care in community settings [4.1]
% older ACAT clients 'at risk' recommended for a Community Aged Care Package [4.2]
% multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

Source document: Australian Bureau of Statistics Survey of Disability, Ageing and Carers 1998. International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification (1998) (also known as ICD-10-AM).
Meads MS & Brown F 1997. ICD 10 Coding Fundamentals: A Comprehensive Coding Guide for Healthcare Professionals. USA: PMIC.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: ACAP Officials have supported the continuation of the sub-group of the ACAP Data Working Group to focus on the maintenance of the *Health condition* (ICD-10-AM) code list and to explore the potential of the *Body*

function impairments (ICF 2001) item. If and when this data element is implemented it will be designed to complement *Health condition* and *Activity limitations*. This work will be coordinated through the Victorian Evaluation Unit.

The hierarchical structure of the code list will enable the inclusion of additional codes to support specific research into identified policy issues of national significance in the future. For example, if a particular disease or disorder of the nervous system was identified as a policy issue then a code could be added to the grouping for 'Diseases of the nervous system' e.g. 0613. It is important to note that the residual grouping, 'Other diseases of the nervous system' would need to be adjusted accordingly.

The code list facilitates reporting at a more detailed level to enable identification of the five National Health Priority Areas: mental health, diabetes mellitus, cancer control, cardiovascular health and injury prevention and control.

Code 1899 'Has other health condition n.o.s or n.e.c.' should remain in the code list for a trial period and its usage monitored and investigated.

Indigenous status

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the person identifies themselves as being of Aboriginal and/or Torres Strait Islander descent.

Context: Australia's Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. Significant health disadvantage is experienced by Aboriginal and Torres Strait Islander peoples across all age groups and for almost all diseases and conditions for which information is available (ABS/AIHW, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1997). Given these gross inequalities in health status – and their likely impact on the need for and use of health and community services – there is a strong case for ensuring that information on the Indigenous status of clients is collected in the Aged Care Assessment Program (ACAP) in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area.

The lower life expectancy of Aboriginal and Torres Strait Islander Australians means that persons of Aboriginal and/or Torres Strait Islander origin can also be expected to require assessment services at an earlier age than is the case for the wider community. In accordance with this, the age benchmark used for service provision and planning within the ACAP is lower for Aboriginal and Torres Strait Islander Australians than for the population as a whole (i.e. 50 and over for Aboriginal and/or Torres Strait Islander persons compared to 70 and over for the general population).

This data element supports the reporting of all the Performance Indicators for the Aged Care Assessment Program, with the exception of the Performance Indicators 2.1: Percentage ACAT clients receiving timely assistance and 9.1: Cost per unit output.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Both Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: This question refers to Australian Aboriginal and Torres Strait Islander peoples and not to people indigenous to other countries.

Collection methods: This data element should be reported for all clients comprehensively assessed by an Aged Care Assessment Team (ACAT).

Information about Aboriginal and Torres Strait Islander status should be collected in sufficient detail to distinguish between people of Aboriginal and Torres Strait Islander origin.

The standard Australian Bureau of Statistics (ABS) one question format for collecting data on Aboriginal and Torres Strait Islander status is as follows:

Where the person is present: 'Are you of Aboriginal or Torres Strait Islander origin?'; or where the person is not present and someone who knows the person very well responds for them, 'Is the person of Aboriginal or Torres Strait Islander origin?'

The ABS recommends collection of responses in tick boxes, e.g.

No	<input type="checkbox"/>
Yes, Aboriginal	<input type="checkbox"/>
Yes, Torres Strait Islander	<input type="checkbox"/>

Persons of both Aboriginal and Torres Strait Islander origin are to be instructed to tick both boxes, enabling the responses to be appropriately coded. Responses to this question should not be based on the perceptions of anyone other than the client or their advocate.

Non-Indigenous status should not be taken as default in the presence of no other evidence.

Related data:

Is related to the data elements Country of birth, Main language other than English spoken at home and Proficiency in spoken English.

Is used in the derivation of the performance indicators:

% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]

% older ACAT clients from culturally and linguistically diverse backgrounds [1.2]

% older ACAT clients living in rural/remote areas [1.3]

% older people assessed by ACATs [2.2]

% older people with a severe or profound core activity restriction assessed by ACATs [2.3]

% younger ACAT clients with severe or profound core activity restriction [2.4]

% older ACAT clients with dementia [2.5]

% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]

% ACAT recommendations for long-term residential care for younger clients [3.2]

% older ACAT clients with dementia recommended for long-term care in community settings [4.1]

% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]

% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]

% ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]

% multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

- Source document:** Australian Bureau of Statistics: Standard for Statistics on Cultural and Language Diversity, November 1999, Catalogue No. 1289.0.
National Community Services Data Dictionary Version 2, 2000.
Home and Community Care Data Dictionary Version 1.0, 1998.
- Source organisation:** National Community Services Data Committee
Aged Care Assessment Program Officials
- Comments:** Australia has two groups of Indigenous peoples – Aboriginal people and the Torres Strait Islander people. An Aboriginal or Torres Strait Islander person is defined by a decision of the High Court of Australia in *Commonwealth v Tasmania* (1983) 46 ALR 625. This definition states that ‘An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives’.
- There are three components to the definition of an Aboriginal and Torres Strait Islander person: descent, self-identification and community acceptance. In practice, it is not feasible to collect information on the community acceptance part of this definition and therefore questions on Indigenous Status relate to descent and self-identification only. Ideally descent could be determined by asking if a person has either an Aboriginal or Torres Strait Islander ancestor. Self-identification could be determined by asking if a person identifies culturally as an Aboriginal or Torres Strait Islander. In practice, people are asked if they are of Aboriginal or Torres Strait Islander origin. This question is considered to measure descent and for some, but not all, cultural identity.
- There has been some controversy over the issue of whether South Sea Islanders should be included within the definition of Aboriginal/Torres Strait Islander Australians. To date the Australian Bureau of Statistics (ABS) position on this issue is that South Sea Islanders are not Aboriginal/Torres Strait Islander and should not be coded as such. While the ABS is currently reviewing the issue of Indigenous status, a final decision relating to its meaning will not be made until 2001. Pending such a decision, South Sea Islanders should not be recorded as being either Aboriginal or Torres Strait Islander.

Letters of name

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DERIVED DATA ELEMENT

Definition: A specific combination of letters selected from the person's family name/surname and their first given name to assist with statistical record linkage.

Context: The person's full name is not required for Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) reporting purposes. However, Aged Care Assessment Teams (ACATs) are required to report selected letters of the person's *Family name/surname* and *First given name*. These will be used in combination with the person's *Date of birth* and *Sex* in order to link client records for statistical purposes. This item specifies the exact combination of letters from the person's *Family name/surname* and *First given name* that ACATs will be required to report for each of their clients for whom an ACAP MDS V2.0 record is submitted.

The provision of letters of a person's name can be a sensitive issue because of privacy and confidentiality concerns. The use of this information will be in accordance with the Information Privacy Principles contained in the Commonwealth Privacy Act and letters from the person's name will only be used for linking records for statistical purposes.

Relational and representational attributes

Datatype: Alphanumeric *Representational form:* TEXT

Field size: *Min:* 5 *Max:* 5 *Representational layout:* AAAAA (may include numeric characters where necessary)

Data domain: 2nd, 3rd and 5th letters of the person's Family Name/Surname; and 2nd and 3rd letters of the person's First Given Name.

Guide for use: The specified field size for *Letters of name* is 5 characters long. Letters from the client's *Family name/surname* should be provided first, followed by letters from the client's *First given name*. In the first three spaces, the ACAT should record the 2nd, 3rd and 5th letters of the client's family name or surname. In the following two spaces the ACAT should record the 2nd and 3rd letters of the client's first given name.

For example: If the client's name is Brown, Elizabeth (i.e. surname, first given name) the *Letters of name* data element should be reported as RONLI. If the client's name is Thompson, Robert the *Letters of name* data element should be reported as HOPOB.

If either of the client's names includes non-alphabetic characters – for example hyphens (as in Lee-Archer) apostrophes (as in O'Mara) or blank spaces (as in Eu Jin) – these non-alphabetic characters should be ignored when counting the position of each character.

Regardless of the length of a person's name, the *Letters of name* field should always be five characters long. If either the surname or the first given name of the person is not long enough to supply the requested letters (i.e. a surname of less than five letters or a first name of less than three letters) then ACATs should substitute the number '2' in the *Letters of name* field to reflect the missing letters. The placement of a number '2' should always correspond to the same space that the missing letter would have within the 5-digit field.

For example: If a person's name is Farr, Ben then the *Letters of name* field would be AR2EN because the 2 is substituting for a missing 5th letter of the surname. Similarly, if the person's name was Hua, Jo then the *Letters of name* field would be UA2O2 because the 2s are substituting for the missing 5th letter of the surname and the missing 3rd letter of the first given name.

If a client's surname is missing altogether the ACAT should record the number 9 for all three spaces associated with the *Family name/surname* and not the number 2. Similarly, if the person's first name is missing altogether the ACAT should substitute 9s for the two spaces associated with the *First given name*. A number (rather than a letter) is used for such substitutions in order to clearly indicate that an appropriate corresponding letter from the person's name is not available.

In some cultures it is traditional to state the family name first. To overcome discrepancies in recording/reporting that may arise as a result of this practice, ACATs should always ask the person to specify their first given name and their family name or surname separately. These should then be recorded as *First given name* and *Family name/surname* as appropriate, regardless of the order in which they may be traditionally given.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

The names from which *Letters of name* are derived should be recorded by the ACAT in line with the specifications detailed in the data elements *Family name/surname* and *First given name*.

Related data:

Is related to the data concept Record linkage.

Is derived from the data elements Family name/surname and First given name.

Is used in conjunction with the data elements Sex and Date of birth.

Is used in the derivation of the performance indicators:

% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]

% older ACAT clients from culturally and linguistically diverse backgrounds [1.2]

% older ACAT clients living in rural/remote areas [1.3]

% older people assessed by ACATs [2.2]

% older people with a severe or profound core activity restriction assessed by ACATs [2.3]

% younger ACAT clients with severe or profound core activity restriction [2.4]

% older ACAT clients with dementia [2.5]

% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]

% ACAT recommendations for long-term residential care for younger clients [3.2]

% older ACAT clients with dementia recommended for long-term care in community settings [4.1]

% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
% ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
% multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

Source document: Home and Community Care Data Dictionary Version 1.0, 1998.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Living arrangements

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether the person lives with other related or unrelated persons.

Context: A person's living arrangements can have a significant impact on their ability to continue living within their community. Living alone, in particular, has been identified as being a significant risk factor associated with institutionalisation among the frail elderly.

The data element *Living arrangements* functions as an indicator of social support and social isolation by giving some sense of the level of informal support to which a person may have access.

This data element supports the reporting of a number of the Performance Indicators relating to the effectiveness and quality of the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

0	Not applicable
1	Lives alone
2	Lives with family
3	Lives with others
9	Not stated/inadequately described (<i>not for use in primary data collections</i>)

Guide for use: 0 **Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multi purpose services (or multi purpose centres), Indigenous flexible pilots, hospitals or other institutional settings at the time of assessment.

If the person's household includes both family and non-family members, the person should be recorded as living with family. 'Living with family' should be considered to include defacto and same sex relationships.

On occasion, difficulties can arise in deciding the living arrangements of a person due to their accommodation setting (for example, boarding houses, group homes, retirement villages, etc.). In these circumstances the person should be regarded as living alone, except in those instances in which they are sharing their own private space/room within the premises with a significant other (e.g. partner, sibling, close friend, etc.).

If the person lives in a granny flat, they should be coded as living alone if the granny flat is a separate dwelling (even if part of the same residential

property) and they do not share their flat with another person. If the granny flat is part of the same dwelling occupied by another person(s), they should be coded as living with family (code 2) or others (code 3) depending on their relationship to the other person(s).

The person's *Living arrangements* should relate to the same place described under *Suburb/town/locality name*, *Postcode* and *Accommodation setting – usual*.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1–7 and 12 in the data element *Accommodation setting – usual*.

Related data: Is qualified by the data element *Accommodation setting – usual*.
Is related to the data elements *Suburb/town, locality name*, *Postcode* and *Carer co-residency status*.
Is used in the derivation of the performance indicators:
% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% multidisciplinary client assessments for 'at risk' clients [6.1].

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments: The data element *Accommodation setting – usual* provides information on the setting in which a person lives, e.g. private residence and the type of tenure associated with that setting.

The NCSDD V2 separately identifies persons living with spouses/partners and persons living with other family members. This breakdown is not considered necessary for the Aged Care Assessment Program Minimum Data Set Version 2.0.

Main language other than English spoken at home

Admin. status: DRAFT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The language reported by the person as the main language other than English spoken by the person in her or his home (or most recent private residential setting) on a regular basis, to communicate with other residents of his or her home and regular visitors.

Context: *Main language other than English spoken at home* is analysed in conjunction with the data elements *Country of birth* and *Proficiency in spoken English* to derive measures of access to Aged Care Assessment Team (ACAT) services by culturally and linguistically diverse members of the population. This information is also used for planning of targeted services to meet the specific needs of members of culturally and linguistically diverse groups.

This data element supports the reporting of Performance Indicator 1.2: Percentage older ACAT from culturally and linguistically diverse backgrounds which is an access and equity measure for the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

Field size: *Min:* 2 *Max:* 2 *Representational layout:* NN

Data domain: Australian Bureau of Statistics' adaptation of the Australian Standard Classification of Languages (ASCL), ABS Catalogue No. 1267.0, 1997, to accommodate a 2-digit code (refer to Appendix I).

Guide for use: For persons living in non-private dwellings (such as group houses, boarding houses, residential aged care services, etc.) this data element should be used to record the person's language of greatest competence (i.e. preferred language).

Code 96 Not stated/inadequately described should be used when the *Main language other than English spoken at home* has not been supplied by the client upon request or where insufficient information has been supplied by the client to code the data element.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

ACATs may collect *Main language other than English spoken at home* in a variety of ways. Some ACATs may use an open ended question asking the person to specify whether they speak a language other than English at home. If more than one language is identified, the one that is spoken most often should be recorded.

Suggested question:

Does the person speak a language other than English at home?

No, English only []
Yes, other – please specify

Regardless of the exact format used by the ACAT, *Main language other than English spoken at home* should be collected in such a way as to allow the information to be coded using the 2-digit adaptation of the ASCL. A question that simply identifies a person's proficiency in English will not provide sufficient information to code *Main language other than English spoken at home* for the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) collection.

Related data: Is related to the data elements Country of birth, Proficiency in spoken English and Indigenous status.
Is used in the derivation of the performance indicator:
% older ACAT clients from culturally and linguistically diverse backgrounds [1.2].

Administrative attributes

Source document: Australian Bureau of Statistics: Adaptation of Australian Standard Classification of Languages to accommodate a 2-digit code, 1997.
Australian Bureau of Statistics. Australian Classification of Languages. Catalogue No. 1267.0, 1997.
Australian Bureau of Statistics. Standards for Statistics on Cultural and Linguistic Diversity. Catalogue No. 1289.0, 1999.
National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments: Traditionally, the most widely used method for identifying and measuring multicultural phenomena in Australia has been to categorise people as being of Non-English Speaking Background (NESB). A decision was made in May 1996 by a Ministerial Council of the Commonwealth and State governments to discontinue the official use of NESB as a measure of cultural diversity. This decision was made following strong criticism of NESB by a House of Representatives Standing Committee on Community Affairs inquiry into migrant access and equity in its report to Parliament, *A Fair Go For All: Report on Migrant Access and Equity*.

The ABS recommends new and more relevant methods of measuring social, cultural and economic disadvantage in Australia's multicultural society. The core data elements (or variables) recommended by the ABS are *Country of birth* (or birthplace), *Main language other than English spoken at home* and *Proficiency in spoken English*. However, at this stage the process for the analysis and interpretation of these data elements as a set remains unclear and further clarification is being sought through the National Community Services Information Management Group before their inclusion in the ACAP MDS V2.0 will be considered by the ACAP DWG. The two definitions, *Main language other than English spoken at home* and *Proficiency in spoken English*, are labelled with a status of DRAFT and will remain so until further investigation of the standard for identification of cultural and linguistic diversity. The ACAP DWG will be exploring the possibility of using a methodology developed by the Department of Immigration and Multicultural Affairs for identifying potential disadvantage related to cultural and linguistic diversity that would only require ACATs to report *Country of birth* for each client.

This definition currently uses an ABS 2-digit code that is mappable to the 4-digit code contained in the ABS, Australian Standard Classification of Languages Cat. No. 1267.0. The code set allows for coding of sign languages and other non-verbal languages. The 2-digit code listing is currently under review by the ABS pending analysis of the 1996 census data.

The only deviation from the ABS' adaptation of the ASCL to accommodate a 2-digit code specified by this data element relates to where the information is inadequately described or not stated. The ABS recommends that code '96' should be used to code responses where the person's language is 'Inadequately described', and code '98' should be used for 'Not stated' responses. The separate identification of 'Inadequately described' and 'Not stated' responses was considered unnecessary for the purposes of the ACAP MDS V2.0 collection. Therefore the Guide for use for the ACAP data element *Main language other than English spoken at home* specifies that code '96' should be used for both 'Not stated' and 'Inadequately described'. The code list for this data element differs from that required for reporting of *Main language spoken at home* in the Home and Community Care Minimum Data Set (HACC MDS) Version 1.0 as specified by the Guidelines to the HACC MDS (Version 1.5). That code list, which was based on the ABS' 2-digit adaptation of the ASCL includes additional codes for specific languages for all broad-level groupings with the exception of Australian Indigenous languages. For Australian Indigenous languages, the current Guidelines to the HACC MDS (Version 1.5) require only the separate identification of 'Aboriginal languages' and 'Torres Strait Islander languages'. The ABS' 2-digit adaptation does not include separate identification of 'Torres Strait Islander languages', as the population estimates for this group are relatively small. Other differences in the current HACC MDS Guidelines to the ABS' 2-digit adaptation to the ASCL are: the exclusion of 'not elsewhere classified' codes for each broad-level grouping, and the re-numbering of numeric codes.

Postcode

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The postal code for the geographic location of the person's residence.

Context: In conjunction with the data element *Suburb/town/locality name*, *Postcode* describes the geographic location of the residence of a client. Geographic location is important in the analysis of the spatial distribution of clients. This data element allows for the comparison of Aged Care Assessment Program (ACAP) client groups with the ACAP target population by geographic area and assists with planning and reporting on the accessibility of Aged Care Assessment Teams (ACATs) at a regional level.

Suburb/town/locality together with *Postcode* is used to derive the Statistical Local Area (SLA) in which the person lives. SLAs are the basic building blocks of the Australian Standard Geographical Classification (ASGC) and of Commonwealth government planning regions.

Relational and representational attributes

Datatype: Numeric *Representational form:* NUMERIC

Field size: *Min:* 4 *Max:* 4 *Representational layout:* NNNN

Data domain: Valid Australia Post postal code.

If the person has no usual place of residence (e.g. prolonged period of transience) record 0000.

If the person's Postcode is not known record 9999.

Guide for use: The ACAT should record the *Postcode* for the address at which the person usually resides. The *Postcode* should not relate to a postal address different from the physical address at which the person is residing.

In some cases, however, an ACAT comprehensive assessment may coincide with a change in the person's living arrangements and accommodation setting. Such changes may be either temporary or permanent, and may have resulted from a deterioration in the person's health status, or changing circumstances which have affected their capacity to remain in their usual place of residence.

In these cases, it can be more difficult to determine the person's 'usual' place of residence. Where a person's place of residence at the time of comprehensive assessment is different to where they have been living previously, the following guidelines should be used.

Where the client's place of residence at the time of comprehensive assessment reflects their usual accommodation setting, the postcode related to the client's **current** place of residence should be recorded. The data elements

Suburb/town/locality name, Living arrangements and Accommodation setting – usual should also relate to the same location.

Where the client's place of residence at the time of comprehensive assessment is believed to be temporary, the postcode for the client's 'usual' place of residence should be recorded. This includes situations where the client is in hospital or another form of institutional or residential based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement.

In these cases, the client should be asked to nominate what they consider to be their usual place of residence. The following standard questions are recommended to elicit the information required for reporting *Postcode, Suburb/town/locality name, Accommodation setting – usual* and *Living arrangements*, all of which should relate to the same place.

Where do you live?

Do you consider this to be your usual place of residence or home?
(Yes/No)

If No: Where is your usual place of residence?

Many ACAT clients may change their accommodation setting as a result of their ACAT assessment. A recommended change in the person's accommodation setting is recorded under the data element *Recommended long-term care setting*.

The Australia Post Postcode book is updated more than once a year as postcodes are constantly changing. ACATs should use the most up-to-date Postcode book available.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data: Is used in conjunction with the data element *Suburb/town/locality name*. Is related to the data elements *Accommodation setting – usual* and *Living arrangements*.
Is used in the derivation of the performance indicators:
% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]
% older ACAT clients from culturally and linguistically diverse backgrounds [1.2]
% older ACAT clients living in rural/remote areas [1.3]
% ACAT clients receiving timely assistance [2.1]
% older people assessed by ACATs [2.2]
% older people with a severe or profound core activity restriction assessed by ACATs [2.3]
% younger ACAT clients with severe or profound core activity restriction [2.4]
% older ACAT clients with dementia [2.5]
% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% ACAT recommendations for long-term residential care for younger clients [3.2]
% older ACAT clients with dementia recommended for long-term care in community settings [4.1]
% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]

% ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
% multidisciplinary assessments for clients 'at risk' [6.1]
Cost per unit output [9.1].

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.
Australia Post. Postcode Book.

Source organisation: National Community Services Data Committee
Australia Post
Aged Care Assessment Program Officials

Comments:

Priority category

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The length of time within which the person needs contact of a clinical nature (i.e. non-administrative) by an Aged Care Assessment Team (or their representative), based on the urgency of the person's need as assessed by the Aged Care Assessment Team at referral.

Context: This data element may be used in conjunction with the data elements *Referral date* and *First intervention date* as a measure of the appropriateness of the length of time that a client waited for a comprehensive assessment of their care needs by the Aged Care Assessment Team (ACAT). The appropriateness of the length of time waited is dependent on the priority of the client's needs, based on information available at referral.

This data element supports the reporting of Performance Indicator 2.1: Percentage ACAT clients receiving timely assistance which is an access and equity measure for the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 1 Within 48 hours
- 2 Between 3 and 14 days
- 3 More than 14 days
- 9 Not stated/inadequately described (*not for use in primary data collection*)

Guide for use: The following categorisation of priority is based on the understanding that ACATs are not emergency services. The allocation of a priority category is based on the information available to the ACAT at referral and should reflect factors related to client need rather than the priority with which the referrer would like the ACAT to respond. In coding this data element, 'days' refers to calendar days.

The *Priority category* should be allocated before comprehensive assessment action begins.

- 1 **Within 48 hours:** Refers to a client who, based on information available at referral, requires an immediate response (i.e. response within 48 hours). An urgent comprehensive assessment is required if the person's safety is at risk (e.g. high risk of falls or abuse); or there is a high likelihood that the person will be hospitalised or required to leave their current residence because they are unable to care for themselves or their carer is unavailable. This may be due to a crisis in the home involving

either the client or the carer, or a sudden change in the client's or carer's, medical, physical, cognitive or psychological status.

- 2 **Between 3 and 14 days:** Should be used when information available at referral indicates that the client is not at immediate risk of harm. Referrals that indicate progressive deterioration in the client's physical, mental or functioning status; or that the level of care currently available to the client does not meet their needs or is not sustainable in the long-term should be allocated to this priority category.
- 3 **More than 14 days:** Refers to cases where the referral information indicates that the client has sufficient support available at present, but that they require a comprehensive assessment in anticipation of their future care requirements. Examples include the carer planning a holiday, which will result in the care recipient requiring the provision of substitute care; recognition that the person is having increased difficulty living independently and options for future care need to be discussed with the client and their carer or family. In deciding to use this code the ACAT is making a judgement that delaying a comprehensive assessment for more than 14 calendar days will not jeopardise the client's health and wellbeing.

Collection methods: Determination of the 'priority' of a comprehensive assessment should reflect the ACATs judgement based upon information available at referral. The priority category should be allocated before comprehensive assessment action begins. It would usually be decided at the point of allocation of the case to a team member and should be reported for all clients comprehensively assessed by an ACAT.

Related data: Is used in conjunction with the data elements Referral date and First intervention date.
Is used in the derivation of the performance indicator:
% ACAT clients receiving timely assistance [2.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments: These coding categories are mappable to the National Community Services Data Dictionary Version 2 data element *Urgency of need for assistance*.

Proficiency in spoken English

Admin. status: DRAFT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: A person’s stated proficiency in spoken English.

Context: *Proficiency in spoken English* is analysed in conjunction with the data elements *Country of birth* and *Main language other than English spoken at home* to derive measures of access to Aged Care Assessment Team (ACAT) services by culturally and linguistically diverse members of the population. This information is also used for planning of targeted services to meet the specific needs of members of culturally and linguistically diverse groups.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain:

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all
- 9 Not stated/ inadequately described (*not for use in primary data collections*)

Guide for use: This question should only be asked of people who use a language other than English in their home.

It is important that the person’s self-assessed proficiency in spoken English be recorded wherever possible. Generally this would be a self-reported question, but in some circumstances (particularly where a person does not speak English well) assistance will be required in answering this question. It is important that the person’s self-assessed proficiency in spoken English be recorded wherever possible. This data element does not purport to be a technical assessment of proficiency but is a self-assessment in the four broad response categories to the question.

While there will be differences in how people respond to options 1 and 2, if someone ticks either 3 or 4, that they speak English not well or not at all, then there is a fair likelihood that this person will require assistance in this area.

In cases where the person has significant difficulties with speech (for example, a person who has had a stroke) this item should reflect how well the person understands English.

In some circumstances it may be inappropriate to ask this question of a client (e.g. person suffering from dementia with limited capacity to respond appropriately). In such cases, the ACAT may rely on the views of carers, or their own observations of the person’s proficiency.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Suggested question:

How well do you speak English? (tick one)

While there will be differences in how people respond to codes 1 and 2, if someone codes either 3 or 4, that they speak English not well or not at all, then there is a fair likelihood that this person will require assistance in this area.

Code 9 should only be used for past collections where this item was not collected or if the person does not respond to the question. It should not be a response included on any collection form.

Related data: Is related to the data elements Country of birth and Indigenous status.
Is qualified by the data element Main language other than English spoken at home.
Is used in the derivation of the performance indicator:
% older ACAT clients from culturally and linguistically diverse backgrounds [1.2].

Administrative attributes

Source document: Australian Bureau of Statistics. Standards for Statistics on Cultural and Linguistic Diversity. Catalogue No. 1289.0, 1999.
National Community Services Data Dictionary V2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments: Traditionally, the most widely used method for identifying and measuring multicultural phenomena in Australia has been to categorise people as being of non-English speaking background (NESB). A decision was made in May 1996 by a Ministerial Council of the Commonwealth and State governments to discontinue the official use of NESB as a measure of cultural diversity. This decision was made following strong criticism of NESB by a House of Representatives Standing Committee on Community Affairs inquiry into migrant access and equity in its report to Parliament, *A Fair Go For All: Report on Migrant Access and Equity*.

The ABS recommends new and more relevant methods of measuring social, cultural and economic disadvantage in Australia's multicultural society. The core data elements (or variables) recommended by the ABS are *Country of birth* (or *Birthplace*), *Main language other than English spoken at home* and *Proficiency in spoken English*. However, at this stage the process for the analysis and interpretation of these data elements as a set remains unclear and further clarification is being sought through the National Community Services Information Management Group before their inclusion in the ACAP MDS will be considered by the ACAP DWG. The two definitions, *Main language other than English spoken at home* and *Proficiency in spoken English*, are labelled with a status of DRAFT and will remain so until further investigation of the standard for identification of cultural and linguistic diversity. The ACAP DWG will be exploring the possibility of using a methodology developed by the Department of Immigration and Multicultural Affairs for identifying potential disadvantage related to cultural and linguistic diversity that would only require ACATs to report *Country of birth* for each client.

Reason for ending assessment

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The situation that signalled the end of the person’s comprehensive assessment.

Context: This data element identifies the status of an Aged Care Assessment Team (ACAT) comprehensive assessment (i.e. complete or incomplete) at its conclusion, as well as providing a description of the circumstances that led to the ending of a comprehensive assessment.

This data element supports the reporting of a number of the Performance Indicators relating to measuring the equity, effectiveness, quality and efficiency of the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

- Data domain:*
- 1 Assessment complete – care plan developed to the point of effective referral
 - 2 Assessment incomplete – client withdrew
 - 3 Assessment incomplete – client died
 - 4 Assessment incomplete – client transferred to another ACAT
 - 5 Assessment incomplete – client’s medical condition unstable, requires acute care or medical attention before comprehensive assessment
 - 6 Assessment incomplete – client’s functional status unstable, rehabilitation care required before comprehensive assessment
 - 7 Other reason
 - 9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: 1 **Assessment complete – care plan developed to the point of effective referral:** Refers to comprehensive assessments that have progressed to the point where the ACAT is able to decide on the contents of the long-term care plan for the client and appropriate supports put in place for the client. This does not necessarily mean that the ACAT ceases to have involvement with the client. However, for the purposes of the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) collection this marks the end of the assessment phase of the client’s involvement with the ACAT.

5–6 **Assessment incomplete – client’s medical condition unstable, requires acute care or medical attention before comprehensive assessment AND Assessment incomplete – client’s functional status unstable,**

rehabilitation care required before comprehensive assessment: If, in the ACAT's opinion, the client requires a period of acute care or rehabilitation before a comprehensive assessment of their long-term care needs can be made, the ACAT should record an end to the comprehensive assessment (*Assessment end date*) and indicate the relevant reason. When the client has completed the period of acute/medical care or rehabilitation and is ready for an ACAT comprehensive assessment, a new *Referral date* should be recorded. This may mean that some comprehensive assessments currently 'held open' or 'interrupted' or 'suspended' will be recorded as ended, for the purposes of the ACAP MDS V2.0 collection, and a new comprehensive assessment reported when the person is eventually assessed by the ACAT.

Collection methods: This data element should be recorded at the end of each comprehensive assessment and reported for all ACAT clients comprehensively assessed.

Any client comprehensive assessment recorded as ending with a care plan (code 1) should also have a record of the *Recommended long-term care setting* reported for the client.

Related data: Is used in conjunction with the data element Assessment end date.
Is a qualifier of the data element Recommended long-term care setting.
Is used in the derivation of the performance indicators:
% older people assessed by ACATs [2.2]
% older people with a severe or profound core activity restriction assessed by ACATs [2.3]
% younger ACAT clients with severe or profound core activity restriction [2.4]
% older ACAT clients with dementia [2.5]
% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% ACAT recommendations for long-term residential care for younger clients [3.2]
% older ACAT clients with dementia recommended for long-term care in community settings [4.1]
% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
% ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
% multidisciplinary assessments for clients 'at risk' [6.1]
Cost per unit output [9.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Recommended formal assistance with activities

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The activities in which the assistance of formal services is recommended for the person by the Aged Care Assessment Team as part of their care plan.

Context: The assistance recommended by the Aged Care Assessment Team (ACAT) after comprehensive assessment can be compared to the assistance currently used by the person (as recorded under *Current assistance with activities*). This provides some indication of the extent to which the ACAT has linked the client to available formal services. Although it is important to note that an ACAT recommendation (or referral) to receive a particular form of assistance does not necessarily mean the client will receive it. This decision rests with other service providers.

Whilst this data element is only capturing the assistance of formal services, the extent of care and assistance that may continue to be provided by informal carers to frail older people living at home must also be acknowledged.

ACAT recommendations are subject to client agreement to a referral and to the availability of services. Thus what the ACAT assesses as needed by the client may not be the same as the recommendations made by the ACAT.

The categories of assistance in this data element are designed to identify severe or profound core activity restriction (as defined by the Australian Bureau of Statistics (ABS)) and to enable comparison with the type of assistance provided by government funded community care services (e.g. Home and Community Care (HACC) and Community Aged Care Packages (CACP)).

A person with a severe or profound core activity restriction is defined as someone who sometimes, or always, needs assistance with one or more of the tasks of self-care, mobility or communication. However, needing assistance with these tasks is not used as eligibility criteria for ACAT services nor is it intended for use as criteria for eligibility to any other type of service or care. The need for assistance with these tasks is one way of identifying clients with higher level needs in a way that allows them to be compared with members of the general population.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	CODE
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 13	<i>Representational layout:</i>	NNNN....
<i>Data domain:</i>	0 Not applicable		
	1 Self-care		
	2 Movement activities		

- 3 Moving around places at or away from home
- 4 Communication
- 5 Health care tasks
- 6 Transport
- 7 Activities involved in social and community participation
- 8 Domestic assistance
- 9 Meals
- 10 Home maintenance
- 11 Other
- 12 None
- 98 Unable to determine
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- Formal services:** Includes assistance organised, provided or delivered by agencies (e.g. HACC, COPs, Red Cross, St. Vincent de Paul, Legacy), irrespective of whether the person providing the assistance is a paid worker or a volunteer. It also includes assistance provided by private agencies.
- 0 **Not applicable:** Should only be recorded for people whose *Recommended long-term care setting* is code 4 (Residential aged care service – low level care), code 5 (Residential aged care service – high level care), code 6 (Hospital) or code 7 (Other institutional care).
 - 1 **Self-care:** Refers to assistance or supervision of another person with daily self-care tasks such as eating, showering/bathing, dressing, toileting and managing incontinence. A recommendation for the independent use of aids and equipment should not be recorded against this code.
 - 2 **Movement activities:** Refers to assistance or supervision of another person with activities such as maintaining or changing body position, carrying, moving and manipulating objects, getting in or out of bed or a chair. A recommendation for the independent use of aids and equipment should not be recorded against this code.
 - 3 **Moving around places at or away from home:** Refers to assistance or supervision of another person with walking and related activities, either around the home or away from home (excludes needing assistance with transportation). A recommendation for the independent use of aids and equipment should not be recorded against this code.
 - 4 **Communication:** Refers to assistance with understanding others, making oneself understood by others. A recommendation for the independent use of aids and equipment, e.g. hearing aids, speech aids, and assistance from interpreters should not be recorded against this code.
 - 5 **Health care tasks:** Refers to assistance or supervision of another person with taking medication or administering injections, dressing wounds, using medical machinery, manipulating muscles or limbs, taking care of feet (includes home nursing and allied health care, such as physiotherapy and podiatry).

- 6 **Transport:** Refers to assistance or supervision of another person with using public transport, getting to and from places away from home and driving.
- 7 **Activities involved in social and community participation:** Refers to assistance or supervision of another person with shopping, banking, participating in recreational, cultural or religious activities, attending day centres, managing finances and writing letters.
- 8 **Domestic assistance:** Refers to assistance or supervision of another person with household chores such as washing, ironing, cleaning and formal linen services.
- 9 **Meals:** Refers to assistance or supervision of another person with meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition.
- 10 **Home maintenance:** Refers to assistance or supervision of another person with the maintenance and repair of the person's home, garden or yard to keep their home in a safe and habitable condition, for example, changing light bulbs and basic gardening.
- 11 **Other:** Refers to assistance or supervision of another person with any other tasks or activities of daily living.
- 12 **None:** Should be recorded when the assistance or supervision of another person is not recommended for the person. Includes people recommended for independent use of aids and equipment.
- 98 **Unable to determine:** Should be recorded when recommendations for assistance or supervision of another person with tasks or activities cannot be identified for any reason.

Collection methods:

This data element should only be reported for clients comprehensively assessed by an ACAT whose *Recommended long-term care setting* is in the community (i.e. codes 1-3, private residence, independent living in a retirement village or supported community accommodation).

Record those areas of activity where the assistance or supervision of another person are newly recommended by the ACAT or are recommended to be ongoing as part of the care plan.

A recommended type of assistance takes account of both availability and client preference, and represents a consensus between the client and the ACAT. In most cases what will be recommended will closely match what is identified by the ACAT as needed.

However, it is possible that a type of assistance identified by the ACAT as needed may not be recommended as part of the care plan. This may be so if the client does not agree to a referral or the type of assistance is unavailable. It may also be so where an ACAT considers that the person needs and is capable of independent use of aids or equipment. If the person does not agree or the aid or equipment is unavailable, an ACAT may recommend the assistance of formal agencies in an area where a need has not been identified.

Recommendations for the use of aids and equipment to assist with activities should not be recorded here.

Related data:

Is used in conjunction with the data element Government program support recommended.

Is qualified by the data elements Accommodation setting – usual and Recommended long-term care setting.

Administrative attributes

Source document: National Classifications of Community Services, Version 1.0, 1997.
Home and Community Care Data Dictionary Version 1.0, 1998.
Australian Bureau of Statistics Disability, Ageing and Carers Survey 1998.
National Community Services Data Dictionary Version 2, 2000.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Recommended long-term care setting

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The living environment considered most appropriate to the long-term care needs of the client.

Context: This data element describes a significant outcome of a comprehensive assessment of a client's care needs. Together with the other data elements about the assistance needed by the client, these data elements summarise the outcomes of the comprehensive assessment process that are of interest and relevance for national analysis.

This data element supports the reporting of all the Performance Indicators relating to measuring the effectiveness of the Aged Care Assessment Program, with the exception of Performance Indicator 4.2: Percentage older ACAT clients 'at risk' recommended for a Community Aged Care Package.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain:

- 1 Private residence
- 2 Independent living within a retirement village
- 3 Supported community accommodation
- 4 Residential aged care service – low level care
- 5 Residential aged care service – high level care
- 6 Hospital
- 7 Other institutional care
- 8 Other
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: Only one code should be selected, even if the client is approved for more than one type of care on an Aged Care Application and Approval ('2624') form.

The recommended long-term care setting should reflect the setting that is agreed between the Aged Care Assessment Team (ACAT) member and the client as the most appropriate for their long-term care.

- 1 **Private residence:** Includes private residences such as houses, flats, units, caravans, mobile homes, boats, marinas.
- 2 **Independent living within a retirement village:** Includes living in self-care independent-living units within a retirement village irrespective of the type of tenure held over the residence. Living in a retirement village

with the provision of care services should be coded to Supported community accommodation.

- 3 **Supported community accommodation:** Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care. It also includes larger-scale supported accommodation facilities providing 24 hour supervision and support services by rostered care workers (such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities (Victoria and South Australia only)). This category includes Aged Care Flexible service pilots. Aged care hostels should be coded to Residential aged care (4 or 5) depending on the level of care that the person is recommended to receive.
- 4 **Residential aged care service – low level care:** Includes residential aged care services (formerly nursing homes and aged care hostels), multipurpose services; those in multipurpose centres and Indigenous flexible pilots with a recommendation for receipt of low level care.
- 5 **Residential aged care service – high level care:** Includes residential aged care services (formerly nursing homes and aged care hostels), multipurpose services, those in multipurpose centres and Indigenous flexible pilots with a recommendation for receipt of high level care.
- 6 **Hospital:** Refers to recommendations for long-term care in a hospital setting.
- 7 **Other institutional care:** Includes other institutional settings which provide care and accommodation services such as hospices and long-stay residential psychiatric institutions.
- 8 **Other:** Includes all other types of settings.

Collection methods: This data element should be recorded at the end of a comprehensive assessment for all comprehensive assessments that have ended with the development of a care plan for the client (i.e. Code 1 in the data element *Reason for ending assessment*).

Related data: Is qualified by the data element Reason for ending assessment. Qualifies the data elements Recommended formal assistance with activities, Government program support recommended and Respite care recommended.

Is used in the derivation of the performance indicators:

- % older people assessed by ACATs [2.2]
- % older people with a severe or profound core activity restriction assessed by ACATs [2.3]
- % younger ACAT clients with severe or profound core activity restriction [2.4]
- % older ACAT clients with dementia [2.5]
- % ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
- % ACAT recommendations for long-term residential care for younger clients [3.2]
- % older ACAT clients with dementia recommended for long-term care in community settings [4.1]

% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
% ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
% multidisciplinary assessments for clients 'at risk' [6.1]
Cost per unit output [9.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care and Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Record linkage

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA CONCEPT

Definition: A process, technique or method that enables the bringing together of two or more records that are believed to belong to the same individual.

Context: Linkage can occur across data systems or within data systems and may be done by using a range of identifiers. In the Aged Care Assessment Program (ACAP), the proposed use of record linkage is for statistical purposes only. For statistical purposes, including planning, research or the measurement of service or program outcomes, record linkage facilitates separating multiple items clustered around individuals from total counts (for example, double counting of clients can be reduced when calculating total numbers of clients across several agencies). Statistical record linkage does not need to achieve a 100% matching of client records. The linkage of records only has to be sufficiently reliable to draw valid statistical conclusions.

Relational attributes

Related data: Is related to the data elements Letters of name, Date of birth and Sex.

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care Assessment Program Officials

Comments: The use of a statistical linkage key in the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) collection is intended to make it possible to count the number of ACAP clients nationally (without counting clients more than once) and the services which they receive. The ACAP MDS V2.0 is using the same statistical linkage key used in the Home and Community Care Minimum Data Set Version 1.0 and the Commonwealth State Disability Agreement Minimum Data Set. The full names of clients will not be reported in the ACAP MDS V2.0.

Referral date

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The date on which the referral of a person for a comprehensive assessment was received by the Aged Care Assessment Team.

Context: This data element marks the beginning of the Aged Care Assessment Team (ACAT) assessment episode. It is used in conjunction with the data elements *First intervention date* and *Priority category* as a measure of the appropriateness of the amount of a time a person has waited for an ACAT response to their need for comprehensive assessment.

This data element supports the reporting of Performance Indicator 2.1: Percentage ACAT clients receiving timely assistance which is an access and equity measure for the Aged Care Assessment Program.

Relational and representational attributes

Datatype: Numeric *Representational form:* DATE

Field size: *Min:* 8 *Max:* 8 *Representational layout:* DDMMYYYY

Data domain: Valid date.

Guide for use: This data element should always be recorded as an 8-digit valid date comprising day, month, and year. Year should always be recorded in its full 4-digit format. For days and months with a numeric value of less than 10, agencies should use zeros to ensure that the date contains the required 8-digits. For example, for a person who was referred to an ACAT on July 1 2000 the *Referral date* should be recorded as 01072000.

The *Referral date* is the date the referral was actually received by the ACAT (e.g. by phone, fax or letter) or the ACAT became aware of the person's need for a comprehensive assessment by some other means, and not the date that the referral was registered or entered onto the ACAT's system, unless this happens to be the same date.

Collection methods: This data element should be reported for all clients who were accepted by an ACAT for a comprehensive assessment.

Related data: Is used in conjunction with the data elements *Priority category* and *First intervention date*.

Is used in the derivation of the performance indicator: % ACAT clients receiving timely assistance [2.1].

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care and Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Relationship of carer to care recipient

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The relationship of the carer to the person for whom they care.

Context: Information about the relationship the carer has to the person for whom they care assists in establishing a profile of informal caring relationships and the assistance recommended by the Aged Care Assessment Team (ACAT) to maintain and support those relationships. As such it increases our knowledge about the dynamics of caring and provides an insight into the gender and inter-generational patterns of informal caregiving in the community. The inclusion of this information in the Aged Care Assessment Program Minimum Data Set Version 2.0 (ACAP MDS V2.0) enables useful comparisons between caring relationships identified by ACATs and those reported in the national population data from the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain:

0	Not applicable
1	Wife/female partner
2	Husband/male partner
3	Mother
4	Father
5	Daughter
6	Son
7	Daughter-in-law
8	Son-in-law
9	Other relative – female
10	Other relative – male
11	Friend/neighbour – female
12	Friend/neighbour – male
13	Private employee (not organised by formal services)
99	Not stated/inadequately described (<i>not for use in primary data collections</i>)

Guide for use: 0 **Not applicable:** Should only be recorded for people who either have no carer or were permanent residents of residential aged care

services, multipurpose services (or multipurpose centres), Indigenous flexible pilots, hospitals or other institutional settings at the time of assessment.

- 1 & 2 **Wife/female partner and Husband/male partner:** Includes defacto and same sex partnerships.
- 13 **Private employee (not organised by formal services):** Refers to carers that are personally arranged without the involvement of formal community services. Such carers may be paid directly by the person or a family member or may receive free or subsidised board or lodgings in return for their caring services.

A client may have more than one family member or friend providing them with care and assistance. In such circumstances, the data element *Relationship of carer to care recipient* relates to the carer who is identified by the client and/or their carer as providing the most significant amount and type of care and assistance.

The data domain incorporates the sex of the carer as well as the relationship as this data element was the only vehicle within the ACAP MDS V2.0 where this information was obtainable.

Some people of Aboriginal or Torres Strait Islander origin attach a different cultural meaning to the terms brother, uncle, mother etc. than the purely biological/social meanings that non-Indigenous people use. In such cases the ACAT should record the relationship of the carer according to how the client or carer identifies that relationship.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.

Related data: Is qualified by the data elements *Accommodation setting – usual* and *Carer availability*.
Is related to the data element *Carer co-residency status*.

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee

Comments: The process of identifying a single person who provides the most significant care and assistance is similar to that used by the ABS in the 1993 Survey of Disability, Ageing and Carers to identify 'principal carers'. However, reliable comparisons of ABS 'principal carers' and carers identified in the ACAP MDS V2.0 cannot be made without consideration of additional information about the types of assistance needed by care recipients and provided by carers. The data elements *Activity limitations* and *Source of personal assistance* would assist with this. However, more work needs to be done before comparisons could be confidently made between the ACAP MDS V2.0 and the ABS survey.

Respite care recommended

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the provision of residential or community-based respite care for the person or their carer has been included in the persons care plan.

Context: Respite care recommended by the Aged Care Assessment Team (ACAT) after comprehensive assessment can be compared to what has been received in the previous twelve months (as recorded under *Respite care use*). This provides some indication of the extent to which the ACAT has linked the client or their carer to available assistance.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain:

0	Not applicable
1	Residential respite care
2	Non residential respite care
3	None
98	Unable to determine
99	Not stated/inadequately described (<i>not for use in primary data collections</i>)

Guide for use:

0	Not applicable: Should only be recorded for people whose <i>Recommended long-term care setting</i> is code 4 (Residential aged care service – low level care), code 5 (Residential aged care service – high level care), code 6 (Hospital) or code 7 (Other institutional care).
1	Residential respite care: Refers to assistance for the person or their carer by the provision of short-term, alternative care provided in a residential aged care service or dedicated respite facility, or on a short-term residential basis in a multipurpose service or in an Indigenous flexible pilot, e.g. Ngaanyatjarra Lands of the Central Desert (Western Australia) and the Northern Territory. This may be relevant to people with or without carers.
2	Non-residential respite care: Refers to assistance for a carer by the provision of a substitute carer from formal services who provides supervision and assistance to the client in the carer’s absence in a non-institutional setting. This category is only relevant to clients with carers. Recommended attendance at a day centre should only be included where the primary purpose of attendance is respite for the carer. Otherwise, it should be recorded under the data element <i>Recommended formal assistance with activities</i> (code 7 Activities involved in social and community participation).

Collection methods: A client may be recommended to receive both residential and community-based respite care.

This data element should only be reported for clients comprehensively assessed by an ACAT whose *Recommended long-term care setting* is in the community (i.e. codes 1-3, private residence, independent living in a retirement village or supported community accommodation).

Related data: Is qualified by the data elements Accommodation setting – usual and Recommended long-term care setting.
Is used in conjunction with the data element Respite care use

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Respite care use

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether or not the person or their carer has received residential or community-based respite care.

Context: This information assists in establishing a profile of the assistance received by the person or their carer prior to their comprehensive assessment.

In conjunction with information about carer availability, this data element helps to identify the extent to which carers have received assistance in their caring role. Carers play a critical role in maintaining frail older people in the community and assist in preventing permanent admission to residential facilities.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain:

- 0 Not applicable
- 1 Residential respite care
- 2 Non-residential respite care
- 3 None
- 98 Unable to determine
- 99 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use:

- 0 **Not applicable:** Should only be recorded for people who were permanent residents of residential aged care services, multi purpose services (or multi purpose centres), Indigenous flexible pilots, hospitals or other institutional settings at the time of assessment.
- 1 **Residential respite care:** Refers to assistance for the person or their carer by the provision of short-term, alternative care provided in a residential aged care service or dedicated respite facility, or on a short-term residential basis in a multipurpose service (or multipurpose centre) or in an Indigenous flexible pilot, e.g. Ngaanyatjarra Lands of the Central Desert (Western Australia) and the Northern Territory. This may be relevant to people with or without carers.
- 2 **Non-residential respite care:** Refers to assistance for a carer by the provision of a substitute carer **from formal services** who provides supervision and assistance to the client in the carer's absence in a non-institutional setting. This category is only relevant to clients with carers. Attendance at a day centre should only be included where the primary purpose of attendance is respite for the carer. Otherwise, it should be

recorded under *Current assistance with activities* (code 7 Activities involved in social and community participation).

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.

Should be reported for the 12 months period prior to the person's comprehensive assessment.

A client may have used both residential and community-based respite care.

Related data: Is qualified by the data elements *Accommodation setting – usual* and *Recommended long-term care setting*.
Is used in conjunction with the data element *Respite care recommended*.

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

Sex

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: The biological sex of the person.

Context: The sex of the person is required for demographic analyses of clients' patterns of service utilisation in the Aged Care Assessment Program (ACAP). The sex of the person is also used in conjunction with the data elements *Letters of name* and *Date of birth* for statistical record linkage purposes.

Relational and representational attributes

Datatype: Numeric *Representational form:* Code

Field size: *Min:* 1 *Max:* 1 *Representational layout:* N

Data domain: 1 Male
2 Female
9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: Coding for this data element is based on the biological distinction between male and female. Where uncertainty exists about the sex of the person (e.g. for transvestites or transsexuals) the sex to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgement of the interviewer. Although this may lead to some error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex or sexuality.

Coding option 9 should only be used when the person has not provided this information upon request and/or the Aged Care Assessment Team (ACAT) is unable to make an informed judgement about the person's sex. This coding option is provided for Aged Care Assessment Program Minimum Data Set Version 2.0 reporting purposes and should not be included on primary data collection tools (forms etc.).

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

It is suggested that the following question be used for data collection:

What is your (the person's) sex?

__Male

__Female

Related data: Is used in conjunction with the data elements *Letters of name* and *Date of birth*.

Is used in the derivation of the performance indicators:

% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]
 % older ACAT clients from culturally and linguistically diverse backgrounds [1.2]
 % older ACAT clients living in rural/remote areas [1.3]
 % older people assessed by ACATs [2.2]
 % older people with a severe or profound core activity restriction assessed by ACATs [2.3]
 % younger ACAT clients with severe or profound core activity restriction [2.4]
 % older ACAT clients with dementia [2.5]
 % ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
 % ACAT recommendations for long-term residential care for younger clients [3.2]
 % older ACAT clients with dementia recommended for long-term care in community settings [4.1]
 % older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
 % ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
 % ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]
 % multidisciplinary assessments for clients 'at risk' [6.1].

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
 Aged Care and Assessment Program Officials

Comments: The Australian Bureau of Statistics (ABS) advises that the correct term for this data element is 'sex'. The term 'sex' refers to the biological distinction between males and females. The term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. Although the ABS makes a clear distinction between sex and gender, the ABS considers sex to be a reliable indicator of gender for those who wish to analyse data in terms of social and economic behaviour. ABS surveys only collect data on sex and the meaning, description and use of the concept is generally standard across all ABS data collections.

The National Health Data Dictionary Version 10 and the National Community Services Data Dictionary Version 2 include an 'indeterminate' category in the classification of this data element to accommodate the classification of some perinatal clients. This coding option is excluded from this data element in the ACAP because it is designed to accommodate a small number of perinatal clients which is not a client group of the program. It is also excluded because the term 'indeterminate' may lead to mis-coding of transsexuals or transvestites.

Source of current assistance with activities

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: DATA ELEMENT

Definition: Whether the help or supervision of another individual currently used by the person at the time of their comprehensive assessment is from formal agencies or family members, friends, or neighbours.

Context: In conjunction with information about the types of assistance used by a person, this data element establishes a profile of the mix of formal and informal support already used by Aged Care Assessment Team (ACAT) clients at the time of their comprehensive assessment. In particular, it helps to identify the extent of care and assistance provided by informal carers to frail older people living at home. Those carers of ACAT clients who provide assistance with one or more of the activities of self-care, mobility or communication can be compared with 'principal' carers identified by the Australian Bureau of Statistics Survey of Disability, Ageing and Carers.

Relational and representational attributes

Datatype: Numeric *Representational form:* CODE

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain: 0 Not applicable
1 Formal
2 Informal
9 Not stated/inadequately described (*not for use in primary data collections*)

Guide for use: 0 **Not applicable:** Should be recorded for people who were permanent residents of residential aged care services or multipurpose services (or multipurpose centres), Indigenous flexible pilots, hospitals or other institutional care settings at the time of assessment. Should also be recorded when the person is not using the help or supervision of another individual with an activity.
1 **Formal:** Includes assistance organised, provided or delivered by agencies (e.g. HACC, COPs, Red Cross, St. Vincent de Paul, Legacy), irrespective of whether the person providing the assistance is a paid worker or a volunteer. It also includes assistance provided by private agencies.
2 **Informal:** Includes assistance that is provided by family, friends or neighbours (carers).

Collection methods: Source of available assistance should be reported in relation to each activity area in which the client is receiving the help or supervision of another individual at the time of their comprehensive assessment.

This data element should be reported for all clients comprehensively assessed by an ACAT whose usual accommodation setting is in the community, i.e. codes 1-7 and 12 in the data element *Accommodation setting – usual*.

The *Source of current assistance with activities* for a person should be reported in relation to their usual accommodation setting. If the person's accommodation arrangements at the time of comprehensive assessment are believed to be temporary, the information recorded here should reflect the person's usual living situation. This includes situations where the person is in hospital or another form of institutional or residential-based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement. This is consistent with the reporting of the data elements *Accommodation setting – usual*, *Living arrangements*, *Postcode* and *Suburb/town/locality name*.

Related data: Is used in conjunction with the data element *Current assistance with activities*.
Is related to the data element *Carer availability*.

Administrative attributes

Source document: National Classifications of Community Services, Version 1.0, 1997.
Home and Community Care Data Dictionary Version 1.0, 1998.
Australian Bureau of Statistics Disability, Ageing and Carers Survey 1998.
National Community Services Data Dictionary Version 2, 2000.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Comments:

elements *Postcode*, *Living arrangements* and *Accommodation setting – usual* should also relate to the same location.

Where the client's place of residence at the time of comprehensive assessment is believed to be temporary, the *Suburb/town/locality name* for the client's 'usual' place of residence should be recorded. This includes situations where the client is in hospital or another form of institutional or residential-based care that is temporary in nature, as well as staying with family members or friends when this is believed to be a temporary arrangement.

In these cases, the client should be asked to nominate what they consider to be their usual place of residence. The following standard questions are recommended to elicit the information required for reporting *Suburb/town/locality name*, *Postcode*, *Accommodation setting – usual* and *Living arrangements*, all of which should relate to the same place.

Where do you live?

Do you consider this to be your usual place of residence or home?
(Yes/No)

If No: Where is your usual place of residence?

Many ACAT clients may change their accommodation setting as a result of their ACAT assessment. A recommended change in the person's accommodation setting is recorded under the data element *Recommended long-term care setting*.

Collection methods: This data element should be reported for all clients comprehensively assessed by an ACAT.

Related data: Is used in conjunction with the data element *Postcode*.
Is related to the data elements *Accommodating setting* and *Living arrangements*.
Is used in the derivation of the performance indicators:
% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin [1.1]
% older ACAT clients from culturally and linguistically diverse backgrounds [1.2]
% older ACAT clients living in rural/remote areas [1.3]
% ACAT clients receiving timely assistance [2.1]
% older people assessed by ACATs [2.2]
% older people with a severe or profound core activity restriction assessed by ACATs [2.3]
% younger ACAT clients with severe or profound core activity restriction [2.4]
% older ACAT clients with dementia [2.5]
% ACAT recommendations for long-term residential care for clients not 'at risk' [3.1]
% ACAT recommendations for long-term residential care for younger clients [3.2]
% older ACAT clients with dementia recommended for long-term care in community settings [4.1]
% older ACAT clients 'at risk' recommended for Community Aged Care Package [4.2]
% ACAT recommendations for long-term care in community settings for clients assessed in community settings [4.3]
% ACAT recommendations for long-term care in community settings for clients assessed in hospital [4.4]

% multidisciplinary assessments for clients 'at risk' [6.1]
Cost per unit output [9.1].

Administrative attributes

Source document: National Community Services Data Dictionary Version 2, 2000.

Source organisation: National Community Services Data Committee
Aged Care and Assessment Program Officials

Comments:

4 Performance indicators

This chapter contains definitions of high level, national performance indicators developed for the Aged Care Assessment Program. These performance indicators are designed to measure the program's overall performance against its objectives.

The overall objective of the ACAP is 'to comprehensively assess the needs of frail older people and facilitate access to available care services appropriate to their needs'. The Department of Health and Ageing is committed to providing high quality, cost-effective services on an equitable basis to frail older people, people with disabilities, and their carers. The following table (Table 4.1) outlines a range of lower level program objectives endorsed by ACAP Officials. These lower level objectives have been developed within the framework of the equity, effectiveness, quality and efficiency goals for the program, that are consistent with the overall objective of the program.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. They are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs. Thus these performance indicators also reflect on the performance of program managers as well as the performance of other aged and community care programs.

While performance measurement is an important use of ACAP MDS Version 2.0 data, it is not the only use to which this data will be put. The MDS is also designed to assist with policy development and program management, at the Commonwealth, State/Territory and local levels.

In addition, ACAP MDS Version 2.0 data is not the only potential source of information to assist with performance measurement. The measurement of the program's achievement of some objectives is not necessarily suited to MDS data collection methods. In particular, objectives related to quality have been identified as requiring alternative data collection strategies. ACAP Officials will be considering other data collection strategies for use in the program.

In this chapter, performance indicators are grouped according to the objective to which they relate. Table 4.1 outlines performance indicators related to each of the objectives and the desired outcomes against which the program's performance should be assessed.

The performance indicators are presented in a format similar to that used for the presentation of the data definitions. This template allows for performance indicators to be defined in a consistent way, incorporating their specific requirements.

The performance indicators will be reviewed 18 months following the implementation of the ACAP MDS Version 2.0, based on 12 months of data.

Table 4.1: ACAP objectives, performance indicators and desired outcomes

Performance area	Objective	Performance indicator	Desired outcome	
Equity	1 To ensure that older persons who belong to the following groups have equitable access to Aged Care Assessment Team (ACAT) services: <ul style="list-style-type: none"> • Aboriginal and/or Torres Strait Islander people; • culturally and linguistically diverse people; • people living in rural and remote areas. (Note: veterans have recently been identified as a special needs group)	1.1 % older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin	1.1–1.3 The % of older ACAT clients belonging to these groups is consistent with the % of older people in the population belonging to these groups.	
		1.2 % older ACAT clients from culturally and linguistically diverse backgrounds		
		1.3 % older ACAT clients living in rural/remote areas		
		<i>Note: a performance indicator related to veterans will be developed in the future</i>		
	2 To ensure that access to ACAT services is based on need.	2.1 % ACAT clients receiving timely assistance	2.1 All clients are assisted within the timeframe specified by the Priority category allocated to the client's assessment.	
		2.2 % older people assessed by ACATs	2.2 Maintain or increase the % of the older population assessed.	
		2.3 % older people with a severe or profound core activity restriction assessed by ACATs	2.3 Maintain or increase the % older population with a severe or profound core activity restriction assessed.	
		2.4 % younger ACAT clients with severe or profound core activity restriction	2.4 Reduce % of younger clients assessed without a severe or profound core activity restriction.	
		2.5 % older ACAT clients with dementia	2.5 To maintain or increase the % older clients with dementia.	
Effectiveness	3 To prevent premature or inappropriate admission to residential care services.	3.1 % ACAT recommendations for long-term residential care for clients not 'at risk'	3.1 Maintain or reduce % recommendations for long-term care in residential aged care services for clients not 'at risk'.	
		3.2 % ACAT recommendations for long-term residential care for younger clients	3.2 % recommendations for long-term care in residential aged care services for younger clients decreases over time.	
		<i>Note: in the future consideration will be given to the development of a performance indicator measuring ACAT recommendations from low to high residential care</i>		

(continued)

Table 4.1 (continued): ACAP objectives, performance indicators and desired outcomes

4	To help frail older people live in the community.	4.1	% older ACAT clients with dementia recommended for long-term care in community settings	4.1	To maintain or increase % older clients with dementia recommended for long-term care in community settings.
		4.2	% older ACAT clients 'at risk' recommended for a Community Aged Care Package	4.2	Maintain or increase % 'at risk' clients recommended for a Community Aged Care Package.
		4.3	% ACAT recommendations for long-term care in community settings for clients assessed in community settings	4.3	To maintain or increase the % of clients who are assessed in community settings and are recommended for long-term care in community settings.
		4.4	% ACAT recommendations for long-term care in community settings for clients assessed in hospital	4.4	To maintain or increase the % clients assessed in hospital who are recommended for long-term care in community settings.
<p><i>Note: Future consideration will be given to developing a performance indicator for ACAT recommendations for residential respite care</i></p>					
5	To facilitate access to the combination of services that best meets the needs of assessed clients.	<p><i>None identified to date. May be explored through cross-program data linkage in the future.</i></p>			
6	To ensure that assessments of the care needs of frail older persons are comprehensive, incorporating the restorative, physical, medical, psychological, cultural and social dimensions of need.	6.1	% multidisciplinary assessments for clients 'at risk'	6.1	100% assessments of clients 'at risk' of admission to residential care involve input from more than one discipline.
		<p><i>Needs development of appropriate quality standards and monitoring process. Measurement of performance against these objectives may not be suited to MDS reporting.</i></p>			
7	To involve clients and their carers, and other service providers in the assessment and care planning process.	<p><i>As above.</i></p>			
8	To promote the co-ordination of aged care and other support services to improve the appropriateness and range of care services available to frail older people.	<p><i>As above.</i></p>			
Efficiency	To optimise assessment services provided within available resources.	9.1	Cost per unit output	9.1	Estimated average cost per assessment is reduced or maintained without associated reductions in service access or quality.
		<p><i>As above.</i></p>			

% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin **[PI: 1.1]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years comprehensively assessed by Aged Care Assessment Teams (ACATs) who are people of Aboriginal and/or Torres Strait Islander origin.

Related performance area: Equity

Related objective: To ensure that older persons who are of Aboriginal and/or Torres Strait Islander origin have equitable access to ACATs.

Desired outcome: That older Aboriginal and Torres Strait Islander peoples are represented as clients of the Aged Care Assessment Program (ACAP) in proportions consistent with their representation in the general population.

Context: The ACAP is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

The Commonwealth Guidelines for the ACAP state that in the ACAP ensuring equitable access to services is particularly relevant to four groups: Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; people living in rural and remote areas and people with dementia.

Significant health disadvantage is experienced by Aboriginal and Torres Strait Islander Australians across all age groups and for almost all diseases and conditions for which information is available. Given the notably poorer health profile of Aboriginal and Torres Strait Islander communities, older persons of Aboriginal and/or Torres Strait Islander origin can be expected to require ACAP services and assistance in numbers which equal or exceed their representation in the older community.

The lower life expectancy of Aboriginal and Torres Strait Islander Australians means that persons of Aboriginal and/or Torres Strait Islander origin can also be expected to require assessment services at an earlier age than is the case for the wider community. In accordance with this, the age benchmark used for service provision and planning within the ACAP is lower for Aboriginal and Torres Strait Islander Australians than for the population as a whole (i.e. 50 and over for Aboriginal and/or Torres Strait Islander persons compared to 70 and over for the general population).

If data shows that older Aboriginal and Torres Strait Islander Australians are under-represented within the client base of the ACAP, specific strategies may need to be developed to make the program more accessible and/or responsive to the needs and circumstances of Aboriginal and Torres Strait Islander peoples. The accessibility of ACATs to Aboriginal and Torres Strait Islander peoples reflects on the whole aged and community care system, not only ACATs themselves. Developing culturally appropriate services is a goal of all aged and community care services, however, the choice of whether to use a service ultimately rests with the client.

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 2	Representational layout:	NN
Data domain:	Percentage		
Numerator:	Number of ACAT clients aged 50 and over of Aboriginal and/or Torres Strait Islander origin comprehensively assessed by ACATs.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
Denominator:	Total number of ACAT clients aged 70 and over plus Aboriginal and/or Torres Strait Islander clients aged 50-69 comprehensively assessed by ACATs.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	

Interpretation: The percentage of older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin should be compared with the percentage of people age 70 and over (plus Aboriginal and/or Torres Strait Islander people aged 50–69) who are of Aboriginal and/or Torres Strait Islander origin in the general population.

To be analysed by geographic area (national, State/Territory, and RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % older ACAT clients from culturally and linguistically diverse backgrounds (PI: 1.2)
% older ACAT clients in rural/remote areas (PI: 1.3)
% older ACAT clients with dementia (PI: 2.5)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% older ACAT clients from culturally and linguistically diverse backgrounds **[PI: 1.2]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years comprehensively assessed by Aged Care Assessment Teams (ACATs) who are people from culturally and linguistically diverse backgrounds.

Related performance area: Equity

Related objective: To ensure that older persons from culturally and linguistically diverse backgrounds have equitable access to ACATs.

Desired outcome: That older people from culturally and linguistically diverse backgrounds are represented as clients of the Aged Care Assessment Program (ACAP) in proportions consistent with their representation in the general population.

Context: The ACAP is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

The Commonwealth Guidelines for the ACAP state that in the ACAP ensuring equitable access to services is particularly relevant to four groups: Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; people living in rural and remote areas and people with dementia.

If data shows that older people from culturally and linguistically diverse backgrounds are under-represented within the client base of the ACAP, specific strategies may need to be developed to make the program more accessible and/or responsive to the needs and circumstances of this particular group. The accessibility of ACATs to people from culturally and linguistically diverse backgrounds reflects on the whole aged and community care system, not only ACATs themselves. Developing culturally appropriate

services is a goal of all aged and community care services, however, the choice of whether to use a service ultimately rests with the client.

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 2	Representational layout:	NN
Data domain:	Percentage		
Numerator:	Number of ACAT clients aged 70 and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69 who are from culturally and linguistically diverse backgrounds comprehensively assessed by ACATs.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Country of birth	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
Denominator:	Total number of ACAT clients aged 70 and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 comprehensively assessed by ACATs.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
Interpretation:	<p>The percentage of older ACAT clients who are from culturally and linguistically diverse backgrounds should be compared with the percentage of people aged 70 and over (plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69) who are from culturally and linguistically diverse backgrounds in the general population.</p> <p>Subject to further investigation by the ACAP DWG, <i>Country of birth</i> may be used to allocate clients to one of four English Proficiency Groups (EPG) developed by the Department of Immigration and Multicultural Affairs (DIMA). The groupings reflect the degree of potential disadvantage people may experience due to cultural and linguistic diversity. This methodology requires testing for relevance and appropriateness to the ACAP client population.</p>		

To be analysed by geographic area (national, State/Territory, RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin (PI: 1.1)
% older ACAT clients in rural/remote areas (PI: 1.3)
% older ACAT clients with dementia (PI: 2.5)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

% older ACAT clients living in rural/remote areas [PI: 1.3]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years comprehensively assessed by Aged Care Assessment Teams (ACATs) who are people living in rural and remote areas of Australia.

Related performance area: Equity

Related objective: To ensure that older persons who live in rural and remote areas of Australia have equitable access to ACATs.

Desired outcome: That older people living in rural and remote areas are represented as clients of the Aged Care Assessment Program (ACAP) in proportions consistent with their representation in the general population.

Context: The ACAP is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

The Commonwealth Guidelines for the ACAP state that in the ACAP ensuring equitable access to services is particularly relevant to four groups: Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse backgrounds; people living in rural and remote areas and people with dementia.

If data shows that older people living in rural and remote areas are under-represented within the client base of the ACAP, specific strategies may need to be developed to make the program more accessible and/or responsive to the needs and circumstances of this particular group. The accessibility of ACATs to people living in rural and remote areas reflects on the whole aged and community care system, not only ACATs themselves. Developing appropriate services is a goal of all aged and community care services, however, the choice of whether to use a service ultimately rests with the client.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	Quant.
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 2	<i>Representational layout:</i>	NN
<i>Data domain:</i>	Percentage		
<i>Numerator:</i>	Number of ACAT clients aged 70 and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 who live in rural and remote areas comprehensively assessed by ACATs.		
<i>Source:</i>	<i>Data element:</i>	<i>Data collection:</i>	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of Name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
<i>Denominator:</i>	Total number of ACAT clients aged 70 and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 comprehensively assessed by ACATs.		
<i>Source:</i>	<i>Data element:</i>	<i>Data collection</i>	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
<i>Interpretation:</i>	The percentage of older ACAT clients who live in rural and remote areas should be compared with the percentage of people age 70 and over (plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69) who live in rural and remote areas in the general population.		
	To be analysed by geographic area (national, State/Territory) by financial year.		
	Commonwealth definitions will be used for analyses based on RRMA.		
<i>Related PIs:</i>	% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin (PI: 1.1)		
	% older ACAT clients from culturally and linguistically diverse backgrounds (PI: 1.2)		
	% older ACAT clients with dementia (PI: 2.5)		

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% ACAT clients receiving timely assistance

[PI: 2.1]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of all Aged Care Assessment Team (ACAT) comprehensive assessments where the time taken by the ACAT to respond to the person's referral for assessment is appropriate to the person's need as assessed by the ACAT on the basis of information available at referral.

Related performance area: Equity

Related objective: To ensure that access to ACAT services is based on need.

Desired outcome: All clients are assisted within the timeframe specified by the *Priority category* allocated to the client's assessment.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs. This performance indicator is an indicator of the appropriateness of the time elapsed between receipt of referrals to ACATs for comprehensive assessment and response by ACATs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

ACATs do not provide an emergency or crisis service. However, at times, the care needs of people referred to an ACAT require a different level of urgency in an ACAT's response. In some cases, an ACAT does not need to see a person referred for comprehensive assessment as a matter of urgency. At other times, if the person's safety is at risk (e.g. high risk of falls or abuse), or there is a likelihood that the person will be hospitalised or required to leave their home because they are unable to care for themselves, or their carer is unavailable, they require an immediate response from the ACAT (i.e. within 48 hours).

It is acknowledged that, at times, the achievement of this desired outcome may be affected by factors outside of the control of ACATs. This may be especially the case in rural or remote areas where the availability of clinicians is limited and often some time may elapse before an appropriate medical specialist or other professional is able to see the client. However, it is

important to note that an ACAT's response time is measured from *Referral date* to *First intervention date*. *First intervention date* does not necessarily relate to an intervention by an ACAT member. The date of any intervention on behalf of an ACAT (i.e. an ACAT agent) in response to a referral can be recorded under *First intervention date*.

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 3	Representational layout:	NNN
Data domain:	Percentage		
Numerator:	Number of comprehensive assessments where the number of days elapsed between <i>Referral date</i> and <i>First intervention date</i> is less than or equal to the number of days specified in <i>Priority categories</i> 1 and 2 allocated to the client assessment.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Referral date	ACAP MDS V2	
	Priority category	ACAP MDS V2	
	First intervention date	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
Denominator:	All ACAT comprehensive assessments with <i>Priority categories</i> 1 and 2 with a <i>Referral date</i> and <i>First intervention date</i> .		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Referral date	ACAP MDS V2	
	Priority category	ACAP MDS V2	
	First intervention date	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
Interpretation:	Client assessments with a <i>Priority category</i> of 3 are excluded from analysis for this performance indicator.		
	To be analysed by geographic area (National, State/Territory, RRMA) by financial year.		
	Commonwealth definitions will be used for analyses based on RRMA.		
Related PIs:	% older people assessed by ACATs (PI: 2.2)		
	% older people with a severe or profound core activity restriction assessed by ACATs (PI: 2.3)		
	% younger ACAT clients with severe or profound core activity restriction (PI: 2.4)		
	% older ACAT clients with dementia (PI: 2.5)		

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% older people assessed by ACATs

[PI: 2.2]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years comprehensively assessed by Aged Care Assessment Teams (ACATs).

Related performance area: Equity

Related objective: To ensure that access to ACAT services is based on need.

Desired outcome: To maintain or increase the proportion of the older population comprehensively assessed.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

In the ACAP, age is used as one indicator of need for assistance. Planning and resource allocation for the program uses the number of people aged 70 years and over plus the number of people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years as an indication of the target population across geographic areas in Australia.

This performance indicator is complemented by PI: 2.3: % older people with severe or profound core activity restriction assessed by ACATs.

Relational and representational attributes

Datatype: Numeric *Representational form:* Quant.

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain: Percentage

Numerator: Number of ACAT clients aged 70 and over plus the number of clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 comprehensively assessed by ACATs.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Denominator: Total number of people aged 70 and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69.

Source:	Data element:	Data collection:
	<i>Resident population estimates.</i>	ABS Census 2001

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

To be analysed by geographic area (national, State/Territory, RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % ACAT clients receiving timely assistance (PI: 2.1)
 % older people with a severe or profound core activity restriction assessed by ACATs (PI: 2.3)
 % younger ACAT clients with severe or profound core activity restriction (PI: 2.4)
 % older ACAT clients with dementia (PI: 2.5)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
 Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

% older people with severe or profound core activity restriction assessed by ACATs **[PI: 2.3]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 to 69 years with a severe or profound core activity restriction comprehensively assessed by Aged Care Assessment Teams (ACATs).

Related performance area: Equity

Related objective: To ensure that access to ACAT services is based on need.

Desired outcome: To maintain or increase the proportion of the older population with a severe or profound core activity restriction assessed.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

This performance indicator uses the category of severe or profound core activity restriction as an indicator of need in addition to the aged based indicator used in Performance Indicator 2.2. This categorisation is based on the Australian Bureau of Statistics (ABS) methodology from the Survey of Disability, Ageing and Carers and facilitates comparisons with population estimates derived from that Survey.

A person with a severe or profound core activity restriction is defined as needing the assistance of another individual sometimes or always in one or more of the activity areas of self-care, mobility or communication.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	Quant.
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 2	<i>Representational layout:</i>	NN
<i>Data domain:</i>	Percentage		

Numerator: Number of ACAT clients aged 70 and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 with a severe or profound core activity restriction comprehensively assessed by ACATs. (Each client meeting the criteria during the reporting period is to be counted only once).

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Activity limitations	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Denominator: Total number of people aged 70 and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50–69 who have a severe or profound core activity restriction living in households in Australia.

Source:	Data element:	Data collection:
	<i>Population estimates for people with a severe or profound core activity restriction.</i>	ABS Disability, Ageing and Carers Survey, 1999

Interpretation: This performance indicator is not suitable for small area reporting as the size of the ABS Survey of Disability, Ageing and Carers does not support statistically reliable estimates at small area level.

Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

To be analysed by geographic area (national, State/Territory, and RRMA) by financial year.

Each client with a severe or profound core activity restriction who is comprehensively assessed by an ACAT is counted only once in analysis for national reporting of this performance indicator. For reporting by State/Territory and RRMA each client with a severe or profound core activity restriction comprehensively assessed by ACATs is also counted only once. It is possible that one person may be assessed in more than one State/Territory or RRMA during a reporting period. Therefore the sum total of State/Territory or RRMA figures may be greater than the national total.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs:

- % ACAT clients receiving timely assistance (PI: 2.1)
- % older people assessed by ACATs (PI: 2.2)
- % younger ACAT clients with severe or profound core activity restriction (PI: 2.4)
- % older ACAT clients with dementia (PI: 2.5)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% younger ACAT clients with severe or profound core activity restriction

[PI: 2.4]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people comprehensively assessed by Aged Care Assessment Teams (ACATs) who are aged under 70 years or people of Aboriginal and/or Torres Strait Islander origin aged under 50 years, who have a severe or profound core activity restriction.

Related performance area: Equity

Related objective: To ensure that access to ACAT services is based on need.

Desired outcome: To reduce the proportion of younger clients who do not have a severe or profound core activity restriction.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

Although the target group for the ACAP is frail older people (defined as 70 years and over and 50 years and over for people of Aboriginal and/or Torres Strait Islander origin), at times people under these ages are referred to and assessed by ACATs, where no other source of this type of assistance is available or appropriate. However, the expectation of the program is that any person under the age of 70 years or under the age of 50 years for a person of Aboriginal and/or Torres Strait Islander origin who is assessed by an ACAT would fall within the higher categories of people with a need for assistance in the general population.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	Quant.
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 3	<i>Representational layout:</i>	NNN
<i>Data domain:</i>	Percentage		

Numerator: Number of ACAT clients aged under 70 years and clients of Aboriginal and/or Torres Strait Islander origin aged under 50 years who have a severe or profound core activity restriction comprehensively assessed by ACATs.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Activity limitations	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Denominator: Total number of ACAT clients aged under 70 years or clients of Aboriginal and/or Torres Strait Islander origin aged under 50 years comprehensively assessed by ACATs.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

To be analysed by geographic area (national, State/Territory and RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % ACAT clients receiving timely assistance (PI: 2.1)
% older people assessed by ACATs (PI: 2.2)
% older people with a severe or profound core activity restriction assessed by ACATs (PI: 2.3)
% older ACAT clients with dementia (PI: 2.5)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status:

from / / to / /

Comments:

% older ACAT clients with dementia

[PI: 2.5]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people comprehensively assessed by Aged Care Assessment Teams (ACATs) who are aged 70 years and over or people of Aboriginal and/or Torres Strait Islander origin who are aged 50 to 69 years, with dementia.

Related performance area: Equity

Related objective: To ensure that access to ACAT services is based on need.

Desired outcome: To maintain or increase the proportion of older clients with dementia.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

People with dementia have been identified within the ACAP, and other aged and community care programs generally, as a particular target group for assistance. This is in recognition of the often complex and special needs usually associated with the presence of this condition.

Over recent years there have been many government initiatives designed to assist with the both the identification of dementia and the provision of care and assistance to people with dementia, and their carers. The needs of these people are of particular importance to the ACAP, as they are frequently characterised by cognitive impairments and/or behaviours that are difficult to manage either at home or in institutional settings.

Relational and representational attributes

Datatype: Numeric *Representational form:* Quant.

Field size: *Min:* 1 *Max:* 2 *Representational layout:* NN

Data domain: Percentage

Numerator: Number of ACAT clients aged 70 years and over and clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 years with dementia comprehensively assessed by ACATs.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Health condition	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Denominator: Total number of ACAT clients aged 70 years and over or clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 years comprehensively assessed by ACATs.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Health condition	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Interpretation: *Health condition* codes 0500–0530 (or 0500–0532 if using ‘long’ code list) to be used for analysis of this performance indicator.

To be analysed by geographic area (national, State/Territory and RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % ACAT clients receiving timely assistance (PI: 2.1)
% older people assessed by ACATs (PI: 2.2)
% older people with a severe or profound core activity restriction assessed by ACATs (PI: 2.3)
% younger ACAT clients with severe or profound core activity restriction (PI: 2.4)
% older ACAT clients with dementia recommended for long-term care in community settings (PI: 4.1)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% ACAT recommendations for long-term residential care for clients not 'at risk' **[PI: 3.1]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of Aged Care Assessment Team (ACAT) comprehensive assessments of people living in the community resulting in a recommendation for long-term care in a residential aged care service, who are not characterised by factors usually associated with a high risk of admission to residential care.

Related performance area: Effectiveness

Related objective: To prevent premature or inappropriate admission to residential aged care services.

Desired outcome: To maintain or reduce the proportion of recommendations for long-term care in residential aged care services for clients considered not 'at risk'.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

Wherever possible and appropriate, ACATs aim to facilitate access to support services to help people remain living at home. ACATs play a key role in identifying and assisting frail older people who are particularly vulnerable to residential care admission. This performance indicator uses a concept of 'at risk' of admission to a residential aged care service. 'At risk' clients include people characterised by a range of factors that are accepted within the ACAP as indicating likely complexity and a higher level of care needs. These characteristics include: being aged 80 years or over (or 60 years or over for clients of Aboriginal and/or Torres Strait Islander origin), having a severe or profound core activity restriction, having dementia, living alone and not having a carer. If a person is characterised by any 4 out of these 5 characteristics, they could reasonably be considered to be 'at risk' of admission to residential aged care services.

It is accepted that, at times, people who are not characterised by 4 out of 5 of these factors may be appropriately recommended for long-term residential care. These characteristics are not used as eligibility criteria for ACAT services or for any programs to which an ACAT may refer a client.

The long-term care setting recommended by ACATs may be affected by the availability of community support services.

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 2	Representational layout:	NN
Data domain:	Percentage		
Numerator:	Number of ACAT comprehensive assessments for clients who are living in the community resulting in a recommendation for long-term care in a residential aged care, who are not characterised by at least 4 out of 5 of the following: Aged 80+ (or 60+ for clients of Aboriginal and/or Torres Strait Islander origin); Severe or profound core activity restriction; Dementia; Living alone; No carer available.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Accommodation setting – usual	ACAP MDS V2	
	Living arrangements	ACAP MDS V2	
	Health condition	ACAP MDS V2	
	Activity limitations	ACAP MDS V2	
	Carer availability	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	
	Recommended long-term care setting	ACAP MDS V2	
Denominator:	Total number of ACAT comprehensive assessments for clients living in the community with a recommendation for long-term care in a residential aged care service.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Accommodation setting – usual	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

This performance indicator draws a distinction between living in the community and living in a residential aged care service. Living in the community is identified by codes 1-7, and 12 in the data element *Accommodation setting – usual*. Residential aged care service is identified by codes 8 or 9 in the same data element and codes 4 or 5 in the data element *Recommended long-term care setting*. All other codes are excluded from this analysis.

To be analysed by geographic area (national, State/Territory, RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % ACAT recommendations for long-term residential care for clients aged under 70 years (PI: 3.2)
% older ACAT clients 'at risk' recommended for a Community Aged Care Package (PI: 4.2)
% multidisciplinary client assessments for 'at risk' clients (PI: 6.1)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

% ACAT recommendations for long-term residential care for younger clients **[PI: 3.2]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of Aged Care Assessment Team (ACAT) comprehensive assessments resulting in a recommendation for long-term care in a residential aged care service for people who are aged under 70 years and people of Aboriginal and/or Torres Strait Islander origin who are aged under 50 years.

Related performance area: Effectiveness

Related objective: To prevent premature or inappropriate admission to residential aged care services.

Desired outcome: The proportion of recommendations for long-term care in a residential aged care service for younger clients decreases over time.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

Although the target group for the ACAP is frail older people (defined as 70 years and over or 50 years and over for persons of Aboriginal and/or Torres Strait Islander origin), at times people under the age of 70 years (or aged under 50 years for persons of Aboriginal and/or Torres Strait Islander origin) are referred to and assessed by ACATs, where no other source of this type of assistance is available or appropriate.

However, given the program's target group and the general unsuitability of residential aged care services for younger people with disabilities, program managers would be concerned if recommendations for younger people to be cared for in residential aged care services were growing.

This indicator does not only relate to the performance of the ACAP, as external factors may affect the need for residential care by younger people. In particular, the availability of more appropriate types of services or settings may affect ACAT recommendations for this client group. Thus, this

performance indicator has implications for the wider range of aged and community care programs, including those with a particular focus on assisting younger people with disabilities (e.g. services funded under the Commonwealth/State-Territory Disability Agreement).

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 2	Representational layout:	NN
Data domain:	Percentage		
Numerator:	Number of ACAT comprehensive assessments with a recommendation for long-term care in a residential aged care service for clients living in the community who are aged under 70 years plus people of Aboriginal and/or Torres Strait Islander origin who are aged under 50 years.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Accommodation setting – usual	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	
	Recommended long-term care setting	ACAP MDS V2	
Denominator:	Total number of ACAT comprehensive assessments for clients living in the community aged under 70 years plus people of Aboriginal and/or Torres Strait Islander origin who are aged under 50 years.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Accommodation setting – usual	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	

Interpretation:: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

This performance indicator draws a distinction between living in the community and living in a residential aged care service. Living in the community is identified by codes 1-7, and 12 in the data element *Accommodation setting – usual*. Residential aged care service is identified by codes 8 or 9 in the same data element and codes 4 or 5 in the data element *Recommended long-term care setting*. All other codes are excluded from this analysis.

To be analysed by geographic area (national, State/Territory, RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % ACAT recommendations for long-term residential care for clients not 'at risk' (PI: 3.1)
% younger ACAT clients with severe or profound core activity restriction (PI: 2.4)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

% older ACAT clients with dementia recommended for long-term care in community settings **[PI: 4.1]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: Percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 years and over comprehensively assessed by Aged Care Assessment Teams (ACATs), with dementia who are recommended for long-term care in community settings.

Related performance area: Effectiveness

Related objective: To help frail older people live in the community.

Desired outcome: To maintain or increase the proportion of older clients with dementia who are recommended for long-term care in community settings.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

People with dementia have been identified within the ACAP, and other aged and community care programs generally, as a particular target group for assistance. This is in recognition of the often complex and special needs usually associated with the presence of this condition.

Over recent years there have been many government initiatives designed to assist with the both the identification of dementia and the provision of care and assistance to people with dementia and their carers. The needs of these people are of particular importance to the ACAP, as they are frequently characterised by cognitive impairments and/or behaviours that are difficult to manage either at home or in institutional settings.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	Quant.
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 2	<i>Representational layout:</i>	NN

Data domain: Percentage

Numerator: Number of ACAT clients aged 70 years and over plus clients of Aboriginal and/or Torres Strait Islander origin aged 50–69 years, who have dementia and are not permanent residents of residential aged care services at assessment, who are recommended for long-term care in community settings comprehensively assessed by ACATs. (Each client meeting the criteria during the reporting period is to be counted only once.)

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Accommodation setting – usual	ACAP MDS V2
	Health condition	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2
	Recommended long-term care setting	ACAP MDS V2

Denominator: Total number of ACAT clients who have dementia, who are not permanent residents of residential aged care services at assessment, aged 70 years and over plus clients of Aboriginal and/or Torres Strait Islander origin who are aged 50–69 years) comprehensively assessed by ACATs.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Accommodation setting – usual	ACAP MDS V2
	Health condition	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

This performance indicator draws a distinction between living in the community and living in a residential aged care service. Living in the community is identified by codes 1-7, and 12 in the data element *Accommodation setting – usual*. Residential aged care service is identified by codes 8 or 9 in the same data element and codes 4 or 5 in the data element *Recommended long-term care setting*. All other codes are excluded from this analysis.

To be analysed by geographic area (national, State/Territory and RRMA) by financial year.

Each client who has dementia and is not a permanent resident of a residential aged care service who is comprehensively assessed by an ACAT is counted only once in analysis for national reporting of this performance indicator. For reporting by State/Territory and RRMA each client who has dementia and is not a permanent resident of a residential aged care service who is comprehensively assessed by ACATs is also counted only once. It is possible that one person may be assessed in more than one State/Territory or RRMA during a reporting period. Therefore the sum total of State/Territory or RRMA figures may be greater than the national total.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % older ACAT clients with dementia (PI: 2.5)
% older ACAT clients 'at risk' recommended for a Community Aged Care Package (PI: 4.2)
% ACAT recommendations for long-term care in community settings for clients assessed in community settings (PI: 4.3)
% ACAT recommendations for long-term care in community settings for clients assessed in hospital (PI: 4.4)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

% older ACAT clients ‘at risk’ recommended for a Community Aged Care Package

[PI: 4.2]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of people aged 70 years and over plus people of Aboriginal and/or Torres Strait Islander origin aged 50 years and over comprehensively assessed by an Aged Care Assessment Team (ACAT) who are considered ‘at risk’ of admission to residential care who are recommended for a Community Aged Care Package.

Related performance area: Effectiveness

Related objective: To help frail older people live in the community.

Desired outcome: Maintain or increase the proportion of ‘at risk’ clients recommended for a Community Aged Care Package.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department and for the Commonwealth department to report to government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

The objectives of the ACAP are consistent with the aim of helping frail older people to remain living at home wherever possible, and appropriate. Increasing government support for assistance provided in community settings should be reflected in an increase in the number of frail older people who are able to be maintained in their homes.

The Community Aged Care Package Program is specifically targeted to help frail older people with complex care needs to remain living at home. ACATs have the role of assessing for eligibility for a Community Aged Care Package.

This performance indicator uses a concept of ‘at risk’ of admission to residential aged care. ‘At risk’ clients include people characterised by a range of factors that are accepted within the ACAP as indicating likely complexity and a higher level of care needs. These characteristics include: being aged 80 years or over (or 60 years or over for clients of Aboriginal and/or Torres Strait Islander origin), having a severe or profound core activity restriction,

having dementia, living alone and not having a carer. If a person is characterised by any 4 out of these 5 characteristics, they could reasonably be considered to be 'at risk' of admission to residential aged care services.

It is accepted that, at times, people who are not characterised by 4 out of 5 of these factors may be appropriately recommended for long-term residential care. These characteristics are not used as eligibility criteria for ACAT services or for any programs to which an ACAT may refer a client.

The long-term care setting recommended by ACATs may be affected by the availability of community support services.

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 2	Representational layout:	NN
Data domain:	Percentage		
Numerator:	Number of ACAT clients who are not permanent residents of residential aged care services at assessment and who are characterised by 4 out of 5 of the following: aged 80+ (or 60+ for clients of Aboriginal and/or Torres Strait Islander origin); Severe or Profound core activity restriction; Dementia; Living alone; No carer available and who are recommended for a Community Aged Care Package comprehensively assessed by ACATs. (Each client meeting the criteria during the reporting period is to be counted only once.)		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Letters of name	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Sex	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Accommodation setting – usual	ACAP MDS V2	
	Living arrangements	ACAP MDS V2	
	Health condition	ACAP MDS V2	
	Activity limitations	ACAP MDS V2	
	Carer availability	ACAP MDS V2	
	Government program support recommended	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	
Denominator:	Total number of ACAT clients who are not permanent residents of a residential aged care service at assessment, and who are characterised by 4 out of 5 of the following: aged 80+ (or 60+ for clients of Aboriginal and/or Torres Strait Islander origin); Severe or Profound core activity restriction; Dementia; Living alone; No carer available comprehensively assessed by ACATs.		

<i>Source:</i>	<i>Data element:</i>	<i>Data collection:</i>
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Letters of name	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Sex	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Accommodation setting – usual	ACAP MDS V2
	Living arrangements	ACAP MDS V2
	Health condition	ACAP MDS V2
	Activity limitations	ACAP MDS V2
	Carer availability	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

This performance indicator draws a distinction between living in the community and living in a residential aged care service. Living in the community is identified by codes 1-7, and 12 in the data element *Accommodation setting – usual*.

To be analysed by geographic area (national, State/Territory, RRMA) by financial year.

Each client who meets the criteria specified is counted only once in analysis for national reporting of this performance indicator. For reporting by State/Territory and RRMA each client who has dementia and is not a permanent resident of a residential aged care service who is comprehensively assessed by ACATs is also counted only once. It is possible that one person may be assessed in more than one State/Territory or RRMA during a reporting period. Therefore the sum total of State/Territory or RRMA figures may be greater than the national total.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs:

- % ACAT recommendations for long-term residential care for clients not ‘at risk’ (PI: 3.1)
- % older ACAT clients with dementia recommended for long-term care in community settings (PI: 4.1)
- % ACAT recommendations for long-term care in community settings for clients assessed in community settings (PI: 4.3)
- % ACAT recommendations for long-term care in community settings for clients assessed in hospital (PI: 4.4)
- % multidisciplinary client assessments for ‘at risk’ clients (PI: 6.1)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% ACAT recommendations for long-term care in community settings for clients assessed in community settings [PI: 4.3]

Admin. status: CURRENT

Identifying and definitional attributes

- Data element type:* Performance indicator
- Definition:* Percentage of completed Aged Care Assessment Team (ACAT) comprehensive assessments of people conducted in community settings resulting in a recommendation for long-term care in community settings.
- Related performance area:* Effectiveness
- Related objective:* To help frail older people live in the community.
- Desired outcome:* To maintain or increase the proportion of clients who are comprehensively assessed in community settings and are recommended for long-term care in community settings
- Context:*

The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

The objectives of the ACAP are consistent with the aim of helping frail older people to remain living at home wherever possible, and appropriate. Increasing government support for assistance provided in community settings should be reflected in an increase in the number of frail older people who are able to be maintained in their homes.

Relational and representational attributes

- Datatype:* Numeric *Representational form:* Quant.
- Field size:* *Min:* 1 *Max:* 2 *Representational layout:* NN
- Data domain:* Percentage
- Numerator:* Number of ACAT comprehensive assessments conducted in community settings, with a recommendation for long-term care in community settings.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	First face-to-face contact setting	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2
	Recommended long-term care setting	ACAP MDS V2
Denominator:	Total number of ACAT comprehensive assessments conducted in community settings.	

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	First face-to-face contact setting	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

This performance indicator draws a distinction between community and institutional settings. Community settings are identified as code 4 in the data element *First face-to-face contact setting* and codes 1-3 in the data element *Recommended long-term care setting*.

To be analysed by geographic area (national, State/Territory and RRMA) by financial year.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % older ACAT clients with dementia recommended for long-term care in community settings (PI: 4.1)
 % older ACAT clients 'at risk' recommended for a Community Aged Care Package (PI: 4.2)
 % ACAT recommendations for long-term care in community settings for clients assessed in hospital (PI: 4.4)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
 Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

% ACAT recommendations for long-term care in community settings for clients assessed in hospital **[PI: 4.4]**

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: Percentage of completed Aged Care Assessment Team (ACAT) comprehensive assessments of people conducted in hospital resulting in a recommendation for long-term care in community settings.

Related performance area: Effectiveness

Related objective: To help frail older people live in the community.

Desired outcome: To maintain or increase the proportion of clients comprehensively assessed in hospital who are recommended for long-term care in community settings

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

The objectives of the ACAP are consistent with the aim of helping frail older people to remain living at home wherever possible, and appropriate. Increasing government support for assistance provided in community settings should be reflected in an increase in the number of frail older people who are able to be maintained in their homes.

Frequently, people assessed in hospital have experienced an acute medical event. Maintaining links with acute care hospitals is an important way ACATs can access the variety of services needed by their clients to achieve the best medical and rehabilitation outcomes as part of their comprehensive assessment and care planning. These links will ensure that ACATs are able to provide an interface between acute care and community care, improving the links between these sectors, which are critical for continuity of care.

Although close links to hospitals are important, ACATs should maintain their independence from these institutions in the interests of identifying the most appropriate long-term care option for their clients. The pattern of long-term

care recommendations for clients assessed in hospital are of particular interest to program managers.

Relational and representational attributes

Datatype:	Numeric	Representational form:	Quant.
Field size:	Min: 1 Max: 2	Representational layout:	NN
Data domain:	Percentage		
Numerator:	Number of ACAT comprehensive assessments conducted in hospital, with a recommendation for long-term care in community settings.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	First face-to-face contact setting	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	
	Recommended long-term care setting	ACAP MDS V2	
Denominator:	Total number of ACAT comprehensive assessments conducted in hospital.		
Source:	Data element:	Data collection:	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	First face-to-face contact setting	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	
Interpretation:	Only client assessments with code 1 under <i>Reason for ending assessment</i> (i.e. Assessment complete) should be used in analysis for this performance indicator.		
	This performance indicator draws a distinction between community and institutional settings. Community settings are identified as codes 1-3 in the data element <i>Recommended long-term care setting</i> . Clients assessed in hospital are identified by code 1 in the data element <i>First face-to-face contact setting</i> .		
	To be analysed by geographic area (national, State/Territory and RRMA) by financial year.		
	Commonwealth definitions will be used for analyses based on RRMA.		
Related PIs:	% older ACAT clients with dementia recommended for long-term care in community settings (PI: 4.1)		
	% older ACAT clients 'at risk' recommended for a Community Aged Care Package (PI: 4.2)		
	% ACAT recommendations for long-term care in community settings for clients assessed in community settings (PI: 4.3)		

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary
Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from* / / *to* / /

Comments:

% multidisciplinary client assessments for 'at risk' clients

[PI: 6.1]

Admin. status: CURRENT

Identifying and definitional attributes

Data element type: Performance indicator

Definition: The percentage of completed Aged Care Assessment Team (ACAT) comprehensive assessments for people considered 'at risk' of admission to residential aged care services, involving significant contributions from more than one area of clinical expertise.

Related performance area: Quality

Related objective: To ensure that assessments of the care needs of frail older persons are comprehensive, incorporating the restorative, physical, medical, psychological, cultural and social dimensions of need.

Desired outcome: 100% comprehensive assessments of people 'at risk' of admission to residential care involve input from more than one discipline.

Context: The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.

The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

ACAT comprehensive assessments should incorporate assessment of the restorative, physical, medical, psychological, cultural and social dimensions of care need. To support such a comprehensive approach to assessment, Commonwealth and State/Territory governments contribute to the employment of ACAT members from a wide range of disciplines. In addition, ACATs often draw on the expertise of other health and community service providers when their expertise is required by their clients.

Achievement of the desired outcome for this performance indicator is dependent on the availability of a range of clinical expertise, from both within and outside of ACATs. Availability of such expertise may be more limited in rural and remote areas than metropolitan or large urban areas.

Multidisciplinary input to ACAT assessments is used in this performance indicator as a proxy measure of the required multidimensional nature of

ACAT assessments. It is acknowledged that in some circumstances one ACAT member may be able to incorporate more than one dimension of care need into their assessment of a client's care needs.

This performance indicator uses a concept of 'at risk' of admission to residential aged care. 'At risk' clients include people characterised by a range of factors that are accepted within the ACAP as indicating likely complexity and a higher level of care needs. These characteristics include: being aged 80 years or over (or 60 years or over for clients of Aboriginal and/or Torres Strait Islander origin), having a severe or profound core activity restriction, having dementia, living alone and not having a carer. If a person is characterised by any 4 out of these 5 characteristics, they could reasonably be considered to be 'at risk' of admission to residential aged care services.

It is accepted that, at times, people who are not characterised by 4 out of 5 of these factors may be appropriately recommended for long-term residential care. These characteristics are not used as eligibility criteria for ACAT services or for any programs to which an ACAT may refer a client.

The long-term care setting recommended by ACATs may be affected by the availability of community support services.

This performance indicator does not only reflect on the performance of ACATs. It also reflects on the Aged Care Assessment Program as a whole and on the availability of a suitable range of clinical expertise that may be the responsibility of other health or community care providers.

Relational and representational attributes

<i>Datatype:</i>	Numeric	<i>Representational form:</i>	Quant.
<i>Field size:</i>	<i>Min:</i> 1 <i>Max:</i> 3	<i>Representational layout:</i>	NNN
<i>Data domain:</i>	Percentage		
<i>Numerator:</i>	Number of ACAT comprehensive assessments for clients who are living in the community who are characterised by 4 out of 5 of the following: aged 80+ (or 60+ for clients of Aboriginal and/or Torres Strait Islander origin); Severe or Profound core activity restriction; Dementia; Living alone; No carer available and are identified as having input from more than one area of clinical expertise.		
<i>Source:</i>	<i>Data element:</i>	<i>Data collection:</i>	
	ACAT ID	ACAP MDS V2	
	Client ID	ACAP MDS V2	
	Date of birth	ACAP MDS V2	
	Indigenous status	ACAP MDS V2	
	Suburb/town/locality name	ACAP MDS V2	
	Postcode	ACAP MDS V2	
	Accommodation setting – usual	ACAP MDS V2	
	Living arrangements	ACAP MDS V2	
	Health condition	ACAP MDS V2	
	Activity limitations	ACAP MDS V2	
	Carer availability	ACAP MDS V2	
	Assessor profession	ACAP MDS V2	
	Assessment end date	ACAP MDS V2	
	Reason for ending assessment	ACAP MDS V2	

Denominator: Total number of ACAT comprehensive assessments for clients living in the community who are characterised by 4 out of 5 of the following: aged 80+ (or 60+ for clients of Aboriginal and/or Torres Strait Islander origin); Severe or Profound core activity restriction; Dementia; Living alone; No carer available.

Source:	Data element:	Data collection:
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Date of birth	ACAP MDS V2
	Indigenous status	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Accommodation setting – usual	ACAP MDS V2
	Living arrangements	ACAP MDS V2
	Health condition	ACAP MDS V2
	Activity limitation	ACAP MDS V2
	Carer availability	ACAP MDS V2
	Assessment end date	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

This performance indicator draws a distinction between living in the community and living in residential aged care services. Living in the community is identified by codes 1-7 and 12 in the data element *Accommodation setting – usual*.

To be analysed for a financial year by geographic area at the national, State/Territory and RRMA area levels.

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs: % ACAT recommendations for long-term residential care for clients not 'at risk' (PI: 3.1)
% older ACAT clients 'at risk' recommended for a Community Aged Care Package (PI: 4.2)

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

Cost per unit output

[PI: 9.1]

Admin. status: CURRENT

Identifying and definitional attributes

- Data element type:* Performance indicator
- Definition:* The estimated average cost to Commonwealth and State/Territory governments per Aged Care Assessment Team (ACAT) comprehensive assessment.
- Related performance area:* Efficiency
- Related objective:* To optimise assessment services provided within available resources.
- Desired outcome:* The average cost per comprehensive assessment is reduced or maintained without associated reductions in service access and quality.
- Context:* The Aged Care Assessment Program (ACAP) is a joint Commonwealth and State/Territory government-funded program designed to provide comprehensive assessments of the care needs of frail older people and to facilitate access to the range of services appropriate to those needs.
- The performance indicators developed for the ACAP are designed for high level national reporting and analysis and are intended for reporting on the ACAP as a whole. Therefore, these performance indicators are intended for use by State/Territory governments to report to the Commonwealth department of Health and Ageing and for the Commonwealth department to report to Government on the ACAP. In many cases, the achievement of the desired outcomes specified for each performance indicator may depend on factors outside the control of ACATs.

Relational and representational attributes

- Datatype:* Numeric *Representational form:* Quant.
- Field size:* *Min:* 1 *Max:* 4 *Representational layout:* \$\$\$\$
- Data domain:* Whole dollars
- Numerator:* Total recurrent funding by the Commonwealth and State/Territory governments.
- Source:* *Data element:* ACAT funding *Data collection:* ACAP MDS V2
- Denominator:* Total number of assessments during a financial year.

<i>Source:</i>	<i>Data element:</i>	<i>Data collection:</i>
	ACAT ID	ACAP MDS V2
	Client ID	ACAP MDS V2
	Suburb/town/locality name	ACAP MDS V2
	Postcode	ACAP MDS V2
	Reason for ending assessment	ACAP MDS V2
	Assessment end date	ACAP MDS V2

Interpretation: Only client assessments with code 1 under *Reason for ending assessment* (i.e. Assessment complete) should be used in analysis for this performance indicator.

To be analysed by geographic area (national, State/Territory, RRMA).

Commonwealth definitions will be used for analyses based on RRMA.

Related PIs:

Administrative attributes

Source document: Developed for the Aged Care Assessment Program Data Dictionary Version 1.0.

Source organisation: Aged Care Assessment Program Officials
Australian Institute of Health and Welfare

Reporting status: *from / / to / /*

Comments:

Appendix A

ACAP Data Working Group membership

Commonwealth Department of Health and Ageing

Warwick Bruen
Kathleen Vassallo

North West Aged Care Assessment Team
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Appendix B

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Appendix C

Mapping of ACAP MDS V1.0 to ACAP MDS V2.0

Version 1.0 data element	Version 2.0 data element	National standard	Comment
Client ID	Client ID	Not applicable	No standardisation required.
Assessment number	No equivalent	Not applicable	Subsequent assessments can be identified by dates, i.e. Referral date, Assessment end date.
Sex	Sex	NCSDD	Consistent with HACC.
Date of birth	Date of birth	NCSDD	Consistent with HACC.
Marital status	No equivalent	Not applicable	Not recommended—proxy for informal care which is identified by Carer availability.
Country of birth	Country of birth	NCSDD	Consistent with HACC.
LGA/SLA of usual residence	Postcode Suburb/town/locality name	NCSDD	Consistent with HACC.
Major source of income	No equivalent	Not applicable	ACAP DWG agreed not required.
Usual residence	Accommodation setting—usual	NCSDD	Consistent with HACC.*
Housing tenure	Accommodation setting—usual	NCSDD	Consistent with HACC.*
Usual living arrangements	Living arrangements	NCSDD	Consistent with HACC.
Support services received before assessment	Current assistance with activities	NCSDD	Based on HACC types of assistance plus some ACAP specific codes included.
Location at assessment	First face-to-face contact setting	NCCS	
Reason for referral	No equivalent	Not applicable	ACAP DWG agreed not required.

(continued)

Version 1.0 data element	Version 2.0 data element	National standard	Comment
Primary diagnosis	Health condition	ICD-10-AM	ABS 4 digit code list (modified for ACAP MDS) based on ICD-10-AM classification.
Mobility	Activity limitations	NCSDD	Based on HACC types of assistance plus some ACAP specific codes included.
Continence	Health condition	ICD-10-AM	ABS 4 digit code list (modified for ACAP MDS) based on ICD-10-AM classification.
Orientation	Health condition	ICD-10-AM	ABS 4 digit code list (modified for ACAP MDS) based on ICD-10-AM classification.
Date of care plan/transfer/death/cancellation	Assessment end date	NCSDD	Consistent with HACC.*
	Reason for ending assessment	NCSDD	
Recommended long-term living arrangements	Recommended long-term care setting	NCCS	Consistent with HACC.*
	Reason for ending assessment	NCSDD	
Inpatient care recommended during /after assessment	Reason for ending assessment	NCSDD	Consistent with HACC.*
Support services recommended after assessment	Recommended formal assistance with activities	NCSDD	Based on HACC types of assistance plus some ACAP specific codes included.
Ongoing support	No equivalent	Not applicable	

NCSDD—National Community Services Data Dictionary Version 2, 2000.

NCCS—National Classifications of Community Services Version 1.0, 1997.

* Categories may vary between HACC and ACAP but both sets of categories are mappable to the relevant NCSDD item.

Appendix D

Definition of data element attributes

Data element attributes

Admin. status: The operational status (TRIAL, DRAFT, CURRENT, SUPERSEDED) of the data element or data concept and the date from which this status is effective. 'TRIAL' status indicates that the data element is subject to trialing or pilot-testing before full endorsement is given (i.e. before it becomes CURRENT).

Identifying and definitional attributes

Name: A single or multi-word designation assigned to a data element. This appears in the heading for each unique data definition in the Dictionary.

Data element type: A data element may be either:

- a DATA CONCEPT – a concept which can be represented in the form of a data element, described independently of any particular representation. For example, 'ACAT client' or 'ACAT comprehensive assessment'.
- b DATA ELEMENT – a unit of data for which the definition, identification, representational and permissible values are specified by means of a set of attributes. For example, 'Sex', 'Date of birth' and 'Country of birth'.
- c a DERIVED DATA ELEMENT – a unit of data for which the definition, identification, representational and permissible values are derived from other data elements.
- d PERFORMANCE INDICATOR – a percentage or proportion for which the definition, numerator, denominator and desired outcome are specified by means of a set of attributes. For example '% older ACAT clients who are of Aboriginal and/or Torres Strait Islander origin' and '% older ACAT clients from culturally and linguistically diverse backgrounds'.

Definition: A statement that expresses the essential nature of a data element and its differentiation from all other data elements.

Context: A designation or description of the application environment or discipline in which a name is applied or from which it originates, as well as the justification for inclusion of the data element.

Relational and representational attributes

Datatype:	The type of symbol, character or other designation used to represent a data element. Values include integer, numeric, alphanumeric and alphabetic. For example, the data type for 'Sex' is numeric drawn from a domain or codeset in which the numeric characters 1 = Male and 2 = Female (see Data domain below).
Representational form:	Name or description of the form of representation for the data element. Valid values for the Dictionary include 'CODE', 'QUANTITATIVE VALUE', 'DATE' etc. For example, the representational form for 'Accommodation setting – usual' is 'CODE' because the form of representation is individual numbers that each equate to a different data domain value, e.g. 4 = Independent living within a retirement village (see also Data domain below).
Field size (minimum and maximum):	The minimum and maximum number, respectively, of storage units (of the corresponding datatype) to represent the data element value. For example, a data element value expressed in dollars may require a minimum field size of one character (1) up to a maximum field size of six characters (\$\$\$\$\$).
Representational layout:	The layout of characters in data element values expressed by a character string representation. Examples include 'DDMMCCYY' for calendar date, 'N' for a 1-digit numeric field, '\$\$\$\$\$' for data elements about cost, etc.
Data domain:	The set of representations of permissible instances of the data element, according to the representational form, layout, data type and maximum size specified in the corresponding attributes. The set can be specified by name (such as valid date), by reference to a source (such as the ABS Australian Classification of Languages), or by enumeration of the representation of the instances (for example, for 'Sex' values are 1 = Male, 2 = Female).
Guide for use:	Additional comments or advice on the interpretation or application of the attribute 'data domain' (this attribute has no direct counterpart in the ISO/IEC Standard 11179 but has been included to assist in clarification of issues relating to the classification of data elements).
Collection methods:	Comments and advice concerning the actual capture of data for the particular data element, including guidelines on the design of questions for use in collecting information, treatment of 'not stated' or non-response, etc. (this attribute is not specified in the ISO/IEC Standard 11179 but has been added to cover important issues about the actual collection of data).
Related data:	A reference between the data element, data concept or derived data element and any related data, including the type of relationship. Examples include: 'relates to the data element',

'supplements the data element', 'is derived from the data element', 'is used in conjunction with the data element' etc.

Administrative attributes

- Source document:** The document from which definitional or representational attributes originate.
- Source organisation:** The organisation responsible for the source document (this attribute is not specified in the ISO/IEC Standard 11179 but has been added for completeness).
- Comments:** Remarks on the data element.

Appendix E

Definition of performance indicator attributes

Admin. status: The operational status (DRAFT, CURRENT, SUPERSEDED) of the performance indicator and the date from which this status is effective. As performance indicator definitions are reviewed and revised their admin. status may change. 'DRAFT' status indicates that the performance indicator is subject to trialing or consultation before full endorsement is given (i.e. before it becomes CURRENT).

Identifying and definitional attributes

Name: A single or multi-word designation assigned to a performance indicator. This appears in the heading for each performance indicator in the Dictionary.

Data element type: A data element may be either:

- a DATA CONCEPT – a concept which can be represented in the form of a data element, described independently of any particular representation. For example, 'ACAT client' and 'ACAT Comprehensive assessment'.
- b DATA ELEMENT – a unit of data for which the definition, identification, representational and permissible values are specified by means of a set of attributes. For example, 'Sex', 'Date of birth' and 'Country of birth'.
- c DERIVED DATA ELEMENT – a unit of data for which the definition, identification, representational and permissible values are derived from other data elements.
- d PERFORMANCE INDICATOR – a percentage or proportion for which the definition, numerator, denominator and desired outcome are specified by means of a set of attributes. For example '% ACAT clients who are of Aboriginal and Torres Strait Islander origin' and '% ACAT clients from culturally and linguistically diverse backgrounds'.

Definition: A statement that expresses the essential nature of a performance indicator and its differentiation from all other performance indicators.

Related performance area: A designation of which aspect(s) of performance (e.g. Equity, Effectiveness, Quality and Efficiency) to which the performance indicator relates.

Related objective: A statement of the objective related to a performance area that the performance indicator is designed to measure. For example, 'To ensure that older persons who are of Aboriginal and Torres

Strait Islander origin have equitable access to Aged Care Assessment Teams’.

Desired outcome: A statement that specifically defines the target, standard or the ideal result of the performance indicator, against which performance is to be assessed.

Context: A designation or description of the application environment or discipline in which a performance indicator is applied or from which it originates, as well as a justification for inclusion of the performance indicator.

Relational and representational attributes

Datatype: The type of symbol, character or other designation used to represent a performance indicator. Values include integer, numeric, alphanumeric and alphabetic. (Most performance indicators are a numeric datatype, with a percentage value for the data domain).

Field size (minimum and maximum): The minimum and maximum number, respectively, of storage units (of the corresponding datatype) to represent the performance indicator value. For example, a performance indicator value expressed in numerals as a percentage would require a minimum field size of one character (1) up to a maximum field size of three (3) characters.

Representational form: Name or description of the form of representation for the performance indicator, such as ‘QUANTITATIVE VALUE’ or ‘CODE’. (Most performance indicators are a quantitative value, expressed as a percentage of a total value for the data domain.)

Representational layout: The layout of characters in performance indicator values expressed by a character string representation. (Most performance indicators are ‘NN’ to signify a 2-digit numeric field for a percentage value).

Data domain: The set of representations of permissible instances of the performance indicator, according to the representational form, layout, data type and maximum size specified in the corresponding attributes. The set can be specified by name (such as percentage).

Numerator: Number above the line in a fraction showing how many of the parts indicated by the denominator are taken (e.g. 2 in 2/3).

Source: The set of data elements and the data collection(s) they belong to, that define the data necessary to calculate the numerator and denominator.

Denominator: Number below the line in a fraction.

Interpretation: Additional comments or advice on the interpretation or application of the performance indicator including specification of data against which the performance indicator is to be compared to assess whether or not the desired outcome has been achieved.

Related PIs: A reference between the performance indicator and any other related performance indicators. For example, ‘% ACAT clients who are of Aboriginal and Torres Strait Islander origin’ relates to ‘% ACAT clients in rural/remote areas’, as both report on particular social groups that may be disadvantaged in terms of access to services and are concerned with measuring performance in the area of equity.

Administrative attributes

Source document: The document from which definitional or representational attributes originate.

Source organisation: The organisation responsible for the source document.

Reporting status: The documents or publications in which the performance indicator is reported and the years to which the performance indicator was applied.

Comments: Remarks on the performance indicator.

Appendix F

Code list for body function impairments based on the International Classification of Functioning, Disability & Health (ICF), World Health Organization 2001

ACAP code	Body function impairment	Equivalent ICF code
Mental functions		
2000	Consciousness functions (includes loss of consciousness, coma, vegetative states, trance states, delirium, stupor)	b110
2001	Orientation functions (includes functions of orientation to time, place & person; orientation to self & others; disorientation to time, place & person)	b115
2002	Intellectual functions (includes intellectual & mental retardation, dementia)	b120
2003	Energy and drive functions (includes functions of energy level, motivation, appetite)	b130
2004	Sleep functions (includes quality of sleep, sleep cycle, insomnia)	b135
2005	Memory function (includes functions of short-term & long-term memory, immediate, recent & remote memory, remembering, nominal, selective & dissociative amnesia)	b145
2006	Psychomotor functions (includes functions of psychomotor control; excitement & agitation, catatonia)	b150
2007	Emotional functions (includes functions of appropriateness of emotion, regulation & range of emotion; sadness, happiness, fear, anger, hate, tension, anxiety)	b155
2008	Thought functions (includes logical thought functions, incoherence of thought, delusions, obsessions, compulsions)	b165
2099	Other (includes Temperament & personality functions, Attention functions, Perceptual functions, Higher level cognitive functions, Specific mental functions of language, Calculation functions, Mental function of sequencing complex movements)	b125, b139, b140, b160, b170, b175, b180, b185, b189, b198, b199
Sensory functions		
3001	Seeing functions (includes blindness and poor vision)	b210
3002	Hearing functions (includes deafness, hearing impairment, hearing loss)	
3003	Sensations associated with hearing & vestibular function (includes sensations of dizziness, falling, tinnitus, vertigo, nausea associated with dizziness or vertigo)	b240
3004	Sensation of pain (includes sensations of generalised or localised pain, stabbing pain, burning pain, dull pain, aching pain)	b275
3099	Other (includes Functions of structures adjoining the eye, Sensations associated with eye & adjoining structures, Vestibular functions, Taste function, Smell function, Touch function)	b215, b220, b229, b235, b249, b250, b255, b260, b265, b270, b279, b298, b299

ACAP code	Body function impairment	Equivalent ICF code
Voice and speech functions		
4001	Articulation functions (includes functions of enunciation, spastic, ataxic)	b320
4002	Fluency & rhythm of speech functions (includes functions speech patterns, fluency of speech, stuttering, stammering, cluttering)	b330
4099	Other (includes Voice functions, Alternative vocalisation functions)	b310, b340, b398, b399
Functions of the cardiovascular, haematological, immunological and respiratory systems		
5001	Heart functions (includes functions of heart rate, rhythm & output, functions of heart valves, heart failure, cardiomyopathy, tachycardia, irregular heart beat)	b410
5002	Blood vessel functions (includes functions of arteries, capillaries & veins, atherosclerosis, arteriosclerosis, varicose veins)	b415
5003	Blood pressure functions (includes functions of maintenance of blood pressure, increased & decreased blood pressure, hypotension, hypertension)	b420
5004	Other functions of the cardiovascular system	b429
5005	Haematological system functions (includes clotting, anaemia, haemophilia & other clotting dysfunctions)	b430
5006	Immunological system functions (includes functions of cell-mediated immunity, functions of lymph nodes & lymphatic vessels, hypersensitivity reactions, allergic reactions, lymphedema)	b435
5007	Other functions of the haematological & immunological systems	b439
5008	Respiration functions (includes functions of respiration rate, rhythm & depth, apnea, hyperventilation, irregular respiration, pulmonary emphysema, bronchial spasm)	b440
5009	Other functions of the respiratory system (includes functions related to breathing, such as coughing, sneezing & yawning)	b449, b450
Additional functions and sensations of the cardiovascular and respiratory systems		
5010	Exercise tolerance functions (includes functions of aerobic capacity, stamina, physical endurance, fatiguability)	b455
5011	Sensations associated with cardiovascular & respiratory functions (includes shortness of breath, sensations of tightness of chest, feeling of irregular beat, wheezing)	b460
5099	Other functions of the cardiovascular, haematological, immunological & respiratory systems	b469, b498, b499

ACAP code	Body function impairment	Equivalent ICF code
Functions of the digestive, metabolic and endocrine systems		
6001	Ingestion functions (includes functions of sucking, chewing, controlling food in the mouth, swallowing, vomiting, dysphagia, aspiration of food, drooling)	b510
6002	Digestive functions (includes hyperacidity of stomach, malabsorption, intolerance to food, intestinal obstruction)	b515
6003	Defecation functions (includes frequency of defecation, faecal continence, diarrhoea)	b525
6004	Weight maintenance functions (includes functions of maintenance of acceptable Body Mass Index (BMI), underweight, wasting, overweight, primary and secondary obesity)	n530
6005	Sensations associated with the digestive system (includes sensations such as nausea, feeling bloated, abdominal cramps, spasm of stomach, heartburn)	b535
6006	Other functions of the digestive system	b520, b539
6007	Water, mineral & electrolyte balance functions (includes functions of water balance, balance of minerals such as calcium, zinc, iron & balance of electrolytes such as sodium & potassium, water retention, dehydration, iron deficiency)	b545
6008	Endocrine glands functions (includes functions of hormonal balance, hyperthyroidism, hypothyroidism)	b555
6009	Other functions of the metabolic & endocrine systems	b559
6099	Other functions of the digestive, metabolic & endocrine systems	b598, b599
Genitourinary and reproductive functions		
7001	Urinary excretory functions (includes functions of urinary filtration, renal insufficiency, ureteric obstruction)	b610
7002	Urination functions (includes frequency of urination, urinary continence, stress, urge, reflex, overflow, continuous incontinence, urinary retention, urinary urgency)	b620
7003	Other urinary functions	b639
7004	Sexual functions (includes functions related to sexual interest, performance, impotence)	b640
7005	Sensations associated with genital & reproductive functions (includes hot flushes & night sweats during menopause)	b670
7006	Other genital & reproductive functions	b679
7099	Other genitourinary & reproductive functions	b698, b699

ACAP code	Body function impairment	Equivalent ICF code
Neuromusculoskeletal and movement related functions		
8001	Mobility of joints functions (includes functions of mobility of single or several joints, mobility of joints generalized, hypermobility of joints, arthritis)	b710
8002	Stability of joints functions (includes functions of the stability of a single joint, several joints & joints generalized, dislocation of a joint, dislocation of shoulder & hip)	b715
8003	Other functions of the joints & bones	b729
8004	Muscle power functions (includes functions associated with the power of specific muscles & muscle groups, for e.g., weakness of small muscles in feet & hands, muscles of one limb, of one side of the body, of lower half of body, of all limbs, of the trunk & of all muscles of the body, muscle paralysis, monoplegia, hemiplegia, paraplegia, quadriplegia)	b730
8005	Muscle tone functions (includes functions associated with the tension of isolated muscles & muscle groups, muscles of one limb, one side of body, lower half of body, muscles of all limbs, of the trunk & of all muscles of the body, muscle spasticity)	b735
8006	Other muscle functions	b749
8007	Control of voluntary movements functions (includes functions of control of simple & complex voluntary movements, coordination of voluntary movements, eye-hand coordination, eye-foot coordination, control & coordination problems)	b760
8008	Involuntary movements functions (includes involuntary contractions of muscles, tremors, tics)	b765
8009	Gait pattern functions (includes walking patterns, spastic gait, hemiplegic gait, paraplegic gait, limping, stiff gait pattern)	b770
8010	Sensations related to muscles & movement functions (includes sensations of tightness of muscles, heaviness of muscles)	b780
8011	Other movement functions	b779
8099	Other neuromusculoskeletal & movement-related functions	b798, b799
Functions of the skin		
9001	Protective functions of the skin (includes functions of protecting against the sun & other radiation, quality of skin, insulating functions of skin, callous formation, broken skin, ulcers, bed sores, thinning of skin)	b810
9002	Repair functions of the skin (includes functions of scab formation, healing, scarring, bruising, keloid formation)	b820
9003	Sensations related to the skin (includes pins & needles sensation, crawling sensation)	b840
9099	Other functions of the skin (includes functions of sweating, glandular functions of the skin, body odour)	b830, b849

Definitions for body function impairments

Mental functions

- 2000 **Consciousness functions** – General mental functions of the state of awareness and alertness including the clarity and continuity of the wakeful state.
- 2001 **Orientation functions** – General mental functions of knowing and ascertaining one's relation to self, others, to time and one's surroundings.
- 2002 **Intellectual functions** – General mental functions required to understand and constructively integrate the various mental functions including all cognitive functions and their development over the life span.
- 2003 **Energy and drive functions** – General mental functions of physiological and psychological mechanisms that cause the individual to move towards satisfying specific needs and general goals in a persistent manner.
- 2004 **Sleep functions** – General mental functions of periodic, reversible and selective physical and mental disengagement from one's immediate environment accompanied by characteristic physiological changes.
- 2005 **Memory functions** – Specific mental functions of registering and storing information and retrieving it as needed.
- 2006 **Psychomotor functions** – Specific mental functions of control over motor and psychological events at the body level.
- 2007 **Emotional functions** – Specific mental functions related to the feeling and affective component of the processes of the mind.
- 2008 **Thought functions** – Specific mental functions related to ideational component of the mind.

Sensory functions

- 3001 **Seeing functions** – Sensory functions relating to sensing the presence of light and sensing the form, size, shape and colour of the visual stimuli.
- 3002 **Hearing functions** – Sensory functions relating to sensing the presence of sounds and discriminating the location, pitch, loudness and quality of sounds.
- 3003 **Sensations associated with hearing and vestibular function** – Sensations of dizziness, falling, tinnitus and vertigo.
- 3004 **Sensation of pain** – Sensation of unpleasant feeling indicating potential or actual damage to some body structure.

Voice and speech functions

- 4001 **Articulation functions** – Functions for the production of speech sounds.
- 4002 **Fluency and rhythm of speech functions** – Functions for the production of flow and tempo of speech.

Functions of the cardiovascular, haematological, immunological and respiratory systems

- 5001 **Heart functions** – Functions of pumping the blood in adequate or required amounts and pressure to the body.
- 5002 **Blood vessel functions** – Functions of transporting blood throughout the body.
- 5003 **Blood pressure functions** – functions of maintaining the pressure of blood within the arteries.
- 5005 **Haematological system functions** – Functions of the blood production and functions of oxygen and metabolite carriage and clotting.
- 5005 **Immunological system functions** – Functions of the body related to protection against foreign substances including infections by specific and non-specific immune responses.
- 5008 **Respiration functions** – Functions of inhaling air into the lungs, the exchange of gases between air and blood and exhaling the air.
- 5010 **Exercise tolerance functions** – Functions related to the respiratory and cardiovascular capacity as required for enduring physical exertion.
- 5011 **Sensations associated with cardiovascular and respiratory functions** – sensations such as missing a heart beat, palpitation, shortness of breath.

Functions of the digestive, metabolic and endocrine systems

- 6001 **Ingestion functions** – Functions related to taking and manipulating solids or liquids into the body by the mouth.
- 6002 **Digestive functions** – Functions of transporting food through the alimentary canal and breakdown of food and absorption of nutrients.
- 6003 **Defecation functions** – Functions of elimination of wastes and undigested food as faeces and related functions.
- 6004 **Weight maintenance functions** – Functions of maintaining appropriate body weight, including weight gain during the developmental period.
- 6005 **Sensations associated with the digestive system** - Sensations such as nausea, feeling bloated and abdominal cramp.
- 6007 **Water, mineral and electrolyte balance functions** – Functions of the regulation of water, minerals and electrolytes in the body.
- 6008 **Endocrine glands functions** – Functions of production and regulation of hormonal levels in the body including cyclical changes.

Genitourinary and reproductive functions

- 7001 **Urinary excretory functions** – Functions of filtration and collection of the urine.
- 7002 **Urinary functions** – Functions of discharge of urine from the urinary bladder.
- 7004 **Sexual functions** – Mental and physical functions related to the sexual act, including the arousal, preparatory, orgasmic and resolution stages.
- 7005 **Sensations associated with genital and reproductive functions** – Sensations such as discomfort during sexual intercourse and during menstrual cycle.

Neuromusculoskeletal and movement related functions

- 8001 **Mobility of joints functions** – Functions of the range and ease of movement of a joint.
- 8002 **Stability of joints functions** – Functions of the maintenance of structural integrity of the joints.
- 8004 **Muscle power functions** – Functions related to the force generated by the contraction of a muscle or muscle groups.
- 8005 **Muscle tone functions** – functions related to the tension present in the resting muscles and the resistance offered when trying to move the muscle passively.
- 8007 **Control of voluntary movements functions** – Functions associated with the control over and coordination of voluntary movements.
- 8008 **Involuntary movements functions** – Functions of unintentional, non- or semi-purposive involuntary contraction of a muscle or group of muscles.
- 8009 **Gait pattern functions** – Functions of movement patterns associated with walking, running or other whole body movements.
- 8010 **Sensations related to muscles and movement functions** – Sensations such as the feeling of muscle stiffness, muscle spasm, discomfort while walking.

Functions of the skin and related structures

- 9001 **Protective functions of the skin** – Functions of the skin for protecting the body from physical, chemical and biological threats.
- 9002 **Repair functions of the skin** – Functions of the skin for repairing breaks and other damage to the skin.
- 9003 **Sensation related to the skin** – Sensations related to the skin such as itching, burning sensation, tingling.

Appendix G

Code list for country of birth using the Standard Australian Classification of Countries 1998 4-digit level, Australian Bureau of Statistics Catalogue No. 1269.01

1 Oceania and Antarctica

- 11 Australia (includes External Territories)
 - 1101 Australia
 - 1102 Norfolk Island
 - 1199 Australian External Territories, nec
- 12 New Zealand
 - 1201 New Zealand
- 13 Melanesia
 - 1301 New Caledonia
 - 1302 Papua New Guinea
 - 1303 Solomon Islands
 - 1304 Vanuatu
- 14 Micronesia
 - 1401 Guam
 - 1402 Kiribati
 - 1403 Marshall Islands
 - 1404 Micronesia, Federated States of
 - 1405 Nauru
 - 1406 Northern Mariana Islands
 - 1407 Palau
- 15 Polynesia (excludes Hawaii)
 - 1501 Cook Islands
 - 1502 Fiji
 - 1503 French Polynesia
 - 1504 Niue
 - 1505 Samoa
 - 1506 Samoa, American
 - 1507 Tokelau
 - 1508 Tonga
 - 1511 Tuvalu
 - 1512 Wallis and Futuna
 - 1599 Polynesia (excludes Hawaii), nec
- 16 Antarctica
 - 1601 Adelie Land (France)
 - 1602 Argentinian Antarctic Territory
 - 1603 Australian Antarctic Territory
 - 1604 British Antarctic Territory
 - 1605 Chilean Antarctic Territory
 - 1606 Queen Maud Land (Norway)
 - 1607 Ross Dependency (New Zealand)

2 North-West Europe

- 21 United Kingdom
 - 2101 Channel Islands
 - 2102 England
 - 2103 Isle of Man
 - 2104 Northern Ireland
 - 2105 Scotland
 - 2106 Wales
- 22 Ireland
 - 2201 Ireland
- 23 Western Europe
 - 2301 Austria
 - 2302 Belgium
 - 2303 France
 - 2304 Germany
 - 2305 Liechtenstein
 - 2306 Luxembourg
 - 2307 Monaco
 - 2308 Netherlands
 - 2311 Switzerland

- 24 Northern Europe
 - 2401 Denmark
 - 2402 Faeroe Islands
 - 2403 Finland
 - 2404 Greenland
 - 2405 Iceland
 - 2406 Norway
 - 2407 Sweden

3 Southern and Eastern Europe

- 31 Southern Europe
 - 3101 Andorra
 - 3102 Gibraltar
 - 3103 Holy See
 - 3104 Italy
 - 3105 Malta
 - 3106 Portugal
 - 3107 San Marino
 - 3108 Spain
- 32 South Eastern Europe
 - 3201 Albania
 - 3202 Bosnia and Herzegovina
 - 3203 Bulgaria
 - 3204 Croatia
 - 3205 Cyprus
 - 3206 Former Yugoslav Republic of Macedonia (FYROM)
 - 3207 Greece
 - 3208 Moldova
 - 3211 Romania
 - 3212 Slovenia
 - 3213 Yugoslavia, Federal Republic of
- 33 Eastern Europe
 - 3301 Belarus
 - 3302 Czech Republic
 - 3303 Estonia
 - 3304 Hungary
 - 3305 Latvia
 - 3306 Lithuania
 - 3307 Poland
 - 3308 Russian Federation
 - 3311 Slovakia
 - 3312 Ukraine

4 North Africa and the Middle East

- 41 East North Africa
 - 4101 Algeria
 - 4102 Egypt
 - 4103 Libya
 - 4104 Morocco
 - 4105 Sudan
 - 4106 Tunisia
 - 4107 Western Sahara
 - 4199 North Africa, nec
- 42 Middle East
 - 4201 Bahrain
 - 4202 Gaza StriTand West Bank
 - 4203 Iran
 - 4204 Iraq
 - 4205 Israel
 - 4206 Jordan
 - 4207 Kuwait

4208 Lebanon
4211 Oman
4212 Qatar
4213 Saudi Arabia
4214 Syria
4215 Turkey
4216 United Arab Emirates
4217 Yemen

5 South-East Asia

51 Mainland South-East Asia
5101 Burma (Myanmar)
5102 Cambodia
5103 Laos
5104 Thailand
5105 Viet Nam

52 Maritime South-East Asia
5201 Brunei Darussalam
5202 Indonesia
5203 Malaysia
5204 Philippines
5205 Singapore
5206 East Timor

6 North-East Asia

61 Chinese Asia (includes Mongolia)
6101 China (excludes SARs and Taiwan Province)
6102 Hong Kong (SAR of China)
6103 Macau (SAR of China)
6104 Mongolia
6105 Taiwan
62 Japan and the Koreans
6201 Japan
6202 Korea, Democratic People's Republic of
(North)
6203 Korea, Republic of (South)

7 Southern and Central Asia

71 Southern Asia
7101 Bangladesh
7102 Bhutan
7103 India
7104 Maldives
7105 Nepal
7106 Pakistan
7107 Sri Lanka

72 Central Asia
7201 Afghanistan
7202 Armenia
7203 Azerbaijan
7204 Georgia
7205 Kazakhstan
7206 Kyrgyz Republic
7207 Tajikistan
7208 Turkmenistan
7211 Uzbekistan

Americas

81 Northern America
8101 Bermuda
8102 Canada
8103 St Pierre and Miquelon
8104 United States of America

82 South America
8201 Argentina
8202 Bolivia
8203 Brazil
8204 Chile
8205 Colombia
8206 Ecuador
8207 Falkland Islands
8208 French Guiana
8211 Guyana
8212 Paraguay
8213 Peru
8214 Suriname
8215 Uruguay
8216 Venezuela
8299 South America, nec

83 Central America
8301 Belize
8302 Costa Rica
8303 El Salvador
8304 Guatemala
8305 Honduras
8306 Mexico
8307 Nicaragua
8308 Panama

84 Caribbean
8401 Anguilla
8402 Antigua and Barbuda
8403 Aruba
8404 Bahamas
8405 Barbados
8406 Cayman Islands
8407 Cuba
8408 Dominica
8411 Dominican Republic
8412 Grenada
8413 Guadeloupe
8414 Haiti
8415 Jamaica
8416 Martinique
8417 Montserrat
8418 Netherlands Antilles
8421 Puerto Rico
8422 St Kitts and Nevis
8423 St Lucia
8424 St Vincent and the Grenadines
8425 Trinidad and Tobago
8426 Turks and Caicos Islands
8427 Virgin Islands, British
8428 Virgin Islands, United States

9 Sub-Saharan Africa

91 Central and West Africa
9101 Benin
9102 Burkina Faso
9103 Cameroon
9104 Cape Verde
9105 Central African Republic
9106 Chad
9107 Congo
9108 Congo, Democratic Republic of
9111 Cote d'Ivoire
9112 Equatorial Guinea
9113 Gabon

9114 Gambia
9115 Ghana
9116 Guinea
9117 Guinea-Bissau
9118 Liberia
9121 Mali
9122 Mauritania
9123 Niger
9124 Nigeria
9125 Sao Tome and Principe
9126 Senegal
9127 Sierra Leone
9128 Togo

92 Southern and East Africa

9201 Angola
9202 Botswana
9203 Burundi
9204 Comoros
9205 Djibouti
9206 Eritrea
9207 Ethiopia
9208 Kenya
9211 Lesotho
9212 Madagascar
9213 Malawi
9214 Mauritius
9215 Mayotte
9216 Mozambique
9217 Namibia
9218 Reunion
9221 Rwanda
9222 St Helena
9223 Seychelles
9224 Somalia
9225 South Africa
9226 Swaziland
9227 Tanzania
9228 Uganda
9231 Zambia
9232 Zimbabwe
9299 Southern and East Africa, nec

Alphabetic code list for Country of birth

Adélie Land (France)	1601	England	2102
Afghanistan	7201	Equatorial Guinea	9112
Albania	3201	Eritrea	9206
Algeria	4101	Estonia	3303
Andorra	3101	Ethiopia	9207
Angola	9201	Faeroe Islands	2402
Anguilla	8401	Falkland Islands	8207
Antigua and Barbuda	8402	Fiji	1502
Argentina	8201	Finland	2403
Argentinian Antarctic Territory	1602	Former Yugoslav Republic of Macedonia (FYROM)	3206
Armenia	7202	France	2303
Aruba	8403	French Guiana	8208
Australia	1101	French Polynesia	1503
Australian Antarctic Territory	1603	Gabon	9113
Australian External Territories nec	1199	Gambia	9114
Austria	2301	Gaza Strip and West Bank	4202
Azerbaijan	7203	Georgia	7204
Bahamas	8404	Germany	2304
Bahrain	4201	Ghana	9115
Bangladesh	7101	Gibraltar	3102
Barbados	8405	Greece	3207
Belarus	3301	Greenland	2404
Belgium	2302	Grenada	8412
Belize	8301	Guadeloupe	8413
Benin	9101	Guam	1401
Bermuda	8101	Guatemala	8304
Bhutan	7102	Guinea	9116
Bolivia	8202	Guinea-Bissau	9117
Bosnia and Herzegovina	3202	Guyana	8211
Botswana	9202	Haiti	8414
Brazil	8203	Holy See	3103
British Antarctic Territory	1604	Honduras	8305
Brunei Darussalam	5201	Hong Kong (SAR of China)	6102
Bulgaria	3203	Hungary	3304
Burkina Faso	9102	Iceland	2405
Burma (Myanmar)	5101	India	7103
Burundi	9203	Indonesia	5202
Cambodia	5102	Iran	4203
Cameroon	9103	Iraq	4204
Canada	8102	Ireland	2201
Cape Verde	9104	Isle of Man	2103
Cayman Islands	8406	Israel	4205
Central African Republic	9105	Italy	3104
Chad	9106	Jamaica	8415
Channel Islands	2101	Japan	6201
Chile	8204	Jordan	4206
Chilean Antarctic Territory	1605	Kazakhstan	7205
China (excludes SARs and Taiwan Province)	6101	Kenya	9208
Colombia	8205	Kiribati	1402
Comoros	9204	Korea, Democratic Peoples Republic of (North)	6202
Congo	9107	Korea, Republic of (South)	6203
Congo, Democratic Republic of	9108	Kuwait	4207
Cook Islands	1501	Kyrgyz Republic	7206
Costa Rica	8302	Laos	5103
Cote d'Ivoire	9111	Latvia	3305
Croatia	3204	Lebanon	4208
Cuba	8407	Lesotho	9211
Cyprus	3205	Liberia	9118
Czech Republic	3302	Libya	4103
Denmark	2401	Liechtenstein	2305
Djibouti	9205	Lithuania	3306
Dominica	8408	Luxembourg	2306
Dominican Republic	8411	Macao (SAR of China)	6103
East Timor	5206	Madagascar	9212
Ecuador	8206	Malawi	9213
Egypt	4102	Malaysia	5203
El Salvador	8303		

Maldives	7104	Senegal	9126
Mali	9121	Seychelles	9223
Malta	3105	Sierra Leone	9127
Marshall Islands	1403	Singapore	5205
Martinique	8416	Slovakia	3311
Mauritania	9122	Slovenia	3212
Mauritius	9214	Solomon Islands	1303
Mayotte	9215	Somalia	9224
Mexico	8306	South Africa	9225
Micronesia, Federated States of	1404	South America, nec	8299
Moldova	3208	Southern and East Africa, nec	9299
Monaco	2307	Spain	3108
Mongolia	6104	Sri Lanka	7107
Montserrat	8417	St Helena	9222
Morocco	4104	St Kitts and Nevis	8422
Mozambique	9216	St Lucia	8423
Namibia	9217	St Pierre and Miquelon	8103
Nauru	1405	St Vincent and the Grenadines	8424
Nepal	7105	Sudan	4105
Netherlands	2308	Suriname	8214
Netherlands Antilles	8418	Swaziland	9226
New Caledonia	1301	Sweden	2407
New Zealand	1201	Switzerland	2311
Nicaragua	8307	Syria	4214
Niger	9123	Taiwan	6105
Nigeria	9124	Tajikistan	7207
Niue	1504	Tanzania	9227
Norfolk Island	1102	Thailand	5104
North Africa, nec	4199	Togo	9128
Northern Ireland	2104	Tokelau	1507
Northern Mariana Islands	1406	Tonga	1508
Norway	2406	Trinidad and Tobago	8425
Oman	4211	Tunisia	4106
Pakistan	7106	Turkey	4215
Palau	1407	Turkmenistan	7208
Panama	8308	Turks and Caicos Islands	8426
Papua New Guinea	1302	Tuvalu	1511
Paraguay	8212	Uganda	9228
Peru	8213	Ukraine	3312
Philippines	5204	United Arab Emirates	4216
Poland	3307	United States of America	8104
Polynesia (excludes Hawaii), nec	1599	Uruguay	8215
Portugal	3106	Uzbekistan	7211
Puerto Rico	8421	Vanuatu	1304
Qatar	4212	Venezuela	8216
Queen Maud Land (Norway)	1606	Viet Nam	5105
Réunion	9218	Virgin Islands, British	8427
Romania	3211	Virgin Islands, United States	8428
Ross Dependency (New Zealand)	1607	Wales	2106
Russian Federation	3308	Wallis and Futuna	1512
Rwanda	9221	Western Sahara	4107
Samoa	1505	Yemen	4217
Samoa, American	1506	Yugoslavia, Federal Republic of	3213
San Marino	3107	Zambia	9231
Sao Tomé and Príncipe	9125	Zimbabwe	9232
Saudi Arabia	4213		
Scotland	2105		

Appendix H

ACAP code list for Health condition—long

ACAP code	Health condition	ACAP code	Health condition
	Certain infectious & parasitic diseases		Mental & behavioural disorders
0101	Tuberculosis	0500	Dementia in Alzheimer's disease¹
0102	Poliomyelitis	0501	Dementia in Alzheimer's disease with early onset (<65 yrs) ¹
0103	HIV/AIDS	0502	Dementia in Alzheimer's disease with late onset (>65 yrs) ¹
0104	Diarrhoea & gastroenteritis of presumed infectious origin	0503	Dementia in Alzheimer's disease, atypical or mixed type ¹
	Other infectious & parasitic diseases n.o.s or n.e.c	0504	Dementia in Alzheimer's disease, unspecified ¹
0199	(includes leprosy, listeriosis, scarlet fever, meningococcal infection, septicaemia, viral meningitis)	0510	Vascular dementia
	Neoplasms (tumours/cancers)	0511	Vascular dementia of acute onset
0201	Head & neck cancer	0512	Multi-infarct dementia
0202	Stomach cancer	0513	Subcortical vascular dementia
0203	Colorectal (bowel) cancer	0514	Mixed cortical & subcortical vascular dementia
0204	Lung cancer	0515	Other vascular dementia
0205	Skin cancer	0516	Vascular dementia—unspecified
0206	Breast cancer	0520	Dementia in other diseases classified elsewhere
0207	Prostate cancer	0521	Dementia in Pick's disease
0208	Brain cancer	0522	Dementia in Creutzfeldt-Jakob disease
0209	Non-Hodgkin's lymphoma	0523	Dementia in Huntington's disease
0210	Leukaemia	0524	Dementia in Parkinson's disease
0211	Other malignant tumours n.o.s or n.e.c	0525	Dementia in human immunodeficiency virus (HIV) disease
0299	Other neoplasms (includes benign tumours & tumours of uncertain or unknown behaviour)	0526	Dementia in other specified diseases classified elsewhere
	Diseases of the blood & blood forming organs & immune mechanism	0530	Other dementia
0301	Anaemia	0531	Alcoholic dementia
0302	Haemophilia	0532	Unspecified dementia (includes presenile & senile dementia)
0303	Immunodeficiency disorder (excluding AIDS)	0540	Delirium
0399	Other diseases of blood & blood forming organs & immune mechanism n.o.s. or n.e.c	0541	Delirium not superimposed on dementia
	Endocrine, nutritional & metabolic disorders	0542	Delirium superimposed on dementia
0401	Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)	0543	Other delirium
0402	Diabetes mellitus—Type 1 (IDDM)	0544	Delirium—unspecified
0403	Diabetes mellitus—Type 2 (NIDDM)	0550	Psychoses & depression/mood affective disorders
0404	Diabetes mellitus—other specified/unspecified/unable to be specified	0551	Schizophrenia
0405	Malnutrition	0552	Depression/Mood affective disorders
0406	Nutritional deficiencies	0553	Other psychoses (includes paranoid states)
0407	Obesity	0560	Neurotic, stress-related & somatoform disorders
0408	High cholesterol	0561	Phobic & anxiety disorders (includes agoraphobia, panic disorder)
0499	Other endocrine, nutritional & metabolic disorders n.o.s or n.e.c (includes hypoparathyroidism, Cushing's syndrome)	0562	Nervous tension/stress
		0563	Obsessive-compulsive disorder
		0564	Other neurotic, stress-related & somatoform disorders
		0570	Intellectual & developmental disorders
		0571	Mental retardation/intellectual disability
		0572	Other developmental disorders (includes autism, Rett's syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia))

¹ In any analysis of 'Diseases of the nervous system' code 0500 'Dementia in Alzheimer's disease' should be grouped with 0600.

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition
0580	Other mental & behavioural disorders
0581	Mental and behavioural disorders due to alcohol & other psychoactive substance use (includes alcoholism, Korsakov's psychosis (alcoholic))
0582	Adult personality & behavioural disorders
0583	Speech impediment (i.e. stuttering/stammering)
0599	Other mental & behavioural disorders n.o.s or n.e.c (includes harmful use of non-dependent substances e.g. laxatives analgesics, antidepressants, eating disorders e.g. anorexia nervosa, bulimia nervosa, mental disorders not otherwise specified)
	Diseases of the nervous system
0601	Meningitis & Encephalitis (excluding 'viral')
0602	Huntington's disease
0603	Motor neurone disease
0604	Parkinson's disease (includes Parkinson's disease, secondary Parkinsonism)
0605	Transient cerebral ischaemic attacks (T.I.A.s) ²
0606	Brain disease/disorders (includes senile degeneration of brain n.e.c, degeneration of nervous system due to alcohol, Schilder's disease)
0607	Multiple sclerosis
0608	Epilepsy
0609	Muscular dystrophy
0610	Cerebral palsy
0611	Paralysis—non-traumatic (includes hemiplegia, paraplegia, quadriplegia, tetraplegia & other paralytic syndromes, e.g. diplegia & monoplegia; excludes spinal cord injury code 1699)
0612	Chronic/postviral fatigue syndrome
0699	Other diseases of the nervous system n.o.s or n.e.c (includes dystonia, migraines, headache syndromes, sleep disorders e.g. sleep apnoea & insomnia, Bell's palsy, myopathies, peripheral neuropathy, dysautonomia)
	Diseases of the eye & adnexa
0701	Cataracts
0702	Glaucoma
0703	Blindness (both eyes, one eye, one eye & low vision in other eye)
0704	Poor vision (low vision both eyes, one eye, unspecified visual loss)
0799	Other diseases of the eye & adnexa n.o.s or n.e.c (includes conjunctivitis)
	Disease of the ear & mastoid process
0801	Ménière's disease (includes Ménière's syndrome, vertigo)
0802	Deafness/hearing loss
0899	Other diseases of the ear & mastoid process n.o.s or n.e.c (includes disease of external ear, otitis media, mastoiditis and related conditions, myringitis, otosclerosis, tinnitus)

2 In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910.

3 Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605.

ACAP code	Health condition
	Diseases of the circulatory system
0900	Heart disease
0901	Rheumatic fever
0902	Rheumatic heart disease
0903	Angina
0904	Myocardial infarction (heart attack)
0905	Acute & chronic ischaemic heart disease
0906	Congestive heart failure (congestive heart disease)
0907	Other heart diseases (pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure—unspecified)
0910	Cerebrovascular disease^{2,3}
0911	Subarachnoid haemorrhage ^{2,3}
0912	Intracerebral haemorrhage ^{2,3}
0913	Other intracranial haemorrhage ^{2,3}
0914	Cerebral infarction ^{2,3}
0915	Stroke (CVA)—cerebrovascular accident unspecified ^{2,3}
0916	Other cerebrovascular diseases ² (includes embolism, narrowing, obstruction & thrombosis of basilar, carotid, vertebral arteries and middle, anterior, cerebral arteries, cerebellar arteries not resulting in cerebral infarction)
0920	Other diseases of the circulatory system
0921	Hypertension (high blood pressure)
0922	Hypotension (low blood pressure)
0923	Abdominal aortic aneurysm
0924	Other arterial or aortic aneurysms (includes thoracic, unspecified, aneurysm of carotid artery, renal artery, unspecified)
0925	Atherosclerosis
0999	Other diseases of the circulatory system n.o.s or n.e.c (includes other peripheral vascular disease, arterial embolism & thrombosis, other disorders of arteries & arterioles, diseases of capillaries, varicose veins, haemorrhoids)
	Diseases of the respiratory system
1001	Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple & unspecified sites)
1002	Influenza & pneumonia
1003	Acute lower respiratory infections (includes acute bronchitis, bronchiolitis & unspecified acute lower respiratory infections)
1004	Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis & sinusitis, chronic diseases of tonsils & adenoids)
1005	Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), asthma)
1099	Other diseases of the respiratory system n.o.s or n.e.c

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition
Diseases of the digestive system	
1101	Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)
1102	Diseases of the peritoneum (includes peritonitis)
1103	Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)
1199	Other diseases of the digestive system n.o.s or n.e.c (includes diseases of oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, cholecystitis, other diseases of gallbladder, pancreatitis, coeliac disease)
Diseases of the skin & subcutaneous tissue	
1201	Skin & subcutaneous tissue infections (includes impetigo, boil, cellulitis)
1202	Skin allergies (dermatitis & eczema)
1299	Other diseases of the skin & subcutaneous tissue n.o.s or n.e.c (includes bedsore, urticaria, erythema, radiation-related disorders, disorders of skin appendages)
Diseases of the musculoskeletal system & connective tissue	
1301	Rheumatoid arthritis
1302	Other arthritis & related disorders (includes gout, arthrosis, osteoarthritis)
1303	Deformities of joints/limbs—acquired
1304	Back problems—dorsopathies (includes scoliosis)
1305	Other soft tissue/muscle disorders (includes rheumatism)
1306	Osteoporosis
1399	Other disorders of the musculoskeletal system & connective tissue n.o.s or n.e.c (includes osteomyelitis)
Diseases of the genitourinary system	
1401	Kidney & urinary system (bladder) disorders (includes nephritis renal failure, cystitis; excludes urinary tract infection & incontinence)
1402	Urinary tract infection
1403	Stress/urinary incontinence (includes stress, overflow, reflex & urge incontinence)
1499	Other diseases of the genitourinary system n.o.s or n.e.c (includes prostate, breast and menopause disorders, urinary incontinence (stress, overflow, reflex, urge))
Congenital malformations, deformations & chromosomal abnormalities	
1501	Spina bifida
1502	Deformities of joints/limbs—congenital
1503	Down's syndrome
1504	Other chromosomal abnormalities
1505	Congenital brain damage/malformation
1599	Other congenital malformations & deformations n.o.s or n.e.c

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition
Injury, poisoning & certain other consequences of external causes	
1601	Injuries to the head (includes injuries to ear, eye, face, jaw, acquired brain damage)
1602	Injuries to arm/hand/shoulder (includes, dislocations, sprains & strains)
1603	Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains & strains)
1604	Amputation of the finger/thumb/hand/arm/shoulder—traumatic
1605	Amputation of toe/ankle/foot/leg—traumatic
1606	Fracture of neck (includes cervical spine & vertebra)
1607	Fracture of rib(s), sternum & thoracic spine (includes thoracic spine & vertebra)
1608	Fracture of lumbar spine & pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)
1609	Fracture of shoulder, upper arm & forearm (includes clavicle, scapula, humerus, radius, ulna)
1610	Fracture at wrist & hand level
1611	Fracture of femur (includes hip (neck of femur))
1612	Fracture of lower leg & foot
1613	Poisoning by drugs, medicaments & biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)
1699	Other injury, poisoning & consequences of external causes n.o.s or n.e.c (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical & medical care)
Symptoms & signs n.o.s or n.e.c⁴	
1701	Abnormal blood-pressure reading, without diagnosis
1702	Cough
1703	Breathing difficulties/shortness of breath
1704	Pain
1705	Nausea & vomiting
1706	Dysphagia (difficulty in swallowing)
1707	Bowel/faecal incontinence
1708	Unspecified urinary incontinence
1709	Retention of urine
1710	Jaundice (unspecified)
1711	Disturbances of skin sensation (includes pins & needles, tingling skin)
1712	Rash & other nonspecific skin eruption
1713	Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp & spasm, twitching n.o.s)
1714	Abnormalities of gait & mobility (includes ataxic & spastic gait, difficulty in walking n.e.c)
1715	Falls (frequent with unknown aetiology)
1716	Disorientation (confusion)
1717	Amnesia (memory disturbance, lack or loss)
1718	Dizziness & giddiness (light-headedness, vertigo n.o.s)

⁴ These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported.

ACAP code	Health condition
1719	Restlessness & agitation
1720	Unhappiness (worries n.o.s)
1721	Irritability & anger
1722	Hostility
1723	Physical violence
1724	Slowness & poor responsiveness
1725	Speech & voice disturbances
1726	Headache
1727	Malaise & fatigue (includes general physical deterioration, lethargy and tiredness)
1728	Blackouts, fainting, convulsions
1729	Oedema n.e.c (includes fluid retention n.o.s)
1730	Symptoms & signs concerning food & fluid intake (includes loss of appetite, excessive eating & thirst, abnormal weight loss & gain)
1799	Other symptoms & signs n.o.s or n.e.c (includes gangrene, haemorrhage from respiratory passages, heartburn, disturbances of smell & taste, enlarged lymph nodes, illness n.o.s)
1899	Has other health condition not elsewhere specified

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

Alphabetic code list for Health condition

Codes beginning with '17' belong to the Symptoms & signs group of the Health condition code list and should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported

1 In any analysis of 'Cerebrovascular disease' 'Transient cerebral ischaemic attacks' (T.I.A.s) should be included.

2 Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605.

3 In any analysis of 'Diseases of the nervous system' code 'Dementia in Alzheimer's disease' should be grouped with 'Diseases of the nervous system'.

n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified

ACAP code	Health condition	ACAP code	Health condition
0923	Abdominal aortic aneurysm	1005	Asthma
1101	Abdominal hernia (except congenital)	1714	Ataxic gait
1713	Abnormal involuntary movements	0925	Atherosclerosis
1730	Abnormal weight gain	0572	Autism
1730	Abnormal weight loss	1304	Back problems
1714	Abnormalities of gait & mobility	1299	Bedsores
	Acquired brain damage—see Injuries	0582	Behavioural & personality disorders—adult
1719	Agitation	0699	Bell's palsy
0103	AIDS/HIV	1728	Blackouts
	Alcoholic dementia—see Dementia	0703	Blindness—see also Poor vision
1103	Alcoholic liver disease	1701	Blood pressure—abnormal reading without diagnosis
0581	Alcoholism	0922	Blood pressure—low
1004	Allergies—respiratory (excl asthma)	0921	Blood pressure—high
1202	Allergies—skin	1201	Boil
	Alzheimer's disease—see Dementia	0203	Bowel (colorectal) cancer
1717	Amnesia	1707	Bowel incontinence
1604	Amputation of finger/thumb/hand/arm/shoulder—related to injury or accident		Brain damage—acquired—see Injuries
1605	Amputation of the toe/ankle/foot/leg—related to injury or accident	0208	Brain cancer
0301	Anaemia	0606	Brain disease/disorders
0924	Aneurysms (arterial or aortic)—see also Abdominal aortic aneurysm	0206	Breast cancer
1721	Anger	1499	Breast disorders
0903	Angina	1703	Breathing difficulties/shortness of breath
0561	Anxiety disorders	1003	Bronchitis/bronchiolitis—acute
0999	Arterial embolism	1699	Burns
1302	Arthritis and related disorders—see also Rheumatoid arthritis	0907	Cardiac arrest
1302	Arthrosis	0701	Cataracts
0572	Asperger's syndrome	1201	Cellulitis
		0914	Cerebral infarction ^{1,2}
		0610	Cerebral palsy
		0911	Cerebrovascular accident—subarachnoid haemorrhage ^{1,2}
		0912	Cerebrovascular accident—intracerebral haemorrhage ^{1,2}

ACAP code	Health condition	ACAP code	Health condition
0913	Cerebrovascular accident—other intracranial haemorrhage ^{1, 2}	0525	Dementia in HIV disease
0914	Cerebrovascular accident—cerebral infarction ^{1, 2}	0523	Dementia in Huntington's disease
0915	Cerebrovascular accident—unspecified ^{1, 2}	0526	Dementia in other specified diseases classified elsewhere
1199	Cholecystitis	0524	Dementia in Parkinson's disease
0408	Cholesterol—high	0521	Dementia in Pick's disease
1504	Chromosomal abnormalities—other	0514	Dementia—mixed cortical & subcortical vascular
1005	Chronic obstructive airways disease (COAD)	0512	Dementia—multi-infarct
0612	Chronic/postviral fatigue syndrome	0515	Dementia—other vascular
1103	Cirrhosis of liver	0513	Dementia—subcortical vascular
1005	COAD	0532	Dementia—unspecified (includes presenile & senile dementia)
1199	Coeliac disease	0511	Dementia—vascular of acute onset
1001	Cold—common	0516	Dementia—vascular, unspecified
1101	Colitis	0552	Depression/mood affective disorders
0203	Colorectal (bowel) cancer	1202	Dermatitis
1716	Confusion	1727	Deterioration—general physical
1505	Congenital brain damage/malformation	0572	Developmental disorders of motor function
0906	Congestive heart disease	0572	Developmental disorders of speech & language
0906	Congestive heart failure	0572	Developmental learning disorders
0799	Conjunctivitis	0402	Diabetes mellitus—Type 1 (IDDM)
1101	Constipation	0403	Diabetes mellitus—Type 2 (NIDDM)
1728	Convulsions	0404	Diabetes mellitus—other specified/unspecified/unable to be specified
1702	Cough	1101	Diarrhoea
1713	Cramp	0104	Diarrhoea & gastroenteritis of presumed infectious origin
0499	Cushing's syndrome	1602	Dislocation—arm/hand/shoulder—from injury/accident
	CVA—see Cerebrovascular accident	1603	Dislocation—leg/knee/foot/ankle/hip—from injury/accident
1401	Cystitis	1699	Dislocation—unspecified
0802	Deafness/hearing loss	1716	Disorientation
1303	Deformities of joints/limbs—acquired	1101	Diverticulitis
1502	Deformities of joints/limbs—congenital	1718	Dizziness
0541	Delirium—not superimposed on dementia	1304	Dorsopathies
0542	Delirium—superimposed on dementia	1503	Down's syndrome
0543	Delirium—other	1101	Duodenal ulcer
0544	Delirium—unspecified	1199	Duodenitis
0531	Dementia—alcoholic	1706	Dysphagia (difficulty in swallowing)
0503	Dementia in Alzheimer's, atypical or mixed type ³	0572	Dyspraxia
0504	Dementia in Alzheimer's, unspecified ³	0699	Dystonia
0501	Dementia in Alzheimer's with early onset (<65 yrs) ³	0899	Ear & mastoid process—other diseases of
0502	Dementia in Alzheimer's with late onset (>65 yrs) ³		
0522	Dementia in Creutzfeldt-Jakob disease		

ACAP code	Health condition
0599	Eating disorders
1202	Eczema
1005	Emphysema
0601	Encephalitis (excl. viral)
1101	Enteritis
0608	Epilepsy
1299	Erythema
1730	Excessive eating & thirst
1707	Faecal incontinence
1728	Fainting
1715	Falls—frequent with unknown aetiology
1727	Fatigue
1103	Fibrosis of liver
1729	Fluid retention n.o.s
1610	Fracture at wrist & hand level
1611	Fracture of femur (incl. hip (neck of femur))
1612	Fracture of lower leg & foot
1608	Fracture of lumbar spine & pelvis (incl. lumbar vertebra, sacrum, coccyx, sacrum)
1606	Fracture of neck (incl. cervical spine & vertebra)
1607	Fracture of rib(s), sternum & thoracic spine (incl. thoracic spine & vertebra)
1609	Fracture of shoulder, upper arm & forearm (incl. clavicle, scapula, humerus, radius, ulna)
1699	Fracture—unspecified
1699	Fractures—multiple
1699	Frostbite
1714	Gait and mobility abnormalities
1799	Gangrene
1199	Gastritis
0104	Gastroenteritis & diarrhoea of presumed infectious origin
1718	Giddiness
0702	Glaucoma
1302	Gout
0302	Haemophilia
1799	Haemorrhage from respiratory passages
0999	Haemorrhoids
1726	Headache
0201	Head & neck cancer
0699	Headache syndromes

ACAP code	Health condition
	Head injuries/acquired brain damage—see Injuries
0802	Hearing loss
0904	Heart attack
0611	Hemiplegia
1101	Hernia—abdominal (except congenital)
0921	High blood pressure
0408	High cholesterol
0103	HIV/AIDS
1722	Hostility
0602	Huntington's disease
0921	Hypertension
0499	Hypoparathyroidism
0401	Hyperthyroidism
0922	Hypotension
0401	Hypothyroidism
0399	Immune system—other disorders
0303	Immunodeficiency disorder (excl. AIDS)
1201	Impetigo
1707	Incontinence—bowel/faecal
1403	Incontinence—urinary (stress, overflow, reflex, urge)
1708	Incontinence—unspecified
1002	Influenza
1601	Injuries to the head (incl. injuries to the ear/eye/face/jaw, acquired brain damage)
1602	Injuries to the arm/hand/shoulder (incl. dislocations, sprains & strains)
1603	Injuries to the leg/knee/foot/ankle/hip (incl. dislocations, sprains & strains)
0699	Insomnia
0402	Insulin dependent diabetes mellitus (IDDM)
0571	Intellectual disability
0912	Intracerebral haemorrhage ^{1, 2}
0913	Intracranial haemorrhage—other ^{1, 2}
1713	Involuntary movements—abnormal
0401	Iodine-deficiency syndrome
1721	Irritability
1101	Irritable bowel syndrome
0905	Ischaemic heart disease—acute & chronic
1710	Jaundice unspecified
1303	Joint/limb deformities—acquired

ACAP code	Health condition
1401	Kidney and urinary system (bladder) disorders (excl. incontinence & urinary tract infection)
0581	Korsakov's psychosis (alcoholic)
1001	Laryngitis—acute
0572	Learning disorders—developmental
0199	Leprosy
1727	Lethargy
0210	Leukaemia
0199	Listeriosis
1103	Liver disease—alcoholic
1103	Liver disease—toxic
1730	Loss of appetite
0922	Low blood pressure
0204	Lung cancer
1799	Lymph nodes—enlarged
0209	Lymphoma—non-Hodgkin's
1727	Malaise
0405	Malnutrition
0899	Mastoiditis
	Memory loss—see Amnesia
0801	Ménière's disease
0601	Meningitis (excl. viral)
0199	Meningococcal infection
1499	Menopause disorders
0571	Mental retardation
0699	Migraines
1714	Mobility & gait abnormalities
0552	Mood affective disorders/depression
0603	Motor Neurone disease
0607	Multiple sclerosis
0609	Muscular dystrophy
0904	Myocardial infarction
0699	Myopathies
0899	Myringitis
1705	Nausea & vomiting
0201	Neck & head cancer
1401	Nephritis
0562	Nervous tension/stress
0406	Nutritional deficiencies
0209	Non-Hodgkin's lymphoma

ACAP code	Health condition
0403	Non-insulin dependent diabetes mellitus (NIDDM)
0407	Obesity
0563	Obsessive-compulsive disorder
1729	Oedema n.e.c
1302	Osteoarthritis
1399	Osteomyelitis
1306	Osteoporosis
0899	Otitis media
0899	Otosclerosis
1613	Overdose of drugs, medicaments & biological substances
1704	Pain
1199	Pancreatitis
0611	Paralysis (non-traumatic)
0611	Paraplegia (non-traumatic)
0604	Parkinson's disease
1102	Peritonitis
0582	Personality and behavioural disorders—adult
1001	Pharyngitis—acute
0561	Phobic and anxiety disorders
1727	Physical deterioration—general
1723	Physical violence
1711	Pins & needles
1002	Pneumonia
1613	Poisoning by drugs, medicaments & biological substances
0102	Poliomyelitis
1724	Poor responsiveness
0704	Poor vision
0612	Postviral fatigue syndrome
0207	Prostate cancer
1499	Prostate disorders
0907	Pulmonary embolism
0611	Quadraplegia
1712	Rash
1401	Renal failure
1004	Respiratory allergies (excl. allergic asthma)
1719	Restlessness
1709	Retention of urine
0572	Rett's syndrome

ACAP code	Health condition
0901	Rheumatic fever
0902	Rheumatic heart disease
1305	Rheumatism
1301	Rheumatoid arthritis
1004	Rhinitis—chronic
0199	Scarlet fever
0606	Schilder's disease
0551	Schizophrenia
1304	Scoliosis
0199	Septicaemia
1703	Shortness of breath
1001	Sinusitis—acute
1004	Sinusitis—chronic
1202	Skin allergies
1201	Skin and subcutaneous tissue infections
0205	Skin cancer
1711	Skin sensation disturbances
0699	Sleep apnoea
1724	Slowness
1799	Smell & taste disturbances
1713	Spasm
1714	Spastic gait
0583	Speech impediment
1725	Speech & voice disturbances
1501	Spina bifida
1602	Sprain—arm/hand/shoulder—from injury/accident
1603	Sprain—leg/knee/foot/ankle/hip—from injury/accident
1699	Sprain—unspecified
1101	Stomach ulcer
0562	Stress/nervous tension
1602	Strain—arm/hand/shoulder—from injury/accident
1603	Strain—leg/knee/foot/ankle/hip—from injury/accident
1699	Strain—unspecified
	Stroke—see cerebrovascular accident
0583	Stammering
0202	Stomach cancer
0583	Stuttering
0911	Subarachnoid haemorrhage ^{1,2}
1706	Swallowing difficulty
0611	Tetraplegia

ACAP code	Health condition
0401	Thyroiditis
0605	T.I.A.s ¹
1711	Tingling skin
0899	Tinnitus
1727	Tiredness
1001	Tonsillitis—acute
1103	Toxic liver disease
0605	Transient cerebral ischaemic attacks (T.I.A.s) ¹
1713	Tremor unspecified
0101	Tuberculosis
1713	Twitching n.o.s
1101	Ulcer—stomach/duodenal
1720	Unhappiness
1403	Urinary incontinence (stress, overflow, reflex, urge)
1708	Urinary incontinence—unspecified
1401	Urinary system disorders
1402	Urinary tract infection
1709	Urinary retention
1299	Urticaria
0999	Varicose veins
	Vascular dementia—see dementia
0801	Vertigo
1718	Vertigo n.o.s.
1723	Violence—physical
0199	Viral meningitis
1725	Voice & speech disturbances
1705	Vomiting & nausea
1714	Walking difficulty n.e.c.
1730	Weight gain—abnormal
1730	Weight loss—abnormal
1720	Worries n.o.s.

ACAP code list for Health condition—short

ACAP code	Health condition	ACAP code	Health condition
	Certain infectious & parasitic diseases		Diseases of the nervous system¹
0198	Other infectious & parasitic diseases n.o.s or n.e.c	0602	Huntington's disease
	Neoplasms (tumours/cancers)	0603	Motor neurone disease
0201	Head & neck cancer	0604	Parkinson's disease
0202	Stomach cancer	0605	Transient cerebral ischaemic attacks (T.I.A.s) ²
0203	Colorectal (bowel) cancer	0607	Multiple sclerosis
0204	Lung cancer	0611	Paralysis—non-traumatic (includes hemiplegia, paraplegia, quadriplegia, & other paralytic syndromes, excludes spinal cord injury)
0205	Skin cancer	0698	Other diseases of the nervous system n.o.s or n.e.c (includes epilepsy, muscular dystrophy, migraines, sleep disorders, Bell's palsy, myopathies, meningitis, brain disease/disorders)
0206	Breast cancer		Diseases of the eye & adnexa
0207	Prostate cancer	0701	Cataracts
0208	Brain cancer	0702	Glaucoma
0209	Non-Hodgkin's lymphoma	0703	Blindness (both eyes, one eye, one eye & low vision in other eye)
0210	Leukaemia	0704	Poor vision (low vision both eyes, one eye, unspecified visual loss)
0211	Other malignant tumours n.o.s or n.e.c	0798	Other disease of the eye & adnexa n.o.s or n.e.c
0298	Other neoplasms (includes benign tumours and tumours of unknown or uncertain behaviour)		Diseases of the ear & mastoid process
	Diseases of the blood & blood forming organs & immune mechanism	0801	Ménière's disease (includes Ménière's syndrome, vertigo)
0301	Anaemia	0802	Deafness/hearing loss
0398	Other diseases of blood & blood forming organs & immune mechanism n.o.s or n.e.c (includes haemophilia, immunodeficiency disorder (excluding AIDS))	0898	Other diseases of the ear & mastoid process n.o.s or n.e.c (includes disease of external ear, otitis media, mastoiditis, myringitis, tinnitus)
	Endocrine, nutritional & metabolic disorders		Diseases of the circulatory system
0401	Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)	0900	Heart disease (includes angina, myocardial infarction, acute & chronic ischaemic heart disease, congestive heart failure, pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure—unspecified)
0402	Diabetes mellitus—Type 1 (IDDM)	0910	Cerebrovascular disease ^{2,3} (includes subarachnoid, intracerebral & other intracranial haemorrhage, cerebral infarction, stroke (CVA) unspecified, embolism)
0403	Diabetes mellitus—Type 2 (NIDDM)	0920	Other diseases of the circulatory system (includes abdominal aortic aneurysm, other arterial or aortic aneurysms)
0404	Diabetes mellitus—other specified, unspecified, unable to be specified	0921	Hypertension (high blood pressure)
0405	Malnutrition	0922	Hypotension (low blood pressure)
0406	Nutritional deficiencies	0998	Other diseases of the circulatory system n.o.s or n.e.c (includes atherosclerosis, peripheral vascular disease, other disorders of arteries & arterioles, diseases of capillaries, varicose veins, haemorrhoids)
0498	Other endocrine, nutritional & metabolic disorders n.o.s or n.e.c (includes high cholesterol, hypoparathyroidism, obesity)		Diseases of the respiratory system
	Mental & behavioural disorders	1001	Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple & unspecified sites)
0500	Dementia in Alzheimer's disease ¹ (includes early onset <65yrs, late onset >65 yrs, atypical or mixed type, unspecified)	1002	Influenza & pneumonia
0510	Vascular dementia (includes acute onset, multi-infarct, subcortical, mixed cortical & subcortical, other vascular, unspecified)	1003	Acute lower respiratory infections (includes acute bronchitis, bronchiolitis & unspecified acute lower respiratory infections)
0520	Dementia in other diseases (includes Pick's, Creutzfeldt-Jakob, Huntington's, Parkinson's, HIV, Lewy Body, other)	1004	Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis & sinusitis, chronic diseases of tonsils & adenoids)
0530	Other dementia n.o.s or n.e.c (includes alcoholic, presenile & senile, unspecified)	1005	Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), asthma)
0540	Delirium (includes not superimposed, superimposed, other, unspecified)	1098	Other diseases of the respiratory system n.o.s or n.e.c
0550	Psychoses & depression/Mood affective disorders (includes schizophrenia, paranoid states)		
0560	Other neurotic, stress related & somatoform disorders n.o.s or n.e.c (includes phobic & anxiety disorders, obsessive-compulsive disorder, nervous tension, stress)		
0570	Intellectual & developmental disorders		
0580	Other mental & behavioural disorders (includes adult personality & behavioural disorders, speech impediment)		
0581	Mental & behavioural disorders due to alcohol & other psychoactive substance use (includes alcoholism, Korsakov's psychosis alcoholic)		
0598	Other mental & behavioural disorders n.o.s or n.e.c		

¹ In any analysis of 'Diseases of the nervous system' code 0500 Dementia in Alzheimer's disease should be grouped with 0600–0698.

² In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.'s) should be grouped with 0910.

³ Transient cerebral ischaemic attacks (T.I.A.'s) should be coded to 0605.

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition	ACAP code	Health condition
	Diseases of the digestive system		
1101	Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)	1613	Poisoning by drugs, medicaments & biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)
1103	Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)	1698	Other injury, poisoning & consequences of external causes (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical & medical care)
1198	Other diseases of the digestive system n.o.s or n.e.c (includes other disease of the gastrointestinal tract & peritoneum, gastritis, other diseases of the gallbladder)		
	Diseases of the skin & subcutaneous tissue		Symptoms & signs n.o.s or n.e.c⁴
1201	Skin & subcutaneous tissue infections (includes impetigo, boil, cellulitis)	1701	Abnormal blood-pressure reading, without diagnosis
1202	Skin allergies (dermatitis & eczema)	1702	Cough
1298	Other diseases of the skin & subcutaneous tissue n.o.s or n.e.c (includes bedsores, urticaria, erythema, radiation-related disorders, disorders of skin appendages)	1703	Breathing difficulties/shortness of breath
	Diseases of the musculoskeletal system & connective tissue	1704	Pain
1301	Rheumatoid arthritis	1705	Nausea & vomiting
1302	Other arthritis & related disorders (includes gout, arthrosis, osteoarthritis)	1706	Dysphagia (difficulty in swallowing)
1304	Back problems—dorsopathies (includes scoliosis)	1707	Bowel/faecal incontinence
1306	Osteoporosis	1708	Unspecified urinary incontinence
1398	Other disorders of the musculoskeletal system & connective tissue n.o.s or n.e.c (includes rheumatism, osteomyelitis)	1709	Retention of urine
	Diseases of the genitourinary system	1710	Jaundice (unspecified)
1401	Kidney & urinary system (bladder) disorders (includes nephritis renal failure, cystitis)	1711	Disturbances of skin sensation (includes pins & needles, tingling skin)
1402	Urinary tract infection	1712	Rash & other nonspecific skin eruption
1403	Stress/urinary incontinence (includes stress, overflow, reflex & urge incontinence)	1713	Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp & spasm, twitching n.o.s)
1498	Other diseases of the genitourinary system n.o.s or n.e.c (prostate, breast & menopause disorders)	1714	Abnormalities of gait & mobility (includes ataxic & spastic gait, difficulty in walking n.e.c)
	Congenital malformations, deformations & chromosomal abnormalities	1715	Falls (frequent with unknown aetiology)
1598	Other congenital malformations, deformities & chromosomal abnormalities	1716	Disorientation (confusion)
	Injury, poisoning & certain other consequences of external causes	1717	Amnesia (memory disturbance, lack or loss)
1601	Injuries to the head (includes injuries to ear, eye, face, jaw, acquired brain damage)	1718	Dizziness & giddiness (light-headedness, vertigo n.o.s)
1602	Injuries to arm/hand/shoulder (includes, dislocations, sprains & strains)	1719	Restlessness & agitation
1603	Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains & strains)	1720	Unhappiness (worries n.o.s)
1604	Amputation of the finger/thumb/hand/arm/shoulder—traumatic	1721	Irritability & anger
1605	Amputation of toe/ankle/foot/leg—traumatic	1722	Hostility
1606	Fracture of neck (includes cervical spine & vertebra)	1723	Physical violence
1607	Fracture of rib(s), sternum & thoracic spine (includes thoracic spine & vertebra)	1724	Slowness & poor responsiveness
1608	Fracture of lumbar spine & pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)	1725	Speech & voice disturbances
1609	Fracture of shoulder, upper arm & forearm (includes clavicle, scapula, humerus, radius, ulna)	1726	Headache
1610	Fracture at wrist & hand level	1727	Malaise & fatigue (includes general physical deterioration, lethargy and tiredness)
1611	Fracture of femur (includes hip (neck of femur))	1728	Blackouts, fainting, convulsions
1612	Fracture of lower leg & foot	1729	Oedema n.e.c (includes fluid retention n.o.s)
		1730	Symptoms & signs concerning food & fluid intake (includes loss of appetite, excessive eating & thirst, abnormal weight loss & gain)
		1798	Other symptoms & signs n.o.s or n.e.c (includes gangrene, haemorrhage from respiratory passages, heartburn, disturbances of smell & taste, enlarged lymph nodes, illness n.o.s)
		1899	Has other health condition n.o.s or n.e.c

*4 These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported
n.e.c—not elsewhere classified, n.o.s—not otherwise specified*

Most commonly reported Health conditions (mapped to long & short lists)

ACAP code	Health condition	ACAP code	Health condition
1714	Abnormalities of gait & mobility	1403	Incontinence—urinary (incl. stress, overflow, reflex & urge incontinence)
0500–0504	Alzheimer's disease	1707	Incontinence—bowel
1717	Amnesia (memory disturbance, lack or loss)	1601–1603	Injuries
1604	Amputation of the finger/thumb/hand/arm/shoulder—traumatic	1721	Irritability & anger
1605	Amputation of the toe/ankle/foot/leg—traumatic	1401	Kidney & urinary system (bladder) disorders (incl. nephritis, renal failure, cystitis; excl. urinary tract infection & incontinence)
1304	Back problems—dorsopathies (incl. scoliosis)	1727	Malaise & fatigue (incl. general physical deterioration, lethargy & tiredness)
0703	Blindness	0560	Nervous tension/stress—short list
0206	Breast cancer	0562	Nervous tension/stress—long list
1703	Breathing difficulties/shortness of breath	1306	Osteoporosis
0701	Cataracts	1302	Other arthritis & related disorders (incl. gout, arthrosis, osteoarthritis)
1005	Chronic lower respiratory diseases (incl. emphysema, COAD)	0920–0999	Other diseases of the circulatory system
0802	Deafness/hearing loss	1704	Pain
0500–0530	Dementia	0604	Parkinson's disease
0550	Depression/Mood affective disorders/ Psychoses—short list	0560	Phobic & anxiety disorders—short list
0552	Depression/Mood affective disorders—long list	0561	Phobic & anxiety disorders—long list
0402–0404	Diabetes	1723	Physical violence
1101	Diseases of the intestine (incl. stomach/ duodenal ulcer, abdominal hernia (except congenital), diverticulitis, irritable bowel syndrome)	0704	Poor vision
0401	Disorders of the thyroid gland	0207	Prostate cancer
1716	Disorientation (confusion)	1003	Respiratory infections—acute lower (incl. acute bronchitis, bronchiolitis, unspecified acute lower respiratory infections)
0898	Ear & mastoid process—other diseases of (incl. otitis media, mastoiditis & related conditions, tinnitus)—short list	1001	Respiratory infections—acute upper (incl. common cold, acute sinusitis, acute tonsillitis, upper respiratory infections of multiple & unspecified sites)
0899	Ear & mastoid process—other diseases of (incl. otitis media, mastoiditis & related conditions, tinnitus)—long list	1719	Restlessness & agitation
1715	Falls (frequent with unknown aetiology)	1301	Rheumatoid arthritis
1611	Fracture of femur (incl. hip (neck of femur))	1201	Skin & subcutaneous tissue infections (incl. impetigo, boil, cellulitis)
0702	Glaucoma	1398	Soft tissue/muscle disorders—other (incl. rheumatism, osteomyelitis)—short list
0900–0907	Heart diseases	1305	Soft tissue/muscle disorders—other (incl. rheumatism, osteomyelitis)—long list
0498	High cholesterol—short list	0910–0915	Stroke (CVA)
0408	High cholesterol—long list	1720	Unhappiness (worries n.o.s)
1722	Hostility		
0921	Hypertension		
1708	Incontinence—unspecified urinary		

ACAP Health condition code list mapped to equivalent code in the International Statistical Classification of Diseases & Related Health Problems—Tenth Revision—Australian Modification (1998) (ICD-10-AM).

ACAP code	Health condition	Equivalent ICD-10-AM code
0100	Certain infectious & parasitic diseases	
0101	Tuberculosis	A15–19
0102	Poliomyelitis	A80
0103	HIV/AIDS	B20–B24
0104	Diarrhoea & gastroenteritis of presumed infectious origin	A09
0199	Other infectious & parasitic diseases n.o.s or n.e.c (includes leprosy, listeriosis, scarlet fever, meningococcal infection, septicaemia, viral meningitis)	A00–08, A20–79, A81–99, B00–19, B25–99
0200	Neoplasms (tumours/cancers)	
0201	Head & neck cancer	C01–14
0202	Stomach cancer	C16
0203	Colorectal (bowel) cancer	C18–20
0204	Lung cancer	C34
0205	Skin cancer	C43–44
0206	Breast cancer	C50
0207	Prostate cancer	C61
0208	Brain cancer	C70–71
0209	Non-Hodgkin's lymphoma	C82–85
0210	Leukaemia	C91–95
0211	Other malignant tumours n.o.s or n.e.c	C00, C15, C17, C21–33, C37–41, C45–49, C51–60, C62–69, C72–81, C86–90, C96–97, D00–09
0299	Other neoplasms (includes benign tumours & tumours of uncertain or unknown behaviour)	D10–48
0300	Diseases of the blood & blood forming organs & immune mechanism	
0301	Anaemia	D50–64
0302	Haemophilia	D66–68
0303	Immunodeficiency disorder (excluding AIDS)	D80–84
0399	Other diseases of blood & blood forming organs & immune mechanism n.o.s. or n.e.c	D65, D69–77, D86–89
0400	Endocrine, nutritional & metabolic disorders	
0401	Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)	E00–07
0402	Diabetes mellitus—Type 1 (IDDM)	E10
0403	Diabetes mellitus—Type 2 (NIDDM)	E11
0404	Diabetes mellitus—other specified/unspecified/unable to be specified	E13–14
0405	Malnutrition	E40–46
0406	Nutritional deficiencies	E50–64
0407	Obesity	E66
0408	High cholesterol	E78.0
0499	Other endocrine, nutritional & metabolic disorders n.o.s or n.e.c (includes hypoparathyroidism, Cushing's syndrome)	E15–35, E65, E67–74.4, E74.9–77, E79–83.2, E83.4–90

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition	Equivalent ICD-10-AM code
Mental & behavioural disorders		
0500	Dementia in Alzheimer's disease¹	
0501	Dementia in Alzheimer's disease with early onset (<65 yrs) ¹	F00.0, G30
0502	Dementia in Alzheimer's disease with late onset (>65 yrs) ¹	F00.1, G30
0503	Dementia in Alzheimer's disease, atypical or mixed type ¹	F00.2, G30
0504	Dementia in Alzheimer's disease, unspecified ¹	F00.9, G30
0510	Vascular dementia	
0511	Vascular dementia of acute onset	F01.0
0512	Multi-infarct dementia	F01.1
0513	Subcortical vascular dementia	F01.2
0514	Mixed cortical & subcortical vascular dementia	F01.3
0515	Other vascular dementia	F01.8
0516	Vascular dementia—unspecified	F01.9
0520	Dementia in other diseases classified elsewhere	
0521	Dementia in Pick's disease	F02.0
0522	Dementia in Creutzfeldt-Jakob disease	F02.1
0523	Dementia in Huntington's disease	F02.2
0524	Dementia in Parkinson's disease	F02.3
0525	Dementia in human immunodeficiency virus (HIV) disease	F02.4
0526	Dementia in other specified diseases classified elsewhere	F02.8
0530	Other dementia	
0531	Alcoholic dementia	F10.7
0532	Unspecified dementia (includes presenile & senile dementia)	F03
0540	Delirium	
0541	Delirium not superimposed on dementia	F05.0
0542	Delirium superimposed on dementia	F05.1
0543	Other delirium	F05.8
0544	Delirium—unspecified	F05.9
0550	Psychoses & depression/mood affective disorders	
0551	Schizophrenia	F20
0552	Depression/Mood affective disorders	F30–39
0553	Other psychoses (includes paranoid states)	F04, F06, F21–29
0560	Neurotic, stress related & somatoform disorders	
0561	Phobic & anxiety disorders (includes agoraphobia, panic disorder)	F40–41
0562	Nervous tension/stress	F43
0563	Obsessive-compulsive disorder	F42
0564	Other neurotic, stress related & somatoform disorders	F44–48
0570	Intellectual & developmental disorders	
0571	Mental retardation/intellectual disability	F70–79
0572	Other developmental disorders (includes autism, Rett's syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia))	F80–84, F88–89

¹ In any analysis of 'Diseases of the nervous system' code 0500 'Dementia in Alzheimer's disease' should be grouped with 0600. n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified

ACAP code	Health condition	Equivalent ICD-10-AM code
0580	Other mental & behavioural disorders	
0581	Mental and behavioural disorders due to alcohol & other psychoactive substance use (includes alcoholism, Korsakov's psychosis (alcoholic))	F10.0–F10.6, F10.8–19
0582	Adult personality & behavioural disorders	F60–69
0583	Speech impediment (i.e. stuttering/stammering)	F98.5
0599	Other mental & behavioural disorders n.o.s or n.e.c (includes harmful use of non-dependent substances e.g. laxatives analgesics, antidepressants, eating disorders e.g. anorexia nervosa, bulimia nervosa, mental disorders not otherwise specified)	F07, F50–52, F54–55, F59, F99
0600	Diseases of the nervous system	
0601	Meningitis & Encephalitis (excluding 'viral')	G00–09
0602	Huntington's disease	G10
0603	Motor neurone disease	G12.2
0604	Parkinson's disease (includes Parkinson's disease, secondary Parkinsomism)	G20–21
0605	Transient cerebral ischaemic attacks (T.I.A.s) ²	G45–46
0606	Brain disease/disorders (includes senile degeneration of brain n.e.c, degeneration of nervous system due to alcohol, schilder's disease)	G31, G37, G90–93
0607	Multiple sclerosis	G35
0608	Epilepsy	G40–41
0609	Muscular dystrophy	G71.0
0610	Cerebral palsy	G80
0611	Paralysis–non-traumatic (includes hemiplegia, paraplegia, quadriplegia, tetraplegia & other paralytic syndromes, e.g. diplegia & monoplegia; excludes spinal cord injury code 1699)	G81–83
0612	Chronic/postviral fatigue syndrome	G93.3
0699	Other diseases of the nervous system n.o.s or n.e.c (includes dystonia, migraines, headache syndromes, sleep disorders e.g. sleep apnoea & insomnia, Bell's palsy, myopathies, peripheral neuropathy, dysautonomia)	G11, G12.0–12.1, G12.8–13, G22–26, G32–34, G36, G43–44, G47–70, G71.1–73, G90–93.2, G93.4–99
0700	Diseases of the eye & adnexa	
0701	Cataracts	H25–H26
0702	Glaucoma	H40–42
0703	Blindness (both eyes, one eye, one eye & low vision in other eye)	H54.0–54.1, H54.4
0704	Poor vision (low vision both eyes, one eye, unspecified visual loss)	H54.2–54.3, H54.5–54.7
0799	Other diseases of the eye & adnexa n.o.s or n.e.c (includes conjunctivitis)	H00–15, H19–22, H27–32, H36, H43–51, H55–59
0800	Disease of the ear & mastoid process	
0801	Ménière's disease (includes Ménière's syndrome, vertigo)	H81.0
0802	Deafness/hearing loss	H83.3, H90, H91
0899	Other diseases of the ear & mastoid process n.o.s or n.e.c (includes disease of external ear, otitis media, mastoiditis and related conditions, myringitis, otosclerosis, tinnitus)	H60–62, H65–75, H80, H81.1–83.2, H83.8–83.9, H92–95

² In any analysis of 'Cerebrovascular disease' code 0605 Transient cerebral ischaemic attacks (T.I.A.s) should be grouped with 0910. n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition	Equivalent ICD-10-AM code
Diseases of the circulatory system		
0900	Heart disease	
0901	Rheumatic fever	I00–02
0902	Rheumatic heart disease	I05–09
0903	Angina	I20
0904	Myocardial infarction (heart attack)	I21–22
0905	Acute & chronic ischaemic heart disease	I24–25
0906	Congestive heart failure (congestive heart disease)	I50.0
0907	Other heart diseases (pulmonary embolism, acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure—unspecified)	I23, I26–52
0910	Cerebrovascular disease^{2, 3}	
0911	Subarachnoid haemorrhage ^{2, 3}	I60
0912	Intracerebral haemorrhage ^{2, 3}	I61
0913	Other intracranial haemorrhage ^{2, 3}	I62
0914	Cerebral infarction ^{2, 3}	I63
0915	Stroke (CVA)—cerebrovascular accident unspecified ^{2, 3}	I64
0916	Other cerebrovascular diseases ² (includes embolism, narrowing, obstruction & thrombosis of basilar, carotid, vertebral arteries and middle, anterior, cerebral arteries, cerebellar arteries not resulting in cerebral infarction)	I65–67, I69
0920	Other diseases of the circulatory system	
0921	Hypertension (high blood pressure)	I10–15
0922	Hypotension (low blood pressure)	I95
0923	Abdominal aortic aneurysm	I71.3–71.4
0924	Other arterial or aortic aneurysms (includes thoracic, unspecified, aneurysm of carotid artery, renal artery, unspecified)	I71.0–71.2, I71.5–72
0925	Atherosclerosis	I70
0999	Other diseases of the circulatory system n.o.s or n.e.c (includes other peripheral vascular disease, arterial embolism & thrombosis, other disorders of arteries & arterioles, diseases of capillaries, varicose veins, haemorrhoids)	I68, I73–89, I97–99
1000	Diseases of the respiratory system	
1001	Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple & unspecified sites)	J00–06
1002	Influenza & pneumonia	J10–18
1003	Acute lower respiratory infections (includes acute bronchitis, bronchiolitis & unspecified acute lower respiratory infections)	J20–22
1004	Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis & sinusitis, chronic diseases of tonsils & adenoids)	J30–39
1005	Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), asthma)	J40–70
1099	Other diseases of the respiratory system n.o.s or n.e.c	J80–99

³ Transient cerebral ischaemic attacks (T.I.A.s) should be coded to 0605.
n.e.c.—not elsewhere classified, n.o.s.—not otherwise specified

ACAP code	Health condition	Equivalent ICD-10-AM code
1100	Diseases of the digestive system	
1101	Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)	K25–28, K40–46, K50–52, K55–63
1102	Diseases of the peritoneum (includes peritonitis)	K65–67
1103	Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)	K70–77
1199	Other diseases of the digestive system n.o.s or n.e.c (includes diseases of oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, cholecystitis, other diseases of gallbladder, pancreatitis, coeliac disease)	K00–23, K29–38, K80–93
1200	Diseases of the skin & subcutaneous tissue	
1201	Skin & subcutaneous tissue infections (includes impetigo, boil, cellulitis)	L00–08
1202	Skin allergies (dermatitis & eczema)	L20–30
1299	Other diseases of the skin & subcutaneous tissue n.o.s or n.e.c (includes bedsore, urticaria, erythema, radiation-related disorders, disorders of skin appendages)	L10–14, L40–75, L80–90.4, L90.6–99
1300	Diseases of the musculoskeletal system & connective tissue	
1301	Rheumatoid arthritis	M05–06
1302	Other arthritis & related disorders (includes gout, arthrosis, osteoarthritis)	M00–04, M07–19
1303	Deformities of joints/limbs—acquired	M20–21
1304	Back problems—dorsopathies (includes scoliosis)	M40–54
1305	Other soft tissue/muscle disorders (includes rheumatism)	M60–63, M66–68, M70–79
1306	Osteoporosis	M80–81
1399	Other disorders of the musculoskeletal system & connective tissue n.o.s or n.e.c (includes osteomyelitis)	M22–36, M82–94, M96–99
1400	Diseases of the genitourinary system	
1401	Kidney & urinary system (bladder) disorders (includes nephritis renal failure, cystitis; excludes urinary tract infection & incontinence)	N00–37, N39.1–39.2, N39.8
1402	Urinary tract infection	N39.0
1403	Stress/urinary incontinence (includes stress, overflow, reflex & urge incontinence)	N39.3–39.4
1499	Other diseases of the genitourinary system n.o.s or n.e.c (includes prostate, breast and menopause disorders)	N40–51, N60–64, N70–99
1500	Congenital malformations, deformations & chromosomal abnormalities	
1501	Spina bifida	Q05
1502	Deformities of joints/limbs—congenital	Q65–68, Q68–74
1503	Down's syndrome	Q90
1504	Other chromosomal abnormalities	Q91–99
1505	Congenital brain damage/malformation	Q00–04
1599	Other congenital malformations & deformations n.o.s or n.e.c	Q06–64, Q67, Q75–89

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition	Equivalent ICD-10-AM code
1600	Injury, poisoning & certain other consequences of external causes	
1601	Injuries to the head (includes injuries to ear, eye, face, jaw, acquired brain damage)	S00–09
1602	Injuries to arm/hand/shoulder (includes, dislocations, sprains & strains)	S40–41, S43–47, S49–51, S53–57, S59–61, S63–67, S69
1603	Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains & strains)	S70–71, S73–77, S79–81, S83–87, S89–91, S93–97
1604	Amputation of the finger/thumb/hand/arm/shoulder—traumatic	S48, S58, S68, T05.0–05.2
1605	Amputation of toe/ankle/foot/leg—traumatic	S78, S88, S98, T05.3–05.5
1606	Fracture of neck (includes cervical spine & vertebra)	S12
1607	Fracture of rib(s), sternum & thoracic spine (includes thoracic spine & vertebra)	S22
1608	Fracture of lumbar spine & pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)	S32
1609	Fracture of shoulder, upper arm & forearm (includes clavicle, scapula, humerus, radius, ulna)	S42, S52
1610	Fracture at wrist & hand level	S62
1611	Fracture of femur (includes hip (neck of femur))	S72
1612	Fracture of lower leg & foot	S82, S92
1613	Poisoning by drugs, medicaments & biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)	T36–50
1699	Other injury, poisoning & consequences of external causes n.o.s or n.e.c (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical & medical care)	S10–11, S13–21, S23–31, S33–39, T00–04, T05.6–09.9, T10–35, T51–98
1700	Symptoms & signs n.o.s or n.e.c	
1701	Abnormal blood-pressure reading, without diagnosis	R03
1702	Cough	R05
1703	Breathing difficulties/shortness of breath	R06
1704	Pain	R07, R10, R30, R52
1705	Nausea & vomiting	R11
1706	Dysphagia (difficulty in swallowing)	R13
1707	Bowel/faecal incontinence	R15
1708	Unspecified urinary incontinence	R32
1709	Retention of urine	R33
1710	Jaundice (unspecified)	R17
1711	Disturbances of skin sensation (includes pins & needles, tingling skin)	R20
1712	Rash & other nonspecific skin eruption	R21
1713	Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp & spasm, twitching n.o.s)	R25
1714	Abnormalities of gait & mobility (includes ataxic & spastic gait, difficulty in walking n.e.c)	R26

n.e.c—not elsewhere classified, n.o.s—not otherwise specified

ACAP code	Health condition	Equivalent ICD-10-AM code
1715	Falls (frequent with unknown aetiology)	R29.81
1716	Disorientation (confusion)	R41.0
1717	Amnesia (memory disturbance, lack or loss)	R41.1–41.3
1718	Dizziness & giddiness (light-headedness, vertigo n.o.s)	R42
1719	Restlessness & agitation	R45.1
1720	Unhappiness (worries n.o.s)	R45.2
1721	Irritability & anger	R45.4
1722	Hostility	R45.5
1723	Physical violence	R45.6
1724	Slowness & poor responsiveness	R46.4
1725	Speech & voice disturbances	R47
1726	Headache	R51
1727	Malaise & fatigue (includes general physical deterioration, lethargy and tiredness)	R53
1728	Blackouts, fainting, convulsions	R55–56
1729	Oedema n.e.c (includes fluid retention n.o.s)	R60
1730	Symptoms & signs concerning food & fluid intake (includes loss of appetite, excessive eating & thirst, abnormal weight loss & gain)	R63
1799	Other symptoms & signs n.o.s or n.e.c (includes gangrene, haemorrhage from respiratory passages, heartburn, disturbances of smell & taste, enlarged lymph nodes, illness n.o.s)	R00–02, R04, R09, R12, R14, R16, R18–19, R22–23, R27, R29.0–29.8, R29.89, R31–32, R34–36, R39–40, R43–44, R45.3, R45.7–45.8, R46.0–46.3, R46.5–46.8, R48–50, R54, R57–59, R61–62, R64, R68–69
1899	Has other health condition not elsewhere specified	

4 These codes should only be used to record certain symptoms that represent important problems in their own right, regardless of whether a related diagnosed disease or disorder is also reported
n.e.c—not elsewhere classified, n.o.s—not otherwise specified

Appendix I

Code list for Main language other than English spoken at home using the Australian Bureau of Statistics' (ABS) adaptation of the Australian Standard Classification of Languages (ASCL), ABS Catalogue No. 1267.0, 1997, to accommodate a 2-digit code.

(01–10) Northern European Languages

- 01 Danish
- 02 English
- 03 German
- 04 Irish
- 05 Netherlandic
- 06 Norwegian
- 07 Swedish
- 08 Welsh
- 09 Yiddish
- 10 Northern European languages, n.e.c

(11–17) Southern European Languages

- 11 French
- 12 Greek
- 13 Italian
- 14 Maltese
- 15 Portuguese
- 16 Spanish
- 17 Southern European languages, n.e.c

(18–37) Eastern European Languages

- 18 Albanian
- 19 Armenian
- 20 Bosnian
- 21 Bulgarian
- 22 Croatian
- 23 Czech
- 24 Estonian
- 25 Finnish
- 26 Hungarian
- 27 Latvian
- 28 Lithuanian
- 29 Macedonian
- 30 Polish
- 31 Romanian
- 32 Russian
- 33 Serbian
- 34 Slovak
- 35 Slovene
- 36 Ukrainian
- 37 Eastern European languages, n.e.c

(38–43) Southwest Asian and North African Languages

- 38 Arabic (including Lebanese)
- 39 Assyrian (including Aramaic)
- 40 Hebrew
- 41 Persian
- 42 Turkish
- 43 Southwest Asian and North African languages, n.e.c

(44–53) Southern Asian Languages

- 44 Bengali
- 45 Gujarati
- 46 Hindi
- 47 Kannada
- 48 Punjabi
- 49 Sinhalese
- 50 Tamil
- 51 Telugu
- 52 Urdu
- 53 Southern Asian languages, n.e.c

(54–66) Southeast Asian Languages

- 54 Bisaya
- 55 Burmese
- 56 Cebuano
- 57 Hmong
- 58 Indonesian
- 59 Khmer
- 60 Lao
- 61 Malay
- 62 Tagalog (Filipino)
- 63 Thai
- 64 Timorese
- 65 Vietnamese
- 66 Southeast Asian languages, n.e.c

(67–74) Eastern Asian Languages

- 67 Cantonese
- 68 Hakka
- 69 Hokkien
- 70 Japanese
- 71 Korean
- 72 Mandarin
- 73 Teochew
- 74 Eastern Asian languages, n.e.c

(75–86) Australian Indigenous Languages

- 75 Alyawarr (Alyawarra)
- 76 Arrernte (Aranda)
- 77 Burarra
- 78 Kriol
- 79 Kuurinji (Gurindji)
- 80 Pintupi
- 81 Pitjantjatjara
- 82 Tiwi
- 83 Walmajarri (Walmadjari)
- 84 Warlpiri
- 85 Wik-Mungkan
- 86 Australian Indigenous languages, n.e.c

(87–95) Other Languages

- 87 Afrikaans
- 88 Fijian
- 89 Gilbertese
- 90 Mauritian Creole
- 91 Samoan
- 92 Somali
- 93 Swahili
- 94 Tongan
- 95 Other languages, n.e.c
- 96 Not stated/ Inadequately Described
- 97 Non-verbal
- 99 Australian Indigenous languages, not further defined

n.e.c: not elsewhere classified