## Data quality information — Aged care services, chapter 13

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| Data Quality Information |
| Data quality information (DQI) provides information against the seven Australian Bureau of Statistics (ABS) data quality framework dimensions, for a selection of performance indicators in the Aged care services chapter. DQI for additional indicators will be progressively introduced in future reports.  Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers. |
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### Use by different groups — access to residential aged care services by Aboriginal and Torres Strait Islander people

Data quality information (DQI) for this indicator has been drafted by the Australian Government Department of Social Services (DSS), with additional Steering Committee comments.

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| Indicator definition and description | | |
| Element | Equity — Access |
| Indicator | Use by different groups — access to residential aged care services by Aboriginal and Torres Strait Islander people. |
| Measure (computation) | Definition  Number of Aboriginal and Torres Strait Islander people who access residential aged care services per 1000 people.  Numerators:  (1) the number of people of all ages using residential aged care services  (2) the number of Aboriginal and Torres Strait Islander people of all ages using residential aged care services  Denominators:  (1) estimated resident population aged 65 years or over and Aboriginal and Torres Strait Islander population aged 50–65 years  (2) estimated resident Aboriginal and Torres Strait Islander population aged 50 years or over  Computation:  Expressed as a rate. Calculation is: (Numerator ÷ Denominator) x 1000. |
| Data source/s | Numerators:  Australian Government DSS’s Ageing and Aged Care data warehouse. The Ageing and Aged Care data warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the DSS.  Denominators:  Total population projections 65 years or over  From June 2013 ― projections based on the 2011 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  June 2008–June 2012 ― projections based on the 2006 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Before June 2008 ― projections based on the 2001 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Aboriginal and Torres Strait Islander population projections 50–64 year olds or aged 50 years or over  June 2008–June 2013 ― based on Australian Bureau of Statistics (ABS) Aboriginal and Torres Strait Islander Experimental 2006 Estimated Resident Population (ERP) data at statistical local area (SLA) level and aligned to published ABS Aboriginal and Torres Strait Islander data in Experimental Estimates and Projections (ABS Cat. no. 3238.0, series B).  June 2014 ― Aboriginal and Torres Strait Islander projections are based closely on ABS 3238.0 ― Estimates *and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*. These projections have been adjusted slightly by DSS to include Other Territories. |
| Data Quality Framework Dimensions | |
| Institutional environment | Approved service providers submit data to the Department of Human Services (DHS) to claim subsidies from the Australian Government for services delivered under the Aged Care Act 1997 (the Act) and Aged Care Principles (the Principles)[[1]](#footnote-1). These data are provided to the DSS and are stored in the Ageing and Aged Care data warehouse.  Information relating to the recipient details is provided by DHS to provide context around the claims.  The tables for this indicator are prepared by the DSS. |
| Relevance | The data are reported by state / territory and provide information on the ratios of recipients in aged care based on characteristics of age and Indigenous status to the relevant populations aged 65 years or over and Aboriginal and Torres Strait Islander population aged 50 years or over. |
| Timeliness | DHS provides recipient data weekly to DSS and numbers are considered complete in the month after the period in question.  On occasion a small percentage of late data are received from DHS.  Data collected in September for the previous financial year are considered complete for publishing purposes.  Population data are based on the ABS data from the 2011 census. Future census data for population projections (denominator) may be used to provide updates to the current ratios if significantly different. |
| Accuracy | Funding to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to DHS. Service providers’ claims are audited annually.  The data presented against this indicator relate to people who are in a residential care service as at 30 June.  Approximately one per cent of all residential aged care recipients has an unspecified Indigenous status. These unspecified responses are excluded.  Approximately one half of one per cent of all residential aged care recipients has an unspecified country of birth. These unspecified responses are excluded.  The age of the recipient is calculated as at 30 June. |
| Coherence | The data items used to construct this performance indicator will be consistent and comparable over time.  The recipient data are also set to 30 June and are available as a time series. The time series is broken down into months.  Rates derived using population data based on different Censuses are not comparable. |
| Accessibility | Data are published in the Steering Committee for the Review of Government Service Provision’s Report on Government Services. |
| Interpretability | Further information on definitions is available in the: *Aged Care Act 1997* and *Aged Care Principles*; the Residential Aged Care Manual 2009; Residential Respite Care Manual; Steering Committee for the Review of Government Service Provision’s Report on Government Services Aged Care Services Data Manual. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The data provide relevant and accurate information on recipients of residential aged care services by Aboriginal and Torres Strait Islander Australians.  Annual data are available. The most recent data available are for 2013‑14.  The data are consistent and comparable over time.  No significant data gaps or issues are identified. |

### Use by different groups — access to Home Care by Aboriginal and Torres Strait Islander people

DQI for this indicator has been drafted by the Australian Government DSS, with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Equity — Access |
| Indicator | Use by different groups — access to Home Care by Aboriginal and Torres Strait Islander people. |
| Measure (computation) | Definition  Number of Aboriginal and Torres Strait Islander people who received Home Care per 1000 people compared to number of all people received Home Care per 1000 people.  Numerators:  (1) number of people of all ages who received Home Care  (2) number of Aboriginal and Torres Strait Islander people of all ages who received Home Care  Denominators:  (1) estimated resident population aged 65 years or over and Aboriginal and Torres Strait Islander population aged 50‑64 years  (2) estimated resident Aboriginal and Torres Strait Islander population aged 50 years or over  Computation:  Expressed as a rate. Calculation is: (Numerator ÷ Denominator) x 1000. |
| Data source/s | Numerators:  Australian Government DSS’s Ageing and Aged Care data warehouse. The Ageing and Aged Care data warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the DSS.  Denominators:  Total population projections 65 years or over  From June 2013 ― projections based on the 2011 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  June 2008–June 2012 ― projections based on the 2006 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Before June 2008 ― projections based on the 2001 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Aboriginal and Torres Strait Islander population projections 50–64 year olds or aged 50 years or over  June 2008–June 2013 ― based on ABS Aboriginal and Torres Strait Islander Experimental 2006 ERP data at SLA level and aligned to published ABS Aboriginal and Torres Strait Islander data in Experimental Estimates and Projections (ABS Cat. no. 3238.0, series B).  June 2014 ― Aboriginal and Torres Strait Islander projections are based closely on ABS 3238.0 ― *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*. These projections have been adjusted slightly by DSS to include Other Territories. |
| Data Quality Framework Dimensions | |
| Institutional environment | Approved service providers submit data to DHS to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* and Aged Care Principles (the Principles)*[[2]](#footnote-2)*. These data are provided to the DSS and are stored in the Ageing and Aged Care data warehouse.  Information relating to the recipient details is provided by DHS to provide context around the claims.  The tables for this indicator are prepared by DSS. |
| Relevance | The data are reported by state / territory and provide information on the ratios of Home Care recipients based on characteristics of age and Indigenous status to the relevant populations of people aged 65 or over and the Aboriginal and Torres Strait Islander population aged 50 years or over. |
| Timeliness | The latest reference period for these data is 2013-14.  DHS provides recipient data to DSS weekly and numbers are considered complete in the month after the period in question.  On occasion a small percentage of late data are received from DHS.  Data collected in September for the previous financial year is considered complete for publishing purposes. |
| Accuracy | Funding to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to DHS. Service providers’ claims are audited annually.  The data presented against this indicator relate to people who have received Home Care in the relevant financial year.  Approximately ten per cent of all consumers of Home Care have no record on whether they are Aboriginal or Torres Strait Islander or not. This may be attributed to the quality of some of the data collected from the new payments system for this program and non‑reporting by home care consumers on whether they were Aboriginal or Torres Strait Islander. Data with unspecified Indigenous status are excluded.  The age of the recipient is calculated as at 30 June. |
| Coherence | From 1 August 2013, the new Home Care Program replaced the former community and flexible packaged care programs — Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) packages, and EACH Dementia (EACH-D) packages. For existing CACP consumers, their packages became Home Care Level 2 and for existing EACH/EACH-D consumers, their packages became Home Care Level 4. For the 2013-14 data, the CACP, EACH and EACH-D data for month of July were allocated accordingly.  Due to the program change the data items for 2013-14 used to construct this performance indicator are not consistent or comparable with data from previous reporting years.  The recipient data are set to 30 June.  Rates derived using population data based on different Censuses are not comparable. |
| Accessibility | Data are published in the Steering Committee for the Review of Government Service Provision’s Report on Government Services. |
| Interpretability | Further information on definitions are available in the: *Aged Care Act 1997* and Aged Care Principles*;* the draft *Community Packaged Care Guidelines 2007*; and the Steering Committee for the Review of Government Service Provision’s Report on Government Services Aged Care Services Data Manual. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:   * The data have a relatively high missing rate for information on Indigenous status. * Rates that are based on different Censuses are not comparable. * Annual data are available. The most recent data available are for 2013‑14. * No significant data gaps or issues are identified. |

### Use by different groups — the rate of contacts with Commonwealth Respite and Carelink Centres for Aboriginal and Torres Strait Islander Australians benchmarked against the rate for all people

DQI for this indicator has been drafted by the Australian Government DSS, with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Equity — Access |
| Indicator | Use by different groups — the rate of contacts with Commonwealth Respite and Carelink Centres for Aboriginal and Torres Strait Islander Australians benchmarked against the rate for all people. |
| Measure (computation) | Definition:  Rate of contacts with Commonwealth Respite and Carelink Centres for Aboriginal and Torres Strait Islander Australians compared against the rate for all people.  Numerators:  (1) Number of contacts made by Aboriginal and Torres Strait Islander Australians with Commonwealth Respite and Carelink Centres.  (2) Number of contacts made by all people with Commonwealth Respite and Carelink Centres.  Denominators:  (1) Aboriginal and Torres Strait Islander Australians aged 50 years or over.  (2) People aged 65 years or over plus Aboriginal and Torres Strait Islander Australians aged 50–64 years.  Computation:  Expressed as a rate. Calculation is: (Numerator ÷ Denominator) x 1000. |
| Data source/s | Numerators:  Commonwealth Carelink Centre Information System (CCCIS). The CCCIS is a database used by Centre staff to provide information to people about residential and community care services for older people and younger people with disabilities and their carers. CCCIS also captures information on all people that contact the Centres for information and/ or assistance. The CCCIS is owned and supported by the Australian Government DSS.  Denominators:  Total population projections 65 years or over:  From June 2013 ― projections based on the 2011 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  June 2008–June 2012 ― projections based on the 2006 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Before June 2008 ― projections based on the 2001 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Aboriginal and Torres Strait Islander population projections 50–64 year olds or aged 50 years or over:  June 2008–June 2013 ― based on ABS Aboriginal and Torres Strait Islander Experimental 2006 ERP data at SLA level and aligned to published ABS Aboriginal and Torres Strait Islander data in Experimental Estimates and Projections (ABS Cat. no. 3238.0, series B).  June 2014 ― Aboriginal and Torres Strait Islander projections are based closely on ABS 3238.0 ― *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026*. These projections have been adjusted slightly by DSS to include Other Territories. |
| Data Quality Framework Dimensions | |
| Institutional Environment | Centres are bound by their funding agreement with the Commonwealth to record information about people that contact them for information and assistance. Centres have access to the CCCIS to capture this data. Centres that do not use the CCCIS to capture client episodes must upload their data monthly onto the CCCIS. The Department uses the data on the CCCIS to monitor Centre performance under the funding agreement, and to improve the planning, targeting and delivery of the program. |
| Relevance | The data are reported by state / territory and provide information on the rate of contacts with Commonwealth Respite and Carelink Centres based on Indigenous status compared to rate of contacts with Commonwealth Respite and Carelink Centres for the total population. It is important to note that the provision of demographic data by people contacting Centres for information and assistance is voluntary. There is a high percentage of people that do not give any personal details since this is an information provision service and it is not proportionate, or fit for purpose, for Centres to collect personal information for every contact. |
| Timeliness | Centres that use the CCCIS database to record personal details and to maintain data on community service providers do not need to send monthly data to the DSS. The data are accessed centrally for reporting purposes. Centres that do not use CCCIS are required to submit data to DSS every month, through CCCIS. Submissions must include the data for a whole calendar month, and must be made in the first week of the following month. |
| Accuracy | Funding to Commonwealth Respite and Carelink Centre service organisations is contingent on their meeting the requirements under their funding agreement which include submitting data about people that contact the Centre seeking information and assistance.  The data presented against this indicator relate to people who have contacted a Commonwealth Respite and Carelink Centre in the relevant financial year. Contacts include phone calls, visits, emails and facsimiles. It is not compulsory for Centres to ask about Indigenous status. It is also not practical that Centres ask a range of demographic data if the person is seeking only information. However, if the call leads to service delivery e.g. respite provision then it is more likely that the Centre will ask about Indigenous status or the person will self-identify. For this reason there is likely to be substantial under‑reporting of Indigenous status in the overall data collected. |
| Coherence | The data items used to construct this performance indicator are consistent and comparable across states / territories.  Contacts with Commonwealth Respite and Carelink Centre include those made by people of any age (numerators). Populations used to derive the rates include people aged 65 years or over plus Aboriginal and Torres Strait Islander Australians aged 50–64 years (denominators). |
| Accessibility | Data are published in the Steering Committee for the Review of Government Service Provision’s Report on Government Services. |
| Interpretability | Further information for Centres is contained in the CCCIS user manual, the CCCIS training manual, the Centres operational manual and through the CCCIS helpdesk within the DSS. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The provision of demographic data, such as Indigenous status and age, by people contacting Centres for information and assistance is voluntary. There is a proportion of people who contact a Centre but do not provide demographic information.  Annual data are available. The most recent data available are for 2013‑14. |

### Use by different groups — Veterans’ access to residential aged care

DQI for this indicator has been drafted by the Australian Government Department of Veterans’ Affairs (DVA), with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Equity — Access |
| Indicator | Use by different groups — Veterans’ access to residential aged care |
| Measure (computation) | Definition  (1) Veterans in residential aged care per 1000 eligible veterans.  (2) Total expenditure ($million) on residential aged care per 1000 eligible veterans.  Numerators  (1) Total expenditure ($million) on veterans in residential care.  (2) Total DVA clients in residential aged care.  Denominator  Number of eligible veterans aged 65 years or over.  Computation  (1) — Numerator (1)/Denominator  (2) — Numerator (2)/Denominator |
| Data source/s | Unpublished DVA data. DVA source the residential aged care client and expenditure data from DSS. |
| Data Quality Framework Dimensions | |
| Institutional environment | Approved service providers submit data to DHS to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* and *Aged Care Principles* (the Principles)*[[3]](#footnote-3)*. The DVA clients and expenditure data are provided to the DSS, which in turn and provide them to DVA.  Information relating to the recipient details is provided by DHS to provide context around the claims.  Eligible veterans are holders of DVA Gold or White cards. A Gold Card is determined to:  Australian Veterans  A Gold Card is issued to veterans of Australia's defence force who:  are ex-prisoners of war;  are World War 1 veterans, nurses or mariners;  are returned ex-servicewomen of World War 2, that is, who served in Australia’s defence force between 3 September 1939 and 29 October 1945 and who have qualifying service from that conflict;  are World War 2 veterans who served in Australia’s defence force and mariners who served in Australia’s merchant navy, between 3 September 1939 and 29 October 1945, who are aged 70 years or over, and have qualifying service from that conflict;  are mariners who served in Australia’s merchant navy between 3 September 1939 and 29 October 1945 and are ex-prisoners of war; or  are veterans who served in Australia's defence force after World War 2, who are aged 70 years or over, and have qualifying service under section 7A of the VEA. This includes members who have rendered a period of service classified as warlike on or after 1 July 2004, and which is covered under the Military, Rehabilitation and Compensation Act 2004 (MRCA) for compensation purposes.  Commonwealth and Allied Veterans  Some veterans of Commonwealth or allied forces with qualifying service are eligible for a Gold Card if they are:  a veteran who served with a Commonwealth or allied force during World War 2 or in specified operational areas after World War 2 and were domiciled in Australia immediately prior to enlistment in the Commonwealth or allied force; or  a mariner who served on a Commonwealth or allied ship during World War 2, if they or their dependants were residing in Australia for at least 12 months immediately prior to the commencement of their service on that ship.  Note: Eligibility for individuals who served with a Commonwealth or allied force requires that they have been ‘domiciled’ in Australia immediately prior to enlistment. Until 1 July 2010, individuals who were under 21 years of age were automatically determined to have been domiciled in the same country as their father (or mother, where their father was deceased). On 1 July 2010, this age was lowered to 18, allowing individuals older than this to take their own domicile.  Veterans Receiving Disability Pension under the Veterans’ Entitlements Act 1986 (VEA)  Veterans who don’t fit into the above categories but who receive the disability pension are also eligible to receive the Gold Card, if:  the rate of their disability pension is 100 per cent of the general rate or higher;  the rate of their disability pensions is 50 per cent of the general rate or higher and they also receive any amount of service pension;  their disability pension includes an additional amount under section 27 of the VEA for specific service-related amputations or blindness in one eye; or  they were granted the disability pension for pulmonary tuberculosis before 2 November 1978.  Veterans Receiving an Age or Invalidity Service Pension  Some veterans who receive an age or invalidity service pension are eligible to receive the Gold Card, if they also:  satisfy the treatment benefits eligibility income and assets test; or  are permanently blind in both eyes; or  receive any amount of service pension and have an impairment from one or more service injuries or diseases that constitutes at least 30 impairment points under the MRCA.  Members with Conditions Accepted under MRCA  Former members of the Australian Defence Force (ADF), cadets and reservists who have conditions for which liability has been accepted under the MRCA are eligible for a Gold Card if they:  have permanent impairment from accepted conditions assessed at or above 60 points; or  have a permanent impairment from accepted conditions assessed at 30 points or above, and the person is receiving any amount of Service Pension, or  meet the criteria for the Special Rate Disability Pension (SRDP) safety net payment even if they have not chosen that pension.  Dependants of Veterans  Certain dependants of veterans are also eligible for a Gold Card if they are:  a war widow or widower in receipt of the war widow's or widower’s pension;  as at 1 July 2008 a war widow whose partner was in receipt of Temporary Special Rate and Intermediate Rate Pensions at the time of their death;  a dependent child of a deceased veteran whose death has been accepted as war-caused, who is under 16 or between the ages of 16 and 25 and undergoing full-time education;  a child of a deceased veteran whose death was not war-caused and who had operational service, if the child is not being cared for by the remaining parent;  an invalid son or daughter of a deceased veteran whose death has been accepted as war-caused, who had treatment entitlement before 6 June 1985\*;  a widowed mother or widowed step-mother who was dependent on an unmarried deceased veteran whose death has been accepted as war-caused, who had treatment entitlement before 6 June 1985\*; or  a wholly dependent partner or dependent child of a member who is eligible for compensation for the member’s death under the MRCA.  A White Card is determined to:  Australian veterans or mariners under the *Veterans’ Entitlements Act 1986* (VEA) with an accepted war or service-caused injury or disease. (may be eligible for non-liability health care treatment, whether war caused or not, for the following conditions;   * malignant cancer (neoplasia); * pulmonary tuberculosis; * posttraumatic stress disorder (PTSD); * anxiety and/or depression; * substance use disorder; or * alcohol use disorder.)   Former members of the Australian Defence Force who have accepted conditions under the *Safety, Rehabilitations and Compensation Act 1988* (SRCA) and ongoing treatment needs.  Ex-service personnel who are eligible for treatment under agreements between the Australian Government and New Zealand, Canada, South Africa and the United Kingdom for disabilities accepted as war-caused by their country of enlistment.  Former members of the Australian Defence Force, current part-time Reservists, cadets and, in limited circumstances, to full-time members under the *Military Rehabilitation and Compensation Act 2004* (MRCA) who have a medical condition accepted as service related under the MRCA.  Once DVA Gold or White Cards are determined it is recorded on the following Departmental systems: VIEW, aDVAnce and DEFCARE.  The tables for this indicator are prepared by the DVA. |
| Relevance | The data are reported by State and Territory and provide information on all clients and expenditure for veterans in residential aged care.  Eligible veterans aged 65 years or over include data for those who age is unknown. An eligible veteran is defined as a DVA Gold or White card holder. |
| Timeliness | DVA requests DSS monthly payment files. DSS provides these files 3 months in arrears, at the end of a month.  On occasion a small percentage of late client data are received from Medicare Australia. The figures are subject to lag and may therefore be subject to revision.  Data collected in September for the previous financial year is considered complete for publishing purposes. |
| Accuracy | Funding to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to Medicare Australia. Service providers’ claims are audited annually.  The data presented against this indicator relate to people who have received residential aged care that is funded by DVA.  Before 1 July 2014, there was a data exchange between DSS, Centrelink and DVA via a nightly flat file (referred to as the “Train”) that:  was prepared by DSS, containing all relevant aged care recipients and sent to DVA;  DVA then updated the file by amending the liability indicator and details of care recipients who are DVA clients, and subsequently sent the file to Centrelink;  Centrelink updated the file with details of care recipients who are Centrelink clients and subsequently returned the file to DSS.  From 1 July 2014 a new process has been established. |
| Coherence | The data items used to construct this performance indicator will be consistent and comparable over time. |
| Accessibility | Data are published in the Steering Committee for the Review of Government Service Provision’s Report on Government Services.  Expenditure for Residential Aged Care is published in the annual Portfolio Budget Statements.  Veteran’s Demographic Data on DVA clients and eligible veterans are published on the DVA website. |
| Interpretability | Further information on definitions is available in the: *Aged Care Act 1997* and *Aged Care Principles* and the Steering Committee for the Review of Government Service Provision’s Report on Government Services Aged Care Services Data Manual. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:   * The data provide relevant and accurate information on DVA expenditure and clients for residential aged care. * Annual data are available. The most recent data available are for 2013‑14. * The data are consistent and comparable over time. * No significant data gaps or issues are identified. |

### Use by different groups — the proportion of new residents classified as concessional, assisted or supported residents

DQI for this indicator has been drafted by the Australian Government DSS, with additional Steering Committee comments.

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| Indicator definition and description | | |
| Element | Equity — Access | |
| Indicator | Use by different groups — concessional, assisted or supported residents. | |
| Measure (computation) | Definition:  Proportion of new residents classified as concessional, assisted or supported residents, divided by the number of new residents.  Numerators:  (1) Number of new high care residents classified as concessional, assisted or supported.  (2) Number of new low care residents classified as concessional, assisted or supported.  (3) Number of new residents (high and low care) classified as concessional, assisted or supported.  Denominators:  (1) Number of new high care residents  (2) Number of new low care residents  (3) Number of new residents (high and low care).  Computation:  Expressed as a proportion. Calculation is: (Numerator ÷ Denominator) x 100. | |
| * **Data source/s** | Australian Government DSS’s Ageing and Aged Care data warehouse. The Ageing and Aged Care data warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the DSS. | |
| Data Quality Framework Dimensions | | |
| Institutional Environment | Approved service providers submit data to DHS to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* (the Act) and Aged Care Principles (the Principles)*[[4]](#footnote-4)*. These data are provided to the DSS and are stored in the Ageing and Aged Care data warehouse.  Information relating to the recipient details is provided by DHS to provide context around the claims.  The tables for this indicator are prepared by the DSS. | |
| Relevance | These data only refer to permanent residents only, at their first admission.  For 2005‑06 and 2006‑07, data include concessional or assisted residents. Data for 2007‑08 include concessional, assisted or supported residents. Data from 2008‑09 include supported residents only.  Concessional residents are those who receive an income support payment and have not owned a home for the last two or more years (or whose home is occupied by a ‘protected’ person, for example, the care recipient’s partner), and have assets of less than 2.5 times the annual single basic age pension. For residents who enter care from 20 Sept 2009 onwards the threshold is 2.25 times the annual single basic age pension.  Assisted residents are those meeting the above criteria, but with assets between  2.5 and 4.0 times the annual single basic age pension. For residents who enter care from 20 Sept 2009 onwards the range is from 2.25 to 3.61 times the annual single basic age pension.  Supported residents are those who have entered permanent residential care on or after 20 March 2008 (or who re‑enter care on or after 20 March 2008 after a break in care of more than 28 days) and have assets of up to a set value ($102 544 as at March 2011). This threshold is indexed in March and September each year in line with pension increases.  The data are reported by state / territory and provide information on the proportion of people entering residential aged care who are supported residents, by level of care. | |
| Timeliness | DHS provides recipient data to DSS weekly and numbers are considered complete in the month after the period in question.  On occasion a small percentage of late data are received from DHS.  Data collected in September for the previous financial year is considered complete for publishing purposes. | |
| Accuracy | Funding to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to DHS. Service providers’ claims are audited annually.  The data presented against this indicator relate to people who have entered residential aged care in the relevant financial year. | |
| Coherence | The data items used to construct this performance indicator will be consistent and comparable over time.  The recipient data are set to 30 June and are available as a time series. The time series is broken down into months. | |
| Accessibility | Data are published in the Steering Committee for the Review of Government Service Provision’s Report on Government Services. | |
| Interpretability | Further information on definitions is available in the: *Aged Care Act 1997* and Aged Care Principles and the Steering Committee for the Review of Government Service Provision’s Report on Government Services Aged Care Services Data Manual. | |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The data provide relevant and accurate information on the proportion of new residents classified as supported.  Annual data are available. The most recent data available are for 2013‑14.  The data are consistent and comparable over time.  No significant data gaps or issues are identified. |

### Operational aged care places

DQI for this indicator has been sourced from the Australian Institute of Health and Welfare (AIHW) for the National Healthcare Agreement with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Effectiveness – Access |
| Indicator | Operational residential and community aged care places/packages per 1,000 people aged 70 year or over (and Aboriginal and Torres Strait Islander people aged 50 years and over), excluding services funded through Home and Community Care (HACC). |
| Measure (computation) | *Numerator:* Number of operational residential and community aged care places at 30 June (excluding services funded through Home and Community Care).  Residential aged care places is a count of operational residential care places delivered in Australian Government subsidised residential aged care facilities. It includes Multi-Purpose Services and places delivered under the National Aboriginal Torres Strait Islander Flexible Aged Care Program and the Innovative Care program provided in a residential aged care facility.  Community Aged Care places is a count of operational packages under the following programs: Home Care Packages Levels 1–4; Transition Care Program (except when broken down into aged care region); Multi-Purpose Services; and places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy in the community as well as Innovative Care Programs provided in the community.  *Denominator:* Estimated population aged 70 years and over for the total population plus the estimated Indigenous population aged 50–69 years as at 30 June of the current reporting period.  Expressed as numerator only and rate (1000 × numerator ÷ denominator).  Rate (per 1000 population) calculated separately for residential and community aged care places. |
| Data source/s | *Numerator:* Australian Government Department of Social Services Aged Care data warehouse of service provider and service recipient data held by Department of Social Services (DSS).  *Denominator:* For total population: For June 2014, DSS projections of the total population are based on 2012 Estimated Resident Population. These projections were prepared at the Statistical Area 2 (SA2) level for DSS by the Australian Bureau of Statistics (ABS) according to the assumptions set by DSS.  For Indigenous population: For June 2014, DSS Indigenous population projections are based closely on *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2016 (ABS cat no. 3238.0).* These projections have been adjusted slightly by DSS to include Other Territories. |
| Data Quality Framework Dimensions | |
| Institutional Environment | Approved services submit data to DHS to claim subsidies from the Australian Government. This data is provided to DSS to administer services under the *Aged Care Act 1997* and the Aged Care Principles and to administer places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy.  The data quality statement was developed by DSS and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website. |
| Relevance | *Numerator:* The data includes all places offered by aged care services subsidised by the Australian Government under the programs identified above.  Residential places are those allocated to an Aged Care Planning Region which were delivered in an Australian Government subsidised residential aged care facility and were operational at 30 June 2013, and includes Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in a residential aged care facility.  Community care places are those allocated to an Aged Care Planning Region which were operational at 30 June 2013 and includes: Home Care Packages Levels 1–4 and Multi-Purpose Services and places delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care and Innovative Care Programs provided in the community. Note that it does not include places allocated under the Transition Care Program only for Aged Care Planning Region, as it is not possible to disaggregate these places by Aged Care Planning Region.  This indicator does not include services funded through HACC. |
| Timeliness | *Numerator*: Based on a stocktake of aged care places which were operational at 30 June 2014. Data for the current reporting period is available October each year. |
| Accuracy | The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and have accurate data on the number and location of funded aged care places. |
| Coherence | The data items used for the numerator in this indicator are consistent and comparable over time. This indicator is consistent with other publicly available information about aged care places.  Indigenous population projections have been calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years.  In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas, based on the 2011 ABS Census of Population and Housing. The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. Data for 2009 through to 2012 reported by remoteness were reported for RA 2006. Data for 2013 and subsequent years are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2012 and previous years are not directly comparable to remoteness data for 2013 and subsequent years. |
| Accessibility | Aggregated data items are published in the Steering Committee for the Review of Government Service Provision's Report on Government Services, the Reports on the Operation of the *Aged Care Act 1997* prepared by DSS, and in the AIHW’s Aged care statistics series. |
| Interpretability | Further information on definitions is available in the *Aged Care Act 1997* and Aged Care Principles, and in the Guide to Aged Care. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  Data development is required in order to develop a measure of capacity available under the HACC program.  Remoteness data for 2012 and previous years are not directly comparable to remoteness data for 2013 and subsequent years. |

### Elapsed times for aged care services

DQI for this indicator has been sourced from the AIHW for the National Healthcare Agreement with additional Steering Committee comments.

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| Indicator definition and description | | |
| Element | Effectiveness ― access ― timeliness | | |
| Indicator | Elapsed times for aged care services.  The elapsed time between an Aged Care Assessment Team (ACAT) approval and entry into a residential aged care service or commencement of a Home Care Package. | | |
| Measure (computation) | *Numerator:* Number of new aged care recipients who commence a service within the following elapsed time periods during the previous financial year:  Within two days or less  Seven days or less  Less than one month  Less than three months  Less than nine months  *Denominator:* Total number of new aged care recipients during the previous financial year.  Expressed as percentage of people admitted by length of entry period and service type (100 × numerator ÷ denominator) calculated separately for each service type and elapsed time period. | | |
| Data source/s | Australian Government DSS’s Aged Care Assessment Program Minimum Data Set. Australian Government Department of Social Services’ Aged Care Data Warehouse. | | |
| Data Quality Framework Dimensions | | | |
| Institutional environment | Approved service providers submit data to the DHS to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* and Aged Care Principles. These data are provided to the DSS and are stored in the Ageing and Aged Care data warehouse.  The tables for this indicator were prepared by the DSS and quality-assessed by the AIHW. The data quality statement was developed by DSS and includes comments from the AIHW. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator. | | |
| Relevance | The measure of ‘elapsed time’ is utilised because the period of time between the Aged Care Assessment Team (ACAT) approval and entry into residential care or commencement of community care may be influenced by factors that cannot be categorised as time spent ‘waiting’ and not all ‘waiting’ time is included. Factors that influence this indicator are:  care placement offers that are not accepted  the availability of alternative community care, informal care and respite services  variations in care fee regimes that influence client choice of preferred service  building quality and perceptions about quality of care that influence client choice of preferred service. | | |
| Timeliness | The reference period for this data set is the previous financial year. | | |
| Accuracy | The elapsed time between an ACAT approval and entry into an aged care service is retrospective, i.e. the elapsed time is calculated once a person has obtained entry into an aged care service.  The data for elapsed time by State and Territory, and by Indigenous status, are derived from the location of the aged care service.  The data for elapsed time by Remoteness are derived from the recipient’s postcode at time of assessment and exclude some postcodes which cannot be matched to a Remoteness area.  Socio-Economic Indexes for Area (SEIFA) quintiles and deciles are derived from the recipient’s postcode at time of assessment. Recipient’s postcodes not found in the ABS’s SEIFA data are excluded.  The data for elapsed time by remoteness and SEIFA were sourced at a later date than the data for elapsed time by state/territory resulting in slightly different total numbers of admissions. The variance across the different breakdowns of this indicator is less than 0.4 per cent. | | |
| Coherence | The state/territory level data items used to construct this performance indicator are consistent and comparable over time. As noted in the Accuracy section above, there is variance between the state/territory level data items and the data for remoteness and SEIFA. This occurs for 2011-12 and subsequent years.  For 2011-12 and subsequent years, cells have been suppressed to protect confidentiality where the presentation could identify an aged care recipient or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:  Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 10.  Counts were suppressed when the number was less than 5.  Consequential suppression was applied.  In 2011, the ABS updated the standard geography used in Australia for most data collections from the ASGC to the Australian Statistical Geography Standard ASGS. Also updated at this time were remoteness areas and the SEIFA, based on the 2011 ABS Census of Population and Housing.  The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.  Data for 2011-12 were reported for RA 2006. Data for 2012-13 and subsequent years are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011-12 are not directly comparable to remoteness data for 2012-13 and subsequent years.  Data for 2011-12 for SEIFA quintiles and deciles were reported using SEIFA 2006. Data for 2012-13 and subsequent years for SEIFA quintiles and deciles are reported using SEIFA 2011. The AIHW considers the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2012-13 and subsequent years are not directly comparable with SEIFA data for 2011-12. | | |
| Accessibility | The data for this indicator are also used to report in the Report on Government Services. | | |
| Interpretability | The Report on Government Services includes footnotes and explanations on this measure. | | |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The measure of ‘elapsed time’ is used as a proxy for demand for aged care services, however there are many factors that cannot be categorised as time spent ‘waiting’ and not all ‘waiting’ time is included in this measure.  For residential aged care, it is important to focus on high care services, as the link between ‘elapsed time’ before entry to residential care and actual ‘waiting time’ is stronger for high care residents than for low care residents.  Remoteness data for 2011-12 are not directly comparable to remoteness data for 2012-13 and subsequent years.  SEIFA data for 2012-13 and subsequent years are not directly comparable with SEIFA data for 2011-12. |

### Hospital patient days used by aged care type patients — proportion of completed hospital separations for which the length of stay was 35 days or longer

DQI for this indicator has been drafted by the AIHW, with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Equity — Access |
| Indicator | Proportion of completed hospital separations for aged care type patients (aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years) for which the length of stay was 35 days or longer. |
| Measure (computation) | Numerator:  Number of completed hospital separations for ‘aged care type’ patients aged  65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years where the length of stay was 35 days or longer.  Denominator:  Number of completed hospital separations for ‘aged care type’ patients aged  65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years.  Computation:  Numerator/Denominator \* 100 |
| Data source/s | This indicator is calculated using data from the National Hospitals Morbidity Database (NHMD), based on the National Minimum Data Set (NMDS) for Admitted patient care. |
| Data Quality Framework Dimensions | |
| Institutional environment | The AIHW has calculated this indicator.  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia’s health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.  The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.  The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.  One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.  The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the Privacy Act 1988 (Commonwealth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.  For further information see the AIHW website www.aihw.gov.au  Data for the NHMD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):  www.aihw.gov.au/nhissc/  meteor.aihw.gov.au/content/index.phtml/itemId/182135  The state and territory health authorities received these data from public hospitals and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. |
| Relevance | Aged care type’ patients are defined as older patients (65 years or over and Aboriginal and Torres Strait Islander people aged 50–64 years) where the care type was ‘maintenance’ and the diagnosis (either principal or additional) was either ‘awaiting admission to residential aged care’ or ‘no-one to provide care at home’.  ‘Awaiting admission to residential aged care’ are those separation recorded as code Z75.11.  ‘No-one to provide care at home’ are those separations recorded as code Z74.2.  Only ‘completed unlinked separations’ are included, these are separations by care type, not the full length of the hospital stay for a patient.  Although the diagnosis codes reflect a care type, they do not determine a person’s appropriate requirement for residential aged care (this is determined by an ACAT assessment). This indicator is a proxy indicator.  The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.  The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.  *Acute care certificate*  After a patient has been hospitalised for 35 days health funds are not obliged to pay unless the treating doctor issues an Acute Care Certificate indicating why the patient needs to remain in hospital. Under section 3B of the *Health Insurance Act 1973*, an Acute Care Certificate needs to be completed by the Doctor for each 30 day period that a patient requires hospitalisation. This is applicable to long-term patients. The 3B certificate can be reviewed by an independent committee called the Acute Care Advisory Committee (ACAC), formed under the Health Insurance Act. If the committee decides that the 3B should be revoked, health funds are only required to pay the equivalent of the benefit that would be payable to nursing home type patients — which is less than the Acute Care rate. |
| Timeliness | The latest reference period for these data is 2012-13. |
| Accuracy | States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.  For 2012-13, almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the ACT, the single private free‑standing day hospital in the NT, and a private free-standing day hospital in Victoria.  There is some variation among jurisdictions in the assignment of care type categories. |
| Coherence | Data from 2011-12 include public patients in private hospitals, these patients were not included in 2009-10 or 2010-11.  The data can be compared across all jurisdictions for each year.  The information presented for this indicator is calculated using the same methodology as data published in Australian hospital statistics. |
| Accessibility | The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:  Australian hospital statistics with associated Excel tables  Interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).  These products may be accessed on the AIHW website at: www.aihw.gov.au/hospitals/. |
| Interpretability | Supporting information on the quality and use of the NHMD are published annually in Australian hospital statistics (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Aboriginal and Torres Strait Islander data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care is published in the AIHW’s online metadata repository, METeOR, and the National health data dictionary.  The National health data dictionary can be accessed online at:   * www.aihw.gov.au/publication-detail/?id=10737422826   The Data Quality Statement for the National Hospital Morbidity Database can be accessed on the AIHW website at:   * meteor.aihw.gov.au/content/index.phtml/itemId/568730 |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:   * Further development is required to enable reporting on the number of days waited by people in hospitals who have received ACAT assessments and are deemed eligible for residential aged care. |

### Hospital patient days used by those eligible and waiting for residential aged care — proportion of total patient days used by patients who are waiting for residential aged care

DQI for this indicator has been sourced from the AIHW for the National Healthcare Agreement with additional Steering Committee comments.

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| Indicator definition and description | | |
| Element | Effectiveness — Appropriateness | |
| Indicator | Number of hospital bed days used by patients whose acute (or sub‑acute) episode of admitted patient care has finished and who have been assessed by an ACAT and approved for residential aged care. | |
| Measure (computation) | The numerator is the number of patient days used by patients who are waiting for residential aged care where the care type is *Maintenance*, a diagnosis was reported as *Person awaiting admission to residential aged care service* and the separation mode was not *Other (includes discharge to place of usual residence)*. Includes overnight separations only.  The *denominator* is the total number of patient days (including overnight and same-day separations).  An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay—that is, the date of admission and date of separation are different.  Calculation is 1000 × (numerator ÷ denominator). | |
| Data source/s | Numerator and denominator:  This indicator is calculated using data from the NHMD, based on the National Minimum Data Set (NMDS) for Admitted patient care.  Data for socioeconomic status was calculated by AIHW using the ABS Index of Relative Socio-Economic Disadvantage 2011 and ERP by Statistical Area level 2 (SA2) as at 30 June 2012. Each SA2 in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.. | |
| Data Quality Framework Dimensions | | |
| Institutional environment | | The AIHW has calculated this indicator.  The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia’s health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.  The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.  The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.  One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.  The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the Privacy Act 1988 (Commonwealth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.  For further information see the AIHW website www.aihw.gov.au.  Data for the NHMD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):  www.aihw.gov.au/nhissc/  meteor.aihw.gov.au/content/index.phtml/itemId/182135  The state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. |
| Relevance | | The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.  The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.  This indicator is a proxy indicator.  Analyses by remoteness and socioeconomic status are based on the SA2 of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population).  The SEIFA scores for each SA2 are derived from 2011 Census data and represent the attributes of the population in that SA2 in 2011.  In 2011, the ABS updated the SEIFA, based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the SLA level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level. Data for 2012-13 are reported using SEIFA 2011 at the SA2 level. The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.  Patient days are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of residence. Hence, rates represent the number of patient days for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of usual residence) divided by the total number of patient days for patients living in that remoteness area or SEIFA population group hospitalised in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction (for example, the ACT).  Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated. |
| Timeliness | | The latest reference period for these data is 2012–13. |
| Accuracy | | For 2012–13, almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the ACT.  The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory.  States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.  There is some variation among jurisdictions in the assignment of care type categories, this may impart reflect measurement and definitional differences across jurisdictions.  The NHMD does not include data on ACAT assessments.  The AIHW report Indigenous identification in hospital separations data: quality report (AIHW 2013) found that nationally, about 88 per cent of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the ‘true’ number of separations for Indigenous Australians was about 9 per cent higher than reported. The report recommended that the data for all jurisdictions are used in analysis of Indigenous hospitalisation rates, for hospitalisations in total in national analyses of Indigenous admitted patient care. However, these data should be interpreted with caution as there is variation among jurisdictions in the quality of the Indigenous status data.  Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:  Counts less than 3 were suppressed.  Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1,000.  Rates which appear misleading (for example, because of cross border flows) were also suppressed.  Consequential suppression was applied where appropriate to protect confidentiality. |
| Coherence | | The information presented for this indicator is calculated using the same methodology as data published in Australian hospital statistics 2012–13.  The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. Data for Tasmania for 2008–09 does not include two private hospitals that were included in 2007–08 and 2009–10 data reported in National Healthcare Agreement reports.  Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.  National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for  2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years. |
| Accessibility | | The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website are:  Australian hospital statistics with associated Excel tables  interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).  These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/ |
| Interpretability | | Supporting information on the quality and use of the NHMD are published annually in Australian hospital statistics (technical appendixes), available in hard copy or on the AIHW website. Readers are advised to note caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the National Minimum Data Set (NMDS) for Admitted patient care is published in the AIHW’s online metadata repository, METeOR, and the National health data dictionary.  The National health data dictionary can be accessed online at:  http://www.aihw.gov.au/publication-detail/?id=10737422826  The Data Quality Statement for the 2012–13 NHMD can be accessed on the AIHW website at:  http://meteor.aihw.gov.au/content/index.phtml/itemId/546749 |
| Data Gaps/Issues Analysis | | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The indicator as presented is a proxy measure based on available data items in the NHMD. The indicator is not a count of patient days used by those eligible (as assessed and approved by an Aged Care Assessment Team (ACAT)) and waiting for residential aged care. The indicator as presented is the number of patient days (and proportion of all patient days) used by patients where the care type is 'Maintenance', a diagnosis was reported as 'Person awaiting admission to residential aged care service' and the separation mode was not 'Other (includes discharge to place of usual residence)'.  There is some variation among jurisdictions in the assignment of care type categories, this may impart reflect measurement and definitional differences across jurisdictions.  Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This is relevant if significant numbers of one jurisdiction’s residents are treated in another jurisdiction. Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the Australian Capital Territory.  Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.  SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years. | |

### Compliance with service standards for residential care — proportion of residential aged care services that are three year re‑accredited

DQI for this indicator has been sourced from the AIHW for the National Healthcare Agreement with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Effectiveness ― quality | |
| Indicator | Compliance with service standards for residential care — proportion of residential aged care services that are three year re‑accredited | |
| Measure (computation) | *Numerator:* Number of residential aged care facilities that received re-accreditation for three years during the financial year, decision as in effect at 30 June.  *Denominator:* Total number of residential aged care facilities that received re-accreditation decisions during the financial year.  Expressed as percentage (100 × numerator ÷ denominator). | |
| Data source/s | Australian Aged Care Quality Agency. | |
| Data Quality Framework Dimensions | | |
| Institutional environment | The data are from an administrative data collection designed for meeting the Accreditation Standards and a home’s responsibilities under the *Aged Care Act 1997*.  The tables for this indicator were prepared by the Australian Aged Care Quality Agency and quality-assessed by the AIHW. The data quality statement was developed by DSS and includes comments from the AIHW. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator | |
| Relevance | The data are restricted to services seeking re-accreditation. Each year there are more assessment contacts (including unannounced visits) than there are audits. Restricting this measure to ‘re-accreditation’ data excludes those homes which were subject to a review audit – that is, those homes which the regulator has sufficient concerns to decide that the provider may not be meeting the Accreditation Standards or its responsibilities under the *Aged Care Act 1997*.  Assessment contacts are necessarily limited in scope and hence how a home performs at a full audit is considered a more robust indicator. This indicator is a ‘point in-time’ assessment of performance and as accreditation generally follows a three-yearly cycle. The audit data can sometimes be up to three years old.  A limitation in the data is that they are only for re-accreditation decisions made during the financial year.  In 2013-14 there were 2693 accredited residential aged care homes but only 496 re-accreditation decisions were made. In the previous year 1139 decisions were made. | |
| Timeliness | The data are restricted to re-accreditations within the previous financial year. | |
| Accuracy | The data used to calculate this indicator are from an administrative data collection designed for meeting the Accreditation Standards and a home’s responsibilities under the *Aged Care Act 1997*. The data are considered to be accurate.  The intent of the indicator is to provide a proxy for overall industry performance. The indicator shows how many homes are on the maximum period of accreditation (due to being consistently good performers). It is not relevant how many homes were assessed during the year. | |
| Coherence | The data are used to report in the Report on Government Services and are coherent.  The 'accreditation period' only shows the decision in effect at 30 June of that year. The figures will not necessarily be consistent with the accreditation decisions made in the previous year because those decisions may not yet have taken effect, or may have been superseded. The data vary across years according to how many homes were due for assessment during the year. The comparison across reference periods of the number of homes assessed is not meaningful. The comparison across reference periods of the proportions of re-accredited homes is meaningful and comparable.  The measure excludes those homes where there are reasonable grounds to believe there may be significant and systemic failure. The possible decisions available following a review audit of this kind are:  to revoke the service’s accreditation,  not revoke and not vary the period of accreditation, or  not revoke and to vary the period of accreditation.  ‘Re-accreditation’ is not a decision available following a review audit under the Accreditation Grant Principles 2011.  In 2011, the ABS updated the standard geography used in Australia for most data collections from the ASGC to the ASGS. Also updated at this time were remoteness areas, based on the 2011 ABS Census of Population and Housing. The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. Data for 2011-12 (reported in the previous cycle) were reported for RA 2006. Data for 2012-13 and subsequent cycles are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011-12 are not directly comparable to remoteness data for 2012-13 and subsequent years. | |
| Accessibility | The data are collected by the Australian Aged Care Quality Agency and are readily available. | |
| Interpretability | The data are restricted to re-accreditations within the previous financial year and exclude those homes that are reviewed during a financial year for possible systemic failures.  Terms used in the dataset may be ambiguous because a user may not understand that the data has limitations as a proxy measure of the industry’s performance.  The Report on Government Services includes footnotes and explanations on this measure. | |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  This indicator is a proxy measure of the quality of aged care. Although it identifies facilities that met the re‑accreditation standards, it does not distinguish levels at which facilities may have exceeded the standards.  Consideration of disaggregation of this indicator by SES is a priority.  The data are restricted to re-accreditations within the previous financial year.  The data exclude those homes that are reviewed during a financial year for possible systemic failures.  Remoteness data for 2011-12 are not directly comparable to remoteness data for 2012-13 and subsequent years. |

### Compliance with service standards for residential care — compliance with building certification, fire safety and privacy and space requirements

DQI for this indicator has been drafted by the Australian Government DSS, with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Effectiveness ― quality |
| Indicator | Compliance with service standards for residential care — compliance with building certification, fire safety and privacy and space requirements. |
| Measure (computation) | Definition  Proportion of residential aged care services that are compliant with building certification, fire safety and privacy and space requirements.  Numerator:  Number of residential aged care services that were compliant with building certification, fire safety and privacy and space requirements.  Denominator:  Number of operational residential aged care services.  Computation:  Expressed as a proportion. Calculation is: (Numerator ÷ Denominator) x 100. |
| Data source/s | Numerator and Denominator:  Australian Government DSS aged care data warehouse. |
| Data Quality Framework Dimensions | |
| Institutional Environment | Approved providers submit data to DHS to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* and Aged Care Principles. These data are provided to the DSS and are stored in the Ageing and Aged Care data warehouse. |
| Relevance | The data provides complete coverage of residential aged care services subsidised by the Australian Government. |
| Timeliness | Data for the current reporting period are available in October each year. |
| Accuracy | A residential aged care facility must be certified to receive accommodation bonds, accommodation payments and extra service charges. To be eligible to receive the maximum level of the accommodation supplement, aged care homes are required to meet fire safety and privacy and space requirements. |
| Coherence | The data items used to construct this performance indicator will be consistent and comparable over time. |
| Accessibility | Data items are published in the *Reports on the Operation of the Aged Care Act 1997* prepared by the DSS. |
| Interpretability | Further information on definitions is available in the *Aged Care Act 1997* and Aged Care Principles and the Residential Aged Care Manual 2009. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The data provide relevant and accurate information on compliance with residential aged care standards.  Annual data are available. The most recent data available are for  2012‑13.  The data are consistent and comparable over time.  No significant data gaps or issues are identified. |

### Cost per output unit — government funding per hour of HACC service

DQI for this indicator has been drafted by the Australian Government DSS, Victorian and WA governments with additional Steering Committee comments.

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| Indicator definition and description | | |
| Element | Efficiency — inputs per output unit |
| Indicator | Inputs per output unit — government funding per hour of HACC service. |
| Measure (computation) | Definition  Government funding per hour of HACC service, by service type (nursing, allied health, domestic assistance and personal care).  Numerators:  Government funding spent on HACC services, by service type.  Denominators:  Number of hours of services, by service type.  Computation:  Expressed as $ per hour of service. Numerator/Denominator.  Real funding is reported across years. The general formula for applying the deflator (used in the attachment tables) to convert nominal dollars to real dollars is:  More details can be found within the text surrounding this image.  Where:  More details can be found within the text surrounding this image.is real dollars in year t  More details can be found within the text surrounding this image.is nominal dollars in year t  More details can be found within the text surrounding this image. is the new index based in year t (2012‑13=100). |
| Data source/s | DSS using data reported by States or Territories in their annual HACC business reports. |
| Data Quality Framework Dimensions | |
| Institutional environment | The Australian Government (DSS) has funding and program responsibility for the Commonwealth HACC program for older people in all jurisdictions is responsible for the policy oversight and regulation of HACC aged care services except in Victoria and WA where it is a joint Australian Government, and State governments’ initiative administered under the Home and Community Care Review Agreement 2007. HACC service providers vary from small community‑based groups to large charitable and public sector organisations.  Commonwealth HACC agencies service providers report to the Australian governments on outputs achieved. HACC service providers in Victoria and WA report to the state government, who collate this into regional information, which is forwarded to the Australian Government Health Minister in an Annual Business Report. The data for this indicator in Victoria and WA are accessed from these annual reports. |
| Relevance | Expenditure and hours data relate to services provided to all service users that is for older people and younger people with disability. Funding per hour of HACC service for the service types reported (nursing, allied health, domestic assistance and personal care) is not expected to vary significantly across the older or younger aged cohorts.  Funding only includes that provided by Australian, State or Territory governments and does not include any non‑government or local government expenditure on HACC services. |
| Timeliness | Business reports are submitted annually six months after the end of the reference period. The reference period for the latest data is 2012‑13. |
| Accuracy | Data are collected by service providers either electronically or via paper forms. Data are collected progressively and aggregated for transmission in accordance with a quarterly collection cycle. Aggregated data are transmitted during the collection months immediately following each quarterly activity period.  The proportion of HACC agencies that submitted data may vary across years and between jurisdictions and actual service levels may be higher than stated.  The unit costs reported for Victoria do not correspond to Victoria’s HACC unit prices published by the Victorian Department of Health as they are based on a different method. |
| Coherence | There is no commonly agreed method for calculating the funding per hour of service. Results may vary across jurisdictions and are not comparable.  Results for WA and the NT differ to other jurisdictions as they contract by service group and the data are an average across all services in the group. |
| Accessibility | Further information on this indicator is available in the *2007‑08/2008‑09 HACC Annual Reports.* |
| Interpretability | Further information on this indicator is available in the HACC Review Agreements and the *2007‑08 HACC Annual Report*. |
| Data Gaps/Issues Analysis | |
| **Key data gaps/issues** | The Steering Committee notes the following issue:  There is no commonly agreed method for calculating the funding per hour of service. Results may vary across jurisdictions and are not comparable. |

### Expenditure per head of aged care target population — HACC

DQI for this indicator has been drafted by the Australian Government DSS, Victorian and WA governments with additional Steering Committee comments.

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| Indicator definition and description | | |
| Element | Efficiency |
| Indicator | Efficiency — expenditure per head of aged care target population |
| Measure (computation) | Definition  Australian, State and Territory governments’ expenditure on HACC services, per head of aged care target population.  Numerator:  Australian, State and Territory governments’ expenditure on HACC services for older people.  Denominator:  Number of people aged 65 years or over and Aboriginal and Torres Strait Islander Australians  50–65 years.  Computation:  Expressed as $ per head of aged care target population. Numerator/Denominator.  Real expenditure is reported across years. The general formula for applying the deflator (used in the attachment tables) to convert nominal dollars to real dollars is:  More details can be found within the text surrounding this image.  Where:  More details can be found within the text surrounding this image.is real dollars in year t  More details can be found within the text surrounding this image.is nominal dollars in year t  More details can be found within the text surrounding this image. is the new index based in year t (2013‑14=100). |
| Data source/s | Numerators:  DSS unpublished.  Denominators:  Total population projections 65 years or over:  From June 2013 ― projections based on the 2011 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  June 2008–June 2012 ― projections based on the 2006 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Before June 2008 ― projections based on the 2001 Census as prepared for DSS by the ABS according to the assumptions agreed to by DSS.  Aboriginal and Torres Strait Islander population projections 50–64 year olds or aged 50 years or over:  June 2008–June 2013 ― based on ABS Aboriginal and Torres Strait Islander Experimental 2006 Estimated Resident Population (ERP) data at statistical local area (SLA) level and aligned to published ABS Aboriginal and Torres Strait Islander data in Experimental Estimates and Projections (ABS Cat. no. 3238.0, series B).  June 2014 ― Aboriginal and Torres Strait Islander projections are based closely on ABS 3238.0 ― *Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2001 to 2026.* These projections have been adjusted slightly by DSS to include Other Territories. |
| Data Quality Framework Dimensions | |
| Institutional environment | The Australian Government (DSS) is responsible for the policy oversight and regulation of HACC aged care services except in Victoria and WA where it is a joint Australian Government, and State governments’ initiative administered under the *Home and Community Care Review Agreement 2007*. HACC service providers vary from small community‑based groups to large charitable and public sector organisations.  HACC agencies report to the State and Territory governments on outputs achieved. The State and Territory governments then collate this into regional information, which is forwarded to the Australian Government Health Minister in an Annual Business Report. The data for this indicator are accessed from these annual reports. |
| Relevance | Expenditure is for services provided to people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years. Data for NSW, Qld, SA, Tasmania, the ACT and the NT are actual/estimated Australian Government expenditure in these jurisdictions under the Commonwealth HACC program. Expenditure in Victoria and WA is derived using an estimate of the proportion of activity that is for older people. Victoria provides this estimate based on their own modelling work and for WA it is based on the proportion of total hours that are accounted for by older people. These proportions are applied to the Australian Government and the State governments (Victoria and WA) total HACC program expenditure.  Funding only includes that provided by Australian, State or Territory governments and does not include any non‑government or local government expenditure on HACC services. |
| Timeliness | The reference period for the latest data is 2013‑14. |
| Accuracy | No accuracy issues identified. |
| Coherence | The method for determining expenditure differs across Commonwealth HACC program jurisdictions and Victoria and WA (see relevance section). This may have a small effect on the comparability of the results across jurisdictions.  The population projections used to calculate this indicator are not comparable overtime when based on different Censuses (2011, 2006 and 2001). Data from June 2013 (based on the 2011 Census) are not comparable to earlier years and data for 2008–2012 (based on the 2006 Census) are not comparable to data before 2008 (based on the 2001 Census).  From 2010, Aboriginal and Torres Strait Islander population projections were calculated using a different method compared with that used in previous years. This will have a small effect on comparability with results from previous years. |
| Accessibility | Aggregated HACC data are published in the HACC MDS Statistical Bulletin on an annual basis. The last annual Bulletin contains 2010‑11 data. |
| Interpretability | Further information on definitions is available in the HACC Data Dictionary and the HACC MDS Statistical Bulletin. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  Annual data are available. The most recent data available are for 2013‑14.  The data are consistent and comparable over time.  No significant data gaps or issues are identified. |

### Maintenance of individual physical function

DQI for this indicator has been drafted by the Australian Government DSS, with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Outcome |
| Indicator | Maintenance of individual physical function Transition Care Program (TCP) |
| Measure (computation) | Definition:  Improvement in the TCP clients level of functioning.  Numerators:  Average Modified Barthel Index (MBI) score**a** on entry to the TCP.  Average MBI score**a** on exit from the TCP.  Computation:  Comparison of MBI score on entry to MBI score on exit.  Notes:  **a** The minimum MBI score is 0 (fully dependent) and the maximum score is 100 (fully independent). |
| Data source/s | Australian Government DSS aged care data warehouse. |
| Data Quality Framework Dimensions | |
| Institutional Environment | The flexible care places used in the TCP are legislated by the Act and the Principles made under the Act. The TCP is jointly funded by the Australian and State and Territory governments. Service providers submit claims to the DHS ‑ Medicare to claim for services delivered under the TCP. These data are provided to the DSS and are stored in the Ageing and Aged Care data warehouse. |
| Relevance | The data provides complete coverage of aged care services subsidised by the Australian Government under the TCP.  TCP clients can move from one facility to another during their care. From 2011‑12 data, clients who transfer are excluded so that there is no double counting. This applies to a very small proportion of clients, approximately 2 per cent. |
| Timeliness | Claims are submitted by service providers on a monthly basis for services delivered under the TCP. Data for the current reporting period is available October each year. |
| Accuracy | Subsidies to service providers of Transition Care under the Act and the Principles are contingent on their submitting claims to the DHS ― Medicare. Service providers’ claims are audited annually.  Clients who transferred across facilities are double counted in the data before 2011‑12. This applies to a very small proportion of clients, approximately 2 per cent. |
| Coherence | The data items used to construct this performance indicator will be consistent and comparable over time.  Clients who transfer between facilities are excluded from 2011‑12. This will have a small effect on comparability with results from previous years.  Different health and aged care service systems, local operating procedures and client groups can have an impact on the outcomes of the Transition Care Program across jurisdictions. |
| Accessibility | Aggregated data items are published in the *Reports on the Operation of the Aged Care Act 1997* prepared by the DSS, and detailed data are in the AIHW aged care statistic series. |
| Interpretability | Further information on definitions is available in the: *Aged Care Act 1997* and Aged Care Principles and the Transition Care Guidelines 2011. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  Annual data are available. The most recent data available are for 2013‑14.  Different health and aged care service systems, local operating procedures and client groups can have an impact on the outcomes of the TCP results across jurisdictions. |

1. Services delivered under the *Act Care Act 1997* and *Aged Care Principles* include residential care and residential respite care. [↑](#footnote-ref-1)
2. Services delivered under the *Act Care Act 1997* and Aged Care Principles include residential care and residential respite care. [↑](#footnote-ref-2)
3. Services delivered under the *Act Care Act 1997* and *Aged Care Principles* include residential care and residential respite care. [↑](#footnote-ref-3)
4. Services delivered under the *Act Care Act 1997* and *Aged Care Principles* include residential care and residential respite care. [↑](#footnote-ref-4)