## 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 — 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)*[[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 | 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. Data for 2014‑15 are not published as data on low means residents are not available.  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 ($118 966 as at September 2015). This threshold is indexed in March and September each year in line with pension increases.  Low means residents are those who have entered permanent residential care on or after 1 July 2014 (or who re‑enter care on or after 1 July 2014 after a break in care of more than 28 days; or who re‑enter care on or after 1 July 2014 and choose to ‘opt in’ to the new means testing arrangements) and have a daily means tested amount (assessed under the combined assets and income means test) at the date they enter care that is less than the maximum daily rate of accommodation supplement, from 1 July 2014 to 19 September 2014 – $52.49, from 19 September 2014 to 19 March 2015 – $53.04, from 20 March 2015 to 19 September 2015 – $53.39, from 20 September 2015 –‑ $53.84.  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 concessional assisted or supported residents.  Most recent data for 2014‑15 are not available.  The data are consistent and comparable over time. . |

### 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 1000 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 2015, 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 2015, 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 Department of Human Services (DHS) to claim subsidies from the Australian Government. This data is provided to Department of Social Services (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 Australian Institute of Health and Welfare (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 2015, 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 2015 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 2015. 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:  The data used to calculate this indicator is from an administrative data collection designed for payment of subsidies to service providers and has accurate data on the number and location of funded aged care places.  The presented measure excludes information about services delivered to older people under the Home and Community Care (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 Department of Human Services (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 Department of Social Services (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 Australian Institute of Health and Welfare (AIHW). The data quality statement was developed by DoHA 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 Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio‑Economic Indexes for Areas (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 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.  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 2013‑14. |
| 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 Australian Bureau of Statistics (ABS) Index of Relative Socio‑Economic Disadvantage 2011 and ERP by Statistical Area level 2 (SA2) as at 30 June 2013 (for latest year). 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 Australian Institute of Health and Welfare (AIHW) has calculated this indicator.  The Australian Institute of Health and Welfare (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 corporate Commonwealth entity 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):  http://www.aihw.gov.au/nhissc/  http://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 Statistical Area level 2 (SA2) of usual residence of the patient. The Socio‑Economic Indexes for Areas (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 Socio‑Economic Indexes for Areas (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 Statistical Local Area (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 Australian Capital Territory).  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 2013‑14. |
| Accuracy | | For 2013‑14, almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory.  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% 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% 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 1000.  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 Admitted patient care 2013‑14: Australian hospital statistics.  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.  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 and the Socio‑Economic Indices for Areas (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 2007‑08 through to 2011‑12 reported by remoteness are reported for RA 2006. Data for 2012‑13 and 2013‑14 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 and previous years are not directly comparable to remoteness data for 2012‑13 and subsequent 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://meteor.aihw.gov.au/content/index.phtml/itemId/268110  The Data Quality Statement for the 2013‑14 NHMD can be accessed on the AIHW website at:  http://meteor.aihw.gov.au/content/index.phtml/itemId/611030 |
| 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 in part 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 ACT.  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 1 (for NHA indicator):* Number of residential aged care facilities that received re‑accreditation for three years during the financial year, decision as in effect at 30 June.  *Numerator 2*: Number of residential aged care facilities that are re‑accreditation for three years, decision as in effect at 30 June.  *Denominator:* Total number of residential aged care facilities that received re‑accreditation decisions, including review audit 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 Australian Institute of Health and Welfare (AIHW). The data quality statement was developed by the Department of Social Services (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 and those where a review audit was undertaken. Each year there are more assessment contacts (including unannounced visits) than there are audits. Review audits occur where 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 pilot program has commenced whereby residential aged care homes in the pilot program are eligible for five year re‑accreditation. During the period 2014‑15 there were 47 homes that received five year re‑accreditation. These homes are included in this indicator with homes that achieved three year re‑accreditation.  A limitation in the data is that they are only for re‑accreditation decisions made during the financial year.  In 2014‑15 there were 2682 accredited residential aged care homes but only 1237 re‑accreditation decisions were made. In the previous year 496 decisions were made. | |
| Timeliness | The reference period for this data set is 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 NHA indicator (which restricts to only those services re‑accredited in the last year) 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 NHA 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.  ‘Re‑accreditation’ is not a decision available following a review audit under the Quality Agency Principles 2013. 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.  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 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 NHA 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 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 community care — HACC

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

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| Indicator definition and description | |
| Element | Effectiveness ― quality |
| Indicator | Compliance with service standards for community care — HACC. |
| Measure (computation) | Definition  Proportion of HACC services reviewed for compliance with service standards that met all expected outcomes under each of the Community Care Common Standards (CCCS)/Home Care Standards (the Standards), by standard (1, 2 and 3).  Numerator:  Number of HACC services reviewed for compliance with service standards that met all expected outcomes under each of the Standards, by standard (1, 2, 3).  Denominators:  Number of HACC aged care services assessed during the assessment period.  Computation:  Expressed as a proportion. Calculation is: (Numerator ÷ Denominator) x 100. |
| Data source/s | Commonwealth HACC services (NSW, Qld, SA, Tas., ACT and NT)  Australian Aged Care Quality Agency  HACC services (Vic and WA)  Victorian and WA governments |
| Data Quality Framework Dimensions | |
| Institutional environment | For Commonwealth, Victorian and WA HACC, organisations are required to meet the same Standards and participate in the quality review process as part of contract requirements. Quality reviews occur over a three year cycle.  For Commonwealth HACC  The 2014‑15 data are from an administrative data collection prepared by the Australian Aged Care Quality Agency, who conduct the quality reviews. The Australian Aged Care Quality Agency started on 1 January 2014 and was set up under the *Australian Aged Care Quality Agency Act 2013*. It is an independent statutory agency subject to the *Public Governance, Performance and Accountability Act 1997*. Before 2014‑15, data are from an administrative data collection prepared by the Department of Social Services.  HACC services (Vic and WA)  The data are from an administrative data collections prepared by the Victorian and WA governments.  In Victoria, for 2014‑15 data the Australian Aged Care Quality Agency conducted the quality reviews. Before that time, the Victorian Department of Health contracted the Australian Healthcare Associates (AHA) to conduct the reviews on their behalf.  In WA, the Department of Health contracted CommunityWest Inc to conduct the quality reviews. CommunityWest Inc is a not‑for‑profit organisation funded by the Department of Health under the WA HACC Program. |
| Relevance | Data are available at the level of State and Territory of the service provider. Quality reviews are conducted over a three year period and data on review outcomes are only for those conducted during the financial year. |
| Timeliness | Data are collected each year and are provided for national collation three months after the end of the reference period. The reference period for the latest data is  2014‑15. |
| Accuracy | Providers have an obligation to meet the Standards and participate in the quality review process. The data used to calculate this indicator are from an administrative data collections that record the outcomes of these reviews. The data are considered to be accurate.  The intent of the indicator is to provide a proxy for overall industry performance. The indicator shows the proportion of providers who met all expected outcomes under each of the Standards. For some jurisdictions, results are based on a small number of providers (for example, it is one in the ACT), this may limit the applicability of results in some jurisdictions.  In Victoria agencies are reviewed against the Community Care Common Standards and against the Victorian HACC Program Manual. Victoria considers that the aggregated method used in constructing these data leads to results that do not accurately reflect the high quality of Victorian HACC funded agencies in delivering services to clients. |
| Coherence | Organisation were reviewed against the a common set of standards (Community Care Common/Home Care Standards) across jurisdictions and years. The Standards were developed jointly by the Australian Government and State and Territory governments as part of broader reforms to develop common arrangements that help to simplify and streamline the way care is delivered to older people in their homes. However, the reviews have been conducted by different organisations across jurisdictions and years under different institutional arrangements. |
| Accessibility | Data for this indicator are not available elsewhere, but could be requested from the relevant jurisdiction. |
| Interpretability | Information for understanding this indicator is available in the Community Care Common Standards Guide available at www.dss.gov.au/sites/default/files/ documents/09\_2014/community\_care\_standard\_guidelines2.pdf |
| 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 all the outcomes for each of the standards, it does not distinguish levels at which facilities may have exceeded the standards. |

### 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 (2013‑14=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 2013‑14. |
| 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, Victorian and WA governments’ expenditure on HACC services, per head of aged care target population.  Numerator:  Australian, Victorian and WA 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 (2014‑15=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.  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 2014‑15. |
| 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 2014‑15.  The data are consistent and comparable over time.  No significant data gaps or issues are identified. |

### Social participation in the community

Data quality information (DQI) for this indicator has been drafted by the Australian Bureau of Statistics with additional Steering Committee comments.

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| Indicator definition and description | |
| Element | Outcomes |
| Indicator | Social participation in the community |
| Measure (computation) | **Three measures**  Definitions  Proportions of older people (aged 65 years or over) who:  participated in social or community activities away from home in the last three months  had face‑to‑face contact with family or friends not living in the same household in the last week, month or three months  did not leave home or did not leave home as often as they would like.  Numerators:  Number of older people (aged 65 years or over) who:  participated in social or community activities away from home in the last three months, by disability status (profound or severe disability, other disability or without disability).  had face to face contact with family or friends not living in the same household in the last week, month or three months, by disability status  did not leave home or did not leave home as often as they would like, by disability status.  Denominators:  Number of older people (aged 65 years or over), by disability status.  Computation:  Expressed as a proportion. Calculation is: (Numerators ÷ Denominator) x 100. |
| Data source/s | ABS (unpublished) derived by the Productivity Commission using the Table Builder product for the *Survey of Disability, Ageing and Carers 2012* (SDAC). |
| Data Quality Framework Dimensions | |
| Institutional environment | SDAC data are collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within the framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality of the ABS, and the confidentiality of respondents.  For more information on the institutional environment of the ABS, including legislative obligations, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment at www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument.  These data were derived by the Productivity Commission using the Table Builder product, but have been validated by the ABS. |
| Relevance | The 2012 Survey of Disability, Ageing and Carers (SDAC) collects information that provides a demographic and socio‑economic profile of people with disabilities, older people and carers compared with the general population.  Detailed information on the following topics was collected: general demographic information on mobility, self‑care, communication, assistance needed and community activities participation.  The scope of SDAC was persons in both urban and rural areas in all states and territories, living in both private and non‑private dwellings (including persons in cared‑accommodation), but excluding:  diplomatic personnel of overseas governments  persons whose usual residence was outside Australia  members of non‑Australian defence forces (and their dependents) stationed in Australia  persons living in very remote areas, and  households in Indigenous Community Frame (ICF) Collection Districts (CDs). |
| Timeliness | The SDAC is conducted every three years over an approximate six month period. The results from the 2012 survey were released in November 2013. |
| Accuracy | The 2012 SDAC was designed to provide reliable estimates at the national level and for each state and territory. Data for NT should be interpreted with caution as the 2012 SDAC excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT.  Dwellings in each state and territory were selected at random using a multi‑stage area sample. The sample for the 2012 SDAC consisted of approximately 34 900 private dwellings, 1200 health establishments (cared accommodation) and 700 other non‑private dwellings. After sample loss, the sample included approximately 27 400 private dwellings, 1000 health establishments and 500 other non‑private dwellings.  Estimates in this publication are subject to sampling and non‑sampling errors.  Sampling error is the error associated with taking a sample of dwellings rather than going to all dwellings in Australia. The sampling error is measured by the relative standard error (RSE), the standard error expressed as a percentage of the estimate. The rates include 95 per cent confidence intervals (for example, X per cent ± X per cent). Where a relative standard error is between 25 per cent and 50 per cent this is identified. Estimates with RSEs greater than 25 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are considered too unreliable for general use (and are not published).  Non‑sampling errors can occur in any data collection, whether based on a sample or a full count such as a Census. Sources of non‑sampling error include non‑response, errors in reporting by respondents or recording answers by interviewers, and errors in coding or processing of data. Every effort is made to reduce the non–sampling error by careful design and testing of questions, training interviewers, follow‑up of respondents and extensive editing and quality control procedures at all stages of data processing. |
| Coherence | Data are coherent. The SDAC collect a range of demographic, disability and other information that can be analysed in conjunction with the social participation of older people. |
| Accessibility | See publication *Disability, Ageing and Carers, Australia: Summary of Findings, 2012* (Cat. no.4430.0) for an overview of results from the SDAC. Other information from the survey is available on request ― see further information in the SDAC Quality Declaration. |
| Interpretability | **Confidentiality:**  To minimise the risk of identifying individuals in aggregate statistics, a technique is used to randomly adjust cell values. This technique is called perturbation. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.  After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.  The introduction of perturbation in publications ensures that these statistics are consistent with statistics released via services such as Table Builder.  **Additional Information:**  Information is available to aid interpretation of SDAC data in the publication, *Disability, Ageing and Carers, Australia: Summary of Findings, 2012* on the ABS website. Detailed Explanatory Notes, a Technical note on Data Quality, and a Glossary are also included to provide information on the terminology, classifications and other technical aspects associated with these statistics. |
| Data Gaps/Issues Analysis | |
| Key data gaps/issues | The Steering Committee notes the following issues:  The 2012 SDAC was designed to provide reliable estimates at the national level and for each state and territory. However, data for the NT should be interpreted with caution as the 2012 SDAC excluded discrete Aboriginal and Torres Strait Islander communities and very remote areas, which comprise around 25 per cent of the estimated resident population of the NT. |

### 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 2014‑15.  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)