

9 Future directions

The analyses presented above indicate that the linkage strategy put forward in this study can provide a sample of linked client records which could be used to examine the association between aged care resident characteristics, diagnostic and episode variables, and length of stay in the hospital sector. However, because of restrictions applied to the linkage process to avoid false matching (in particular, same day hospital admissions and separations were excluded), the resulting linked data set cannot provide information on the size of client flows between the two sectors. Based on the available tests, date of birth, sex, exact separation date/admission date and SLA group of usual residence is the preferred linkage strategy.

9.1 Next steps—short term

Further validation of the linkage strategy is desirable to provide additional confirmation of its utility. If cooperation can be achieved between Western Australia and the AIHW on using the named hospital morbidity data for Western Australia in conjunction with the named residential aged care data set held by the AIHW, the accuracy of the current linkage strategy could be compared with a name-based linkage strategy.

The linkage strategy using date of birth, sex, exact separation date/admission date and SLA group of usual residence can be used to provide linked data sets to undertake detailed analysis of the interface between hospitals and aged care services. Analysis of the sectoral interface could be carried out for each state and territory separately. However, under such an approach admissions into residential aged care from an interstate hospital could not be included, and interstate movements could not be examined. While the number of interstate admissions is relatively small (see Table 24), it is preferable to include them.

Table 11: Permanent and respite admissions into residential aged care from interstate, by state, 1999–00

	State of residential aged care service				Total
	NSW/ACT	SA	WA	TAS	
Interstate admissions (number)	325	57	38	19	439
Interstate admissions (per cent all admissions)	1.1	0.7	0.6	0.8	1.0
Total admissions	29,236	7,625	6,796	2,368	46,025

Note: Table includes permanent and respite admissions only.

The preferred linkage key includes a within-jurisdiction geographic indicator of usual residence. Consequently, movements across jurisdiction boundaries can be allowed for by applying the linkage strategy to a combined national data set. However, in order to carry out analysis at the national level, permission to use the hospital morbidity data for data linkage still needs to be obtained from Victoria and the Northern Territory. Having obtained permission to use the data, the hospital morbidity data for these two jurisdictions would then need to be examined to see

whether it contains the data necessary to apply the linkage strategy. It is known that there may be limitations in the Victorian data as date of birth is not included in the standard Victorian hospital morbidity data. If any data limitations cannot be overcome through negotiation with the relevant jurisdictions, analysis will necessarily be restricted to state or multi-state level.

9.2 Next steps—longer term

The task of providing data at a system level rather than at program or sector level is complex and incremental steps toward that objective should be recognised and where possible implemented. The process to implement the two data items developed for this report should therefore be started. In addition, a more detailed review of the hospital morbidity and residential aged care data sets should be undertaken as it may point to further data developments that would improve the data sets' capacity to report on program interfaces and on system level performance. In particular, the development of a variable on the accommodation setting prior to admission to hospital should be investigated.

A linkage strategy which includes name, or incorporates a name-based key such as the HACC linkage key, could be expected to provide a preferred basis for linkage in the longer term, and attention should be directed towards developing such a capacity. This could also be used to link episodes for people within the hospital sector. However, because people's personal details, including name, can be recorded differently at different times, any linkage strategy should be based on probabilistic matching rather than deterministic matching (for a discussion of name-based linkage keys see the 2001 report *Statistical Data Linkage in Community Services Data Collections* prepared by the Statistical Linkage Key Working Group for NCSIMG (Statistical Linkage Key Working Group 2002)).

Many of the issues described above apply to the interface with the community sector (HACC, Community Aged Care Packages) and 'step down' services, and attention should also be directed toward the implications for linkage of data sets across these programs.