

# Appendix 3: The data and their limitations

The main source of data in this report is administrative by-product data from the System for the Payment of Aged Residential Aged Care (SPARC).

SPARC contains information gathered through a number of instruments. Among those instruments, the following three are directly relevant to this report:

- 'Aged Care Application and Approval', a form completed by a person applying for admission to an aged care service or by someone (normally a carer) on behalf of the applicant
- 'Application for Classification', a form containing the Resident Classification Scale (RCS) and completed by the aged care service to determine the resident's overall level of care needs
- 'Monthly Claim Form', a form for claiming Australian government benefits completed by the aged care service as part of the monthly funding cycle.

Residential aged care in Australia was restructured in 1997–98. The two separate categories of residential care (nursing homes and hostels) were combined into a single program from 1 October 1997. As a result, the two previous data collection systems (the Nursing Home Payment System (NHPS) and the Commonwealth Hostel Information Payment System (CHIPS)) were replaced on 1 October 1997 by SPARC.

The new system inherited all existing records on the NHPS at 1 October 1997. For the data on the CHIPS, only those records that related to the following two groups of people were carried over:

1. those who were in a hostel at 1 October 1997
2. those who had a valid Aged Care Assessment Team (ACAT) assessment covering 1 October 1997; they were regarded as potential residents.

In other words, the records for residents discharged from hostels before 1 October 1997 are not available on SPARC although they are still available on CHIPS.

Under the amalgated residential aged care system, length of stay refers to the period spent in the combined system which may include both time spent under low care (previously hostel) and high care (previously nursing home). This is not comparable to combining length of stay measures from the previous separate nursing home and hostel measures of length of stay.

Population data are from the Australian Institute of Health and Welfare's general population databases supplied by the Australian Bureau of Statistics.

## Resident information

All residents admitted to residential aged care must have a valid Aged Care Application and Approval form completed by an authorised Aged Care Assessment Team officer. This form is valid for 12 months from the date of the approval.

The information entered into SPARC from the Aged Care Application and Approval form is the major source for the following data items in the tables:

- sex
- date of birth
- marital status
- pension status
- Indigenous status
- country of birth
- preferred language
- resident's usual residence (prior to admission)
- resident's living arrangements (prior to admission).

Not all residents have all the above characteristics reported on SPARC.

### **Resident Classification Scale**

The RCS application form is forwarded to state/territory offices of the Australian Department of Health and Ageing by aged care services for each resident admitted. On the basis of the information provided, residents are assigned to one of eight service-need categories for the purpose of funding. Normally, the RCS for a client is reviewed on the annual anniversary of admission by the service provider.

### **Admission and separation date**

The monthly claim form is sent to approved services each calendar month as part of the payment cycle. It shows claim details for the previous month plus a 'forecast' schedule for the current month. The service checks the information and records data on separations and absences (hospital and social leave) for these residents. It also adds information on any newly admitted residents for the current month.

The claim form is the source for the following data items in the tables:

- date of admission
- date of separation
- separation mode
- admission type.

### **Calculation of supply ratios**

As noted at Table 1.1, the ratios for 2005 differ from those published by the Australian Government Department of Health and Ageing which used small area projections based on the 2001 census for reporting purposes in 2005.

### **Populations used in the tables in this report**

It should be noted that tables in this publication refer to several different sub-populations and, consequently, may not be directly comparable. The sub-populations covered in the tables in this report are summarised below. Excluding the reporting on provision, the data

presented relate to mainstream services and their residents and exclude residents in places provided by Multi-Purpose Services or funded through flexible funding under the Aboriginal and Torres Strait Islander Aged Care Strategy.

### **Residents at 30 June 2005**

All tables on this topic relate to the number of residents who were in mainstream aged care services on 30 June 2005. This population includes all approved residents and totalled 151,910.

### **All admissions and separations, 1 July 2004 to 30 June 2005**

There were 52,462 admissions for permanent care (permanent admissions) and 48,295 admissions for respite care (respite admissions) over the period from 1 July 2004 to 30 June 2005. Over the same period, there were 48,503 separations of permanent residents and 48,120 separations of respite residents. Transfers are excluded.

### **Admitted residents, 1 July 2004 to 30 June 2005**

Each person is counted once. For the full year reporting, there were 51,475 new residents for permanent care and 34,312 new residents for respite care. Transfers are excluded.

### **Tables on dependency**

The data on RCS dependency invariably contains some missing data which are excluded from the tables and the detail is footnoted with the tables.

## **Data limitations**

It should be noted that the accuracy of some specific data items may be limited. Such cases are listed below:

- A reported date of birth implying that a resident is less than or equal to 10 years old is regarded as an input error and 100 years is added to the age. This only alters a handful of entries in any one year.
- Death indicator: in some cases, aged care services may not be equipped to care for some terminally ill residents. Accordingly, such residents are transferred to acute-care institutions prior to death; hence, there is an under-enumeration of discharges due to death.
- Length of stay: the length of stay of a resident is based upon the time between the date of admission and the date of separation in relation to completed stays, and between the date of admission and 30 June 2005 for current residents' incomplete stays. When a person is transferred from one service to another, the date of admission to the first service is the date from which the length of stay is calculated.
- The data on the number of residential places stored in the Aged and Community Care Management Information System (ACCMIS) are sensitive to dates of entry and ACCMIS is updated on a weekly basis from SPARC. Consequently the reader may find minor reporting variations depending on the version of ACCMIS used in the variety of reports on aspects of residential aged care.
- Information on whether an admission was from an acute hospital, previously available on NHPS, is not available on SPARC; therefore, relevant tables are no longer included.

- The introduction of the new ACAT form and the ACAP data dictionary has changed the reporting of some tables. In particular, Tables 4.22 and 4.23 are affected. The use of old and new ACAT forms has also contributed to minor problems but these mainly affect the reporting about Community Aged Care Packages.