Client characteristics meta-data in residential aged care

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

Client characteristics meta-data in residential aged care

Kerrily Jeffery

Australian Institute of Health and Welfare Canberra

AIHW cat. no. AGE 28

© Australian Institute of Health and Welfare 2003

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

A complete list of the Institute's publications is available from the Publications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site (http://www.aihw.gov.au).

ISBN 1740242475

Suggested citation

Jeffery K 2003. Client characteristics meta-data in residential aged care. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Kerrily Jeffery Australian Institute of Health and Welfare GPO Box 570 Canberra ACT 2601

Phone: (02) 6244 1172

Published by the Australian Institute of Health and Welfare

Contents

Abbreviationsvi	
Main recommendationsvii	
1 Introduction1	
1.1	Structure and purpose of this report
1.2	Residential aged care forms included in this report
1.3	Residential aged care data available for analysis
1.4	National standards used for this report
1.5	National program data collections related to residential aged care included in this report
2 Discussion5	
2.1	Date of birth, Sex, Given name and Family name5
2.2	Accommodation setting
2.3	Income characteristics
2.4	Informal support networks: Marital status, Living arrangements and carer arrangements
2.5	Geographic location
2.6	Cultural and linguistic diversity
2.7	Insurance characteristics
${\small 3\ Summary\ of\ suggested\ long-term\ modifications\ to\ residential\ aged\ care\ data\ items20}\\$	
References	
Appendix A: Full mapping and suggested long-term modifications27	
List of data items	

Abbreviations

2624 form Aged Care Application and Approval form (2624)

ABS Australian Bureau of Statistics

ACAP MDS V2.0 Aged Care Assessment Program Minimum Data Set Version 2.0

ACAT Aged Care Assessment Team

ACCMIS Aged and Community Care Management Information System

AIHW Australian Institute of Health and Welfare

CACP Community Aged Care Packages

DoHA Commonwealth Department of Health and Ageing

DVA Department of Veterans' Affairs

HACC Home and Community Care

NCSDD National Community Services Data Dictionary Version 2, 2000

NHDD National Health Data Dictionary Version 10, 2001

NMDS National Minimum Data Set

SPARC System for Payment of Aged Residential Care

Main recommendations

This report aims to facilitate cross-program analysis of client characteristics data, by completing a 'stocktake' of data items relating to client characteristics in primary data collection forms used in the residential aged care program. Client characteristics are basic socio-demographic variables such as *Date of birth*, *Sex* and *Country of birth*. Each data item has been assessed for consistency and mappability with national standards and other related national program data collections.

In the short-term it is proposed that the four recommendations listed below be implemented to improve the quality and policy relevance of data collected, reported and analysed for the residential aged care program. More detail about these recommendations is included in Section 2.

For the long-term, modifications have also been suggested to improve data items on residential aged care forms and achieve greater consistency with national standards and across all the forms. Suggested long-term modifications are summarised in Section 3 of this report.

Recommendation 1: Date of birth, sex and full name information on the Resident Entry Record form

Include guidelines for the reporting of *Date of birth, Sex, First given name* and *Family name/surname* on the Resident Entry Record form, to ensure that information is reported according to national standards. These changes will make identifying information on the Resident Entry Record form consistent with both national standards and the next version of the 2624 form (that will include ACAP MDS V2.0 reporting requirements). Improved consistency in the way data is reported on the two forms will assist in the manual matching of the Resident Entry Record to the 2624 form. In turn, this may assist to minimise any incorrect matching of forms and electronic records that may occur.

Recommendation 2: Accommodation setting

Include the following codes for *Accommodation setting* in future versions of the ACAP MDS, HACC MDS, and CACP data collection:

- Independent living within a retirement village
- Supported living within a retirement village
- Other supported accommodation

In relation to ACAP, CACP and HACC, these codes could serve to more clearly identify people living in retirement villages that are receiving support services (they are currently identified as people living in 'supported accommodation', which includes other types of accommodation). This recommendation assumes an ongoing policy interest in the support provided by aged and community care programs to people living in a retirement village setting.

Recommendation 3: Income information on the Resident Entry Record

Load data relating to questions 5 and 6 from the Resident Entry Record onto the Aged and Community Care Management Information System (ACCMIS) for the purposes of data analysis. Currently, data from the 2624 is used to provide information about the pension status of aged care residents (Centrelink/Veterans' Affairs or Self-funded retiree). The ACAP MDS Version 2.0 will be implemented from January 2003, and will replace client characteristics information currently reported on the 2624. The ACAP MDS Version 2.0 does not include information about client income, therefore data from the Resident Entry Record could be used to provide this information, including whether the person is a full-, part- or non-pensioner, and the type of pension they may receive (Centrelink or DVA).

Recommendation 4: ACAP MDS Version 2.0 data

Load all data included as a reporting requirement for the ACAP MDS Version 2.0 onto ACCMIS so that these data are available for analysis of the characteristics of the residential aged care population. Version 2.0 of the ACAP MDS is due for implementation in January 2003, and will be incorporated into the next version of the Aged Care Application and Approval (2624) form.