



Australian Government

Australian Institute of  
Health and Welfare

# National Aged Care Data Clearinghouse

Data dictionary 2020

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# **National Aged Care Data Clearinghouse**

## **Data dictionary**

**2020**

**The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.**

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### **Suggested citation**

Australian Institute of Health and Welfare 2020. National Aged Care Data Clearinghouse Data dictionary 2020. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

This publication is printed in accordance with ISO 14001 (Environmental Management Systems) and ISO 9001 (Quality Management Systems). The paper is sourced from sustainably managed certified forests.



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# 1 Introduction

## Background

The Productivity Commission's inquiry report *Caring for Older Australians* (PC 2011) first recommended the establishment of a data clearinghouse to improve aged care data quality and access. At that time, a significant amount of data was already captured in different databases. While the AIHW has produced regular publications on aspects of aged care since 1998–99, few consolidated analyses or raw data were available to inform research and planning in the sector. In response to the recommendations made in the inquiry report, the Australian Government launched an ongoing program of aged care reforms. As part of these reforms, the National Aged Care Data Clearinghouse (NACDC) was established at the AIHW in 2013 to facilitate independent research and evaluation.

## The National Aged Care Data Clearinghouse

The NACDC is a centralised aged care data repository established to encourage transparency and independence in aged care policy research and evaluation. The Department of Health provides administrative data for inclusion in the NACDC and the AIHW make this available to a range of stakeholders, including policy makers, researchers, service providers, community groups and consumers in various forms. Some data from other sources are also available.

The AIHW's dedicated aged care data website GEN (<[gen-agedcaredata.gov.au](http://gen-agedcaredata.gov.au)>), launched in 2017, provides public access to the data and information from the NACDC through data visualisations, reports and confidentialised unit record files. In addition, customised aged care data can be requested and provided to researchers and other stakeholders such as aged care sector and community agencies, and other government agencies, and are used in a range of projects. Data can be requested through <<https://www.aihw.gov.au/our-services/data-on-request/>>.

## The NACDC data dictionary

This document describes:

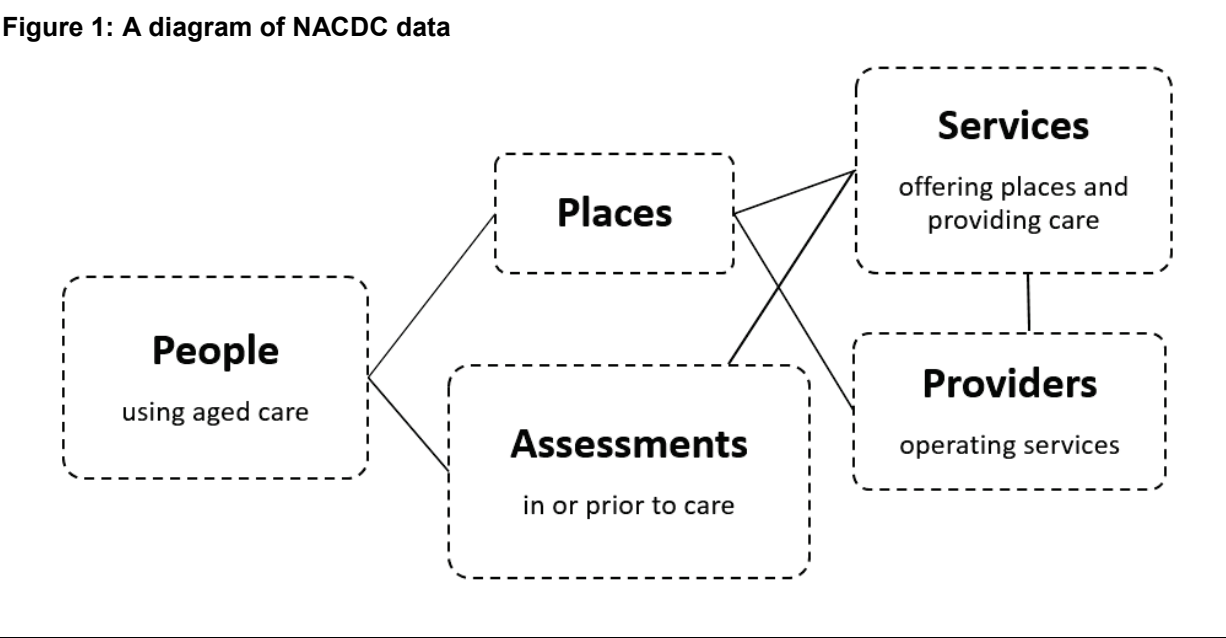
- the context of data collection, the sources of the data, and the content of NACDC, including some of the tables that NACDC draws on for analyses
- the common derived data elements that underpin much of the NACDC's analyses and reporting outputs.

It also provides definitions and assists in the interpretation of NACDC data to facilitate consistency and transparency in aged care data. Following changes to aged care programs and data collections, this latest version of the Data dictionary has been expanded to cover the Commonwealth Home Support Program (CHSP) and other post-2015 changes.

# 2 NACDC data holdings

NACDC data largely relate to government-funded aged care programs operating under the *Aged Care Act 1997*, although for example the Commonwealth Home Support Program operates outside of this arrangement. For residential aged care and community-based aged care packages, the coverage extends back to the 1990s, with other programs launching progressively since—and sometimes replacing existing programs. Generally, the data collections for the different programs do not use a common person-level identifier, and are not integrated.

The data sources that the NACDC brings together cover information on people receiving aged care—including the assessments they receive prior to and during their time in care—and the services and organisations that are responsible for providing care to them (Figure 1). Information on the system capacity (available or potentially available places) and the subsidies paid to providers are also included where available.





## Assessments prior to entry

### Aged Care Assessment Program

The Aged Care Assessment Program (ACAP) covers comprehensive assessments that assess eligibility for residential aged care, Home Care Packages Programme (and its pre-2013 predecessors), Transition Care Programme and the Short-Term Restorative Care Programme. To access services through these programs, people must first receive an ACAP assessment and approval. ACAP assessments are conducted by the multidisciplinary Aged Care Assessment Teams (ACAT).

The ACAP Minimum Data Set (MDS) informed the data collected on ACAP assessments. The original ACAP MDS was introduced in 1994, and has been updated several times. Person-level ACAP data collection began in 2002–03 and was established nationwide by 2004–05. The latest full year of ACAP MDS data are 2014–15.

The data include both a person-level identifier and an assessment identifier (one person may have more than one assessment), as well as demographic details and the location and circumstances of the person at the time of assessment.

The data collection changed in 2015, with the launch of My Aged Care (using a centralised client record) and the National Screening and Assessment Form (NSAF). As part of the NSAF, assessments were also introduced for the Commonwealth Home Support Program (CHSP) using the Regional Assessment Service (RAS), and ACAP assessments came to be known as comprehensive assessments. While ACATs continue to conduct comprehensive assessments, the structure of the NSAF replaced that of the ACAP MDS to guide and record the process. At the time of writing, NSAF comprehensive assessment data were not available for inclusion in NACDC data holdings.

More information on the ACAP MDS is contained in the ACAP data dictionary available on the AIHW website <<https://www.aihw.gov.au/reports/aged-care/aged-care-assessment-program-data-dictionary-versi/contents/table-of-contents>>. Further information on the NSAF is available through the Department of Health's website, for NSAF see <<https://www.health.gov.au/resources/publications/my-aged-care-national-screening-and-assessment-form-user-guide>> and for an overview of comprehensive and home support assessments, see <<https://www.health.gov.au/resources/publications/my-aged-care-assessment-manual>>.

## Community-based aged care

### Home and Community Care and Commonwealth Home Support Program

Data for the Home and Community Care (HACC) program is included in the NACDC in the HACC MDS (Version 2) covering 2004–05 to 2014–15. HACC MDS Version 1, covering earlier years, is also available.

CHSP launched in 2015, consolidating a number of existing community-based aged care programs. These were the HACC (the largest of these programs), National Respite for Carers Program (NRCP), the Day Therapy Centres (DTC) Program and the Assistance with Care and Housing for the Aged (ACHA) Program (NACDC data do not include NRCP, DTC or ACHA program use data). The first full year of complete nationwide CHSP data was 2016–17.

The data include a person-level identifier, demographic details and information on the types of services received (including which service outlet provided those services). It also includes location information. However, the data in scope for HACC MDS are somewhat different from the data in scope for CHSP (see below). The concept of a place does not apply to either program.

Responsibility for aged care services shifted to the Commonwealth under the CHSP, with states and territories remaining separately responsible for HACC disability services. As a consequence, some HACC MDS data are available from 2015 to 2018, but the data are not national or even comprehensive within each state or territory, with reporting moving across to the CHSP collection processes at different times for the various jurisdictions. CHSP data are available progressively for all states and territories from 1 July 2015 in the NACDC. Also note that no data were required to be reported for the first 4 months of the program's operation from July to November 2015 (and reliable data collection did not begin until 1 January 2016), meaning that data for 2015–16 are incomplete and dispersed across HACC MDS and CHSP data collections. By 2018–19, all states and territories were participating in CHSP (however, not all funded CHSP organisations supplied data to the reporting portal).

The reporting format for HACC was quarterly, meaning that exact dates of service use/provision were not available, only the quarter of the year in which they were reported. However, comprehensive information on volume of services received by each person was included. In contrast, CHSP data are reported in 6-monthly reporting periods. Agencies are encouraged to upload data regularly to the system throughout the 6-month period, but there is no requirement to do so (some providers may have chosen to continue to report data in bulk). The CHSP reporting format is by episode of service use, including the dates of service provision. However, each episode is structured as a session, and multiple clients can attend a session (a session represents the services provided to one or more people by a service outlet, for a particular day, and for a particular service type).

This also means that the exact volume of services received by an individual person is no longer captured; CHSP data records the total amount of services provided against the session, and it is not possible to determine the precise amount of services that individual people received (and it is not possible to report the service amounts provided by any demographic characteristic, as these are captured at the person-level).

More information on CHSP is available through the Department of Health's website, see <<https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-chsp-manual-2018-2020>>.

## **Home Care Packages Programme**

The Home Care Packages (HCP) Programme provides coordinated and personalised care at home at four different levels. It has operated since August 2013, when it replaced the earlier community-based aged care packages—Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD). CACP had been operating since 1992, EACH since 2006, and EACHD since 2008.

The data include a person-level identifier, and capture episodes of care for these programs (including the services and providers associated with each episode of care). While the person-level identifier is program-specific, mapping between HCP and its pre-2013 predecessors is possible. Data also include location information for both the service outlet and the person. Information on services received is not available beyond level of care provided; care level changes are captured as new episode of care in CACP, EACH and

EACH, or as changes between levels (1–4) in Home Care (see below). CACP corresponds with HCP level 2, while EACH and EACHD correspond with HCP level 4 (noting, however, that EACHD had different eligibility criteria to HCP). Supplements are payable to providers based on certain client needs (such as the dementia and cognition supplement); these data are also available in NACDC holdings.

In February 2017, HCP became consumer-directed, meaning that instead of a package (otherwise known as ‘places’) and its associated funding being assigned to a provider, they were assigned to the person. This affected data collection: the current care level is no longer available within NACDC holdings as care level changes are recorded within My Aged Care, rather than triggering a new admission and separation date (care level changes within Home Care are available in NACDC data only from August 2013 to February 2017). Prior to February 2017, data on places (packages) available in the system were also available; however, as packages came to be assigned to a person instead, this concept no longer applies. Data on the waiting list for HCP are not available within NACDC data.

## **Flexible aged care**

### **Transition Care Programme and the Short-Term Restorative Care Programme**

Transition Care Programme (TCP) aims to avoid premature entry into permanent residential aged care following a hospital stay and people’s eligibility is assessed by an ACAT while in hospital. TCP is for short periods (up to 12 weeks) and can take place in residential aged care, at home/in the community or a mix of these. It has been operating since 2004–05. The data include a person-level identifier, and capture episodes of care, as well as an assessment of people’s level of functioning both at the beginning and end of their episode of care.

The Short-Term Restorative Care (STRC) Programme was launched in 2018 and similarly aims to delay or prevent entry into higher levels of aged care. It provides early intervention services to halt or reverse functional decline; it is also for short periods (up to 8 weeks) and can take place in residential aged care, at home/in the community or a mix of these. The data include a person-level identifier, and capture episodes of care.

More information on both of these programs is available through the Department of Health’s website, see <<https://www.health.gov.au/resources/publications/transition-care-programme-guidelines>> and <<https://www.health.gov.au/resources/publications/short-term-restorative-care-programme-manual>>.

### **Aboriginal and Torres Strait Islander Flexible Aged Care Program**

This program provides culturally appropriate aged care to older Aboriginal and Torres Strait Islander people. Care can be provided across a mix of settings or services and is mainly available in rural and remote areas. Data on the places, services and providers that operate under this program are included; however, person-level service use data are not available through the NACDC.

### **Multi-Purpose Services**

This is another flexible program that seeks to address the needs that are not met by mainstream services. It provides integrated health and aged care services to regional and remote communities in areas that are not able to support both residential aged care facilities

and hospitals separately (meaning that services can be offered in some combined form). Data on the places, services and providers that operate under this program are included; however, person-level service use data are not available through the NACDC.

## **Innovative Care Programme**

This is a small program that supports flexible ways of providing care where mainstream services cannot meet people's needs. The program stopped funding new projects in 2006. Data on the places, services and providers that operate under this program are included; however, person-level service use data are not available through the NACDC.

## **Residential aged care**

### **Permanent and respite residential aged care**

Residential aged care can be provided on either a permanent or respite basis. Respite care continues to be offered as either low care or high care but this distinction was removed for permanent care from 1 July 2014. Residential aged care data have been captured reliably since 1997–98—two separate categories of residential aged care (nursing homes and hostels) were combined into one program from 1 October 1997—but the NACDC also includes prior data for some people who were using residential aged care in 1997.

Each person in care is identified by a unique person-level identifier, allowing an individual's overall program use within permanent and respite care to be followed (the same identifier is also used in TCP). Data on the residential aged care facility (service) that provided the care, and the organisation that owned the service (provider) are also in scope, as well as data on places (or, to put this colloquially, nursing home beds). Places data do not distinguish between permanent and respite places.

### **Aged Care Funding Instrument**

For people who are living in permanent residential aged care, their care needs are assessed under the Aged Care Funding Instrument (ACFI). This is used to calculate the cost of care and as a basis for allocating funding. While the ACFI is not a comprehensive assessment tool, it provides information on people's care needs and health conditions while in permanent residential care. People can be re-assessed as their care needs change.

The ACFI consists of 12 questions about core care needs, each rated on the day-to-day frequency of care, and two diagnostic sections for health conditions that most affect people's care needs. While the ACFI record captures details of health and mental/behavioural conditions experienced by people in permanent care, these are only recorded where the condition affects people's care needs, potentially resulting in under-reporting on the true prevalence of conditions.

The ACFI replaced the Residential Classification Scale (RCS) in March 2008. In the first year of operation, a large number people in permanent residential aged care had a current RCS record (these were grandfathered) and the first year of ACFI data should be interpreted with caution. RCS data are also available through the NACDC.

More information on ACFI is available through the Department of Health's website, see <<https://www.health.gov.au/resources/publications/aged-care-funding-instrument-acfi-user-guide>>.

## Other data sources

NACDC data holdings also include other data not otherwise covered in this data dictionary:

- Population projections—the Department of Health has obtained a custom population projection through the Australian Bureau of Statistics. The latest of these is based on the Census 2016 and these are used in reporting on GEN.
- Aged care workforce data—the Department of Health has previously contracted an academic body to conduct the National Aged Care Workforce Census and Survey. These data have been subsequently included in the NACDC data holdings. More information is available in the report *2016 National Aged Care Workforce Census and Survey*.
- Quality indicators for residential aged care—the National Aged Care Mandatory Quality Indicator Program is reported through the My Aged Care portal and aggregate findings are made available through reports on GEN.
- Consumer experience in residential aged care—the Consumer Experience Reports are undertaken by the Aged Care Quality and Safety Commission.
- Linked data—many of the programs above have been used to develop the Pathways in Aged Care (PIAC) link map, which connects aged care assessment data with aged care usage and death records. PIAC used statistical linkage to identify individual recipients across different aged care programs. The resulting data can be used to analyse people's use of aged care services across time. The PIAC currently contains person-level program use between 1 July 1997 and 30 June 2014. More information is available in the technical document *Introduction to Pathways in Aged Care 2014*.

Other data are also available through GEN. For example, the Department of Health publishes administrative data on the aged care system, such as the aged care service list, aged care data snapshot and other stocktake reporting on activity in the aged care system.

### 3 Data supply process

Most NACDC data are received from the Department of Health. The data collection process involves a number of government departments which collect information from service providers in the course of administering payments for service delivery.

For many of the aged care programs outlined in the previous section, different data collection processes apply. For example, CHSP data are collected through the Department of Social Services' Data Exchange portal, while there are different systems in place for the other aged care programs. Over time, these systems have been updated or have fully replaced earlier systems, which has sometimes added to the difficulty in gaining a whole picture of a person's care pathway.

Information captured through these systems—as well as some activity and payments data supplied by the Department of Social Services and the Department of Human Services—is provided to the Department of Health's Aged Care Data Warehouse and from there forwarded annually to the AIHW to update the NACDC. To ensure consistency in the aged care data sets, when the AIHW receives an annual supply of NACDC data, this includes revised and updated data from previous years as well as new data for the latest year.

AIHW then carries out verification processes and extensive checks prior to using the data (Box 1).

#### **Box 1: Data quality**

The AIHW has limited control over the collection and cleaning processes used to produce NACDC data and limited capacity to independently verify its quality. However, the AIHW assesses all received data and carries out consistency checks to validate them. As the NACDC receives data collected as part of other systems, efforts to improve data quality generally focus on ensuring internal processes are robust. Prior to publishing data, including as custom data requests, the NACDC undertakes internal quality control processes to ensure data are as accurate as possible, and the published data include details of any potential interpretation issues as applicable. As part of the publishing process on GEN, additional information is also made available to assist in interpreting content on GEN.

There are currently two relevant Data Quality Statements (DQS) available:

- AIHW NACDC DQS, see <https://meteor.aihw.gov.au/content/index.phtml/itemId/586498>
- ACFI DQS, see <https://meteor.aihw.gov.au/content/index.phtml/itemId/547478>.

## 4 Concepts and interpretation

Key concepts used across GEN, other AIHW reporting and in custom data requests relate to people, program activity through admissions and separations, as well as places, services, and providers in aged care.

These common concepts can all be related to each other as follows:

- **Providers** are the organisations that own and operate aged care services
- **Services** are home care and home support outlets or residential aged care facilities (although sometimes aged care is not delivered physically at the aged care service but at the person's home or elsewhere in the community—and sometimes care can be delivered in a mix of different settings)
- **Places** are packages or beds, generally allocated to services
- **Recipients** are people using aged care services.

Additional information is also available for these concepts, for example on the characteristics of providers, services or people, and their geographical locations, and they are generally applicable across all aged care programs. The concept of a 'place', however, only applies to some aged care programs.

This information should be considered in conjunction with the supporting spreadsheet 'NACDC priority tables and items' which outlines the key tables and data items that are held in the NACDC.

### Key content

Much of NACDC content is held in tables that relate to particular aspects of aged care data and/or particular aged care programs. Some tables exist in isolation (notably, the ACAP assessment data) but many tables can be linked to each other based on some aspect of the table, such as by person, assessment or service-level identifiers.

Key content are outlined below (Table 1).

**Table 1: Commonly used content in NACDC data**

Data table	Relates to	Description	Time period
<b>Assessments</b>			
ACFI assessments	Aged Care Funding Instrument; permanent residential aged care	Overview of the assessment results; categories and their components and associated scores	March 2008 onwards
ACFI assessment details	Aged Care Funding Instrument; permanent residential aged care	Detailed assessment results; responses to each question	March 2008 onwards
ACAP assessment details	Aged Care Assessment Program	Comprehensive assessments conducted under the program; data collection as per the ACAP MDS	2002–03 to 2015–16 (partial coverage only at beginning and end)
RCS assessments	Resident Classification Scale; permanent residential aged care	Overview of the assessment results; rating (8 categories)	July 1997 to March 2008

<b>Data table</b>	<b>Relates to</b>	<b>Description</b>	<b>Time period</b>
RCS assessment details	Resident Classification Scale; permanent residential aged care	Detailed assessment results; responses to each question	July 1997 to March 2008
<b>Home support</b>			
CHSP	Commonwealth Home Support Program	People using services and the session attended (volume of services per person is not available)	November 2015 onwards
HACC MDS	Home and Community Care	People using services and the services provided (volume of services per person is available); data collection as per the HACC MDS (v1 or v2, as applicable)	HACC MDS v1.0 from 2001–02 to 2004–05; HACC MDS v2.0 from 2005–06 to 2015–16
<b>Home care (and predecessor programs)</b>			
Assessments	Home Care Packages Programme	Covers selected comprehensive assessment information as it relates to the program	August 2013 onwards
Care recipient	Home Care Packages Programme	Provides demographic details of people using the program	August 2013 onwards
Supplements	Home Care Packages Programme	Identifies where services were paid particular a supplement, such as the dementia and cognition supplement (payments are made to the service but eligibility is based on the person)	August 2013 onwards
Entry	Home Care Packages Programme	Records dates of admission and separation, as well as the associated level of care on entry (subsequently, a person's level of care may change; this would not trigger a new admission date)	August 2013 onwards
Leave	Home Care Packages Programme	Details of leave taken	August 2013 onwards
Care level	Home Care Packages Programme	Level of care received (1–4); documents changes to care levels	August 2013 to February 2017
Location	Home Care Packages Programme	Specifies the service location of a service (home care outlet); this is not necessarily close to where the person receiving care lives.	August 2013 onwards



<b>Data table</b>	<b>Relates to</b>	<b>Description</b>	<b>Time period</b>
<b>Residential aged care, transition care and home care (and predecessor programs)</b>			
Places	Residential aged care; Transition Care Programme; Short-term Restorative Care Programme; other flexible aged care programs	Provides a snapshot of the number of places at 30 June that are available to be occupied, or otherwise assigned to a service	2006–07 onwards
Provider	Residential aged care; Home Care Packages Programme; Transition Care Programme; Short-term Restorative Care Programme; other flexible aged care programs	Information on the organisations that own each aged care service (including provider type, location and approval details); ownership of a particular service may change over time and these relationships are also documented in a separate table	2006–07 onwards
Recipient	Residential aged care; Transition Care Programme; Short-term Restorative Care Programme	Captures demographic details of people using these aged care programs	Depending on program coverage
Recipient care level	Residential aged care	Care level in residential aged care	Available for both permanent and respite prior to 2014, after this time only for respite
Leave	Residential aged care	Dates and reason for leave taken from residential aged care or community aged care packages	Depending on program coverage (also includes pre-2013 packages)
Respite care days	Respite residential aged care	Number of respite days used in residential aged care, aggregated by recipient, service and claim period (application for extensions are also captured separately)	Specifies the number of respite days used in residential aged care, aggregated by recipient, service and claim period
Service dates	Residential aged care; Transition Care Programme; Short-term Restorative Care Programme	Dates of use	Depending on program coverage (also includes pre-2013 packages)
Transition care days	Transition Care Programme	Number of TCP days and their setting, aggregated by claim period, recipient and service	2005 onwards
Service	Residential aged care; Transition Care Programme; Short-term Restorative Care Programme	Details of the aged care service or facility (including accreditation and certification status and payments made as applicable)	Depending on program coverage

# Data elements

The following data elements and derived data elements are commonly used across GEN, other AIHW analysis and reporting and in custom data requests (Table 2). More detailed definitions for these are provided in Appendix A.

**Table 2: Commonly used data elements**

Data element	Description
ACFI category	The final combined rating given on assessment for activities of daily living (ADL), behaviour and cognition (BEH) and complex health care (CHC) needs; possible combinations are any 3 of H (high), M (medium), L (low) and N (nil). Each rating is associated with a cost per day (paid to the aged care service). Both the costs and how the ratings are calculated have changed over time.
Admission date	Date on which service use began (in a particular service or facility; moving between services involve a new admission date).
Age	Person's age as calculated from their date of birth. For example, this can be calculated as age at 30 June, date of admission or separation, and grouped in 5-year age groups.
Assessment (identifier)	Identifies assessments (an individual may have multiple assessments); identifiers are unique to type of assessment.
Assessment start/end date	The dates on which a comprehensive assessment began and ended, or the dates for which the assessment is applicable (ACFI).
Care level	This is available as high/low for respite residential aged care (and for permanent residential aged care prior to 2014), or as Levels 1–4 in home care (and as recorded for the pre-2013 predecessor programs).
Country of birth	Person's country of birth. These are generally as per ABS classifications, although text instead of numeric codes are common (and some additional classifications not represented in the ABS structure can be present in aged care data). This can be grouped, for example, as Australian, English-speaking countries and non-English speaking countries (country of birth is a country other than Australia, United Kingdom, Ireland, United States of America, Canada or South Africa).
Effective start/end date	Applies to most records (sometimes called transaction start/end date); an administrative data item which can be used for sorting records or identifying the time period for which they were applicable.
First admission	Generally, this is calculated as the first-ever admission into a particular aged care program for a particular person identifier (however, an individual may have more than one person identifier).
Health condition	These are as captured at ACAP assessment (up to 10 conditions) or ACFI assessment (up to 3 mental/behavioural, and up to 3 medical conditions); can be shown as what is recorded on first or latest assessment, by first-listed condition only, or 'any mention' of a particular condition or group of conditions for a person.
Hospital leave	Dates of leave and leave reason can be used to identify hospital leave from residential aged care or Home Care Packages Programme (however; same-day hospitalisations are not in scope and how comprehensively hospital leave records capture hospital use is not known).
Indigenous status	Whether person identified as being of Aboriginal or Torres Strait Islander origin.
Language	This can be language spoken or preferred language, depending on the aged care program. These are generally as per ABS classifications, although text instead of numeric codes are common.

Data element	Description
Length of stay	Number of days in care in a particular program, generally calculated from dates of admission and separation; can be calculated, for example, as episode length of stay (for each episode of care that ended in a given year), for people currently in care (e.g. at 30 June), or as total cumulative length of stay for a person (regardless of moving between services). Can take into account periods of leave but generally does not.
Living arrangements	Whether the person lives alone or with others, such as family.
Location	This can be where services are delivered (service is located) or where people live; based on either postcode (for person using home care or receiving an ACAP assessment) or service address details. Various ABS and other geographies are possible for reporting.
Organisation type	The type of organisation that owns and operates the aged care service (broadly, these are not-for-profit, private or government).
Program type	The type of aged care program (such as residential aged care, home care or transition care).
Provider (identifier)	Organisation that operates a service or multiple services.
Recipient (identifier)	Person using aged care services.
Separation date	Date on which service use ended (in a particular service or facility; changing between services results in a separation from one and admission to another).
Separation reason	Reason recorded for leaving an aged care service (can also be labelled discharge reason).
Service (identifier)	Aged care service outlet or facility through which care is provided.
Service size	Number of places at a service or facility.
Sex	Person's sex.
Status	This applies to places, services and providers—it identifies, for example, those places that are operational (available to be occupied) from those that are inactive (allocated to a service but not currently available to be occupied).
Usual residence	Where the person was living at the time of comprehensive assessment, such as a private residence or a retirement village.

## Interpreting the data

There are some key considerations to take into account when interpreting NACDC data:

- Services refer to the outlets or facilities that provide aged care—one provider may operate multiple services (as well as operate across different aged care programs). Recipients are counted for each program, but some may have received multiple services from different aged care programs. The data do not capture this without additional linkage work.
- Information about geographical location—namely aged care planning region, state/territory, and remoteness—can be based on either the location of the aged care service (outlet or facility) or the location of the person receiving the aged care service. The location of a permanent residential aged care facility corresponds with the current location of a person receiving that service, but this is not the case for respite residential aged care or home support or home care services. Particularly in home care, a service can provide care well outside of their physical location.
- Some socio-demographic characteristics of the people using aged care services are recorded at the time of application or assessment, and as a consequence, they may not

reflect later, changed characteristics. These include usual residence, living arrangements and marital status.

- Indigenous status is self-identified and disclosing it is non-compulsory. As a consequence, the number of people using an aged care program and identifying as of Aboriginal and Torres Strait Islander origin may be an underestimation of the true number of Indigenous people using a particular program.
- In some cases, Indigenous people may also appear under-represented in mainstream residential aged care because there are additional programs that specifically target this population group, such as the Aboriginal and Torres Strait Islander Flexible Aged Care Program.
- The number of people with particular characteristics receiving a specific aged care program—particularly respite residential aged care at a point in time—can be relatively small. Care should be taken when assessing year-to-year fluctuations involving small numbers, as apparent differences may be due to chance.
- Small numbers also present a challenge in managing confidentiality. The data may be suppressed or aggregated, for example where small numbers increase the chance of identifying an individual care recipient or service/provider.
- While much of the data held by the NACDC are comparable across years, details such as care levels, program details or assessment methods may have changed.

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---

## Admission date

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *admission\_date*

*entry\_date*

*Definition:* Identifies the date a person was admitted into care, service use began, or a session of care began (i.e. identifies the beginning of an episode of care).

### Relational attributes

*Data type:* Date

*Data domain:* DD/MM/YYYY

*Guide for use:* Moving from one type of place to another within the same service/facility will involve two records with differing admission dates.

The data table 'Recipient service' also has a data element for *entry\_date*, which is defined as the person's date of entry into a service/facility, and when used combined with *exit\_date*, provides dates for a continuity of service record.

*Data tables:* Included in tables relating to aged care service use.

---

## Age

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* The person's age, calculated from their date of birth.

*Context:* Age may be calculated for a given point in time (commonly at 30 June), or at the date of admission into or separation from an aged care program.

*Related data item(s):* Derived from date of birth.

---

## Assessment identifier

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *assessment\_id*

*Definition:* Uniquely identifies each assessment conducted under ACAP or ACFI (and RCS).

*Context:* Unique to each assessment, but individual records may be generated for different aspects of assessment (that is, multiple records associated to single assessment). Each person seeking access to aged care or using residential aged care may have multiple assessments. Assessment identifiers assigned under ACAP have no relationship to assessments under other programs.

### Relational attributes

*Data type:* Alphanumeric – various lengths

*Data domain:* Concatenation of:  
AAAA – Source system  
NNNN – Unique assessment identifier

*Guide for use:* Foreign key for linking tables.

*Data tables:* Included in tables relating to ACAP, ACFI and RCS assessments.



---

## Assessment start/end date

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *assessment\_start\_date*  
*assessment\_end\_date*

*Definition:* These dates identify the beginning and end of the assessment process in comprehensive assessments, and the effective start and end dates of approval for funding in ACFI/RCS assessments.

*Context:* The type of assessment will determine the kinds of assessment information collected, and the data tables to which the information then relates.

### Relational attributes

*Data type:* Date

*Data domain:* DD/MM/YYYY

*Data tables:* Included in tables relating to ACAP, ACFI and RCS assessments.

---

## ACFI category

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *acfi\_category*  
*assessment\_category*

*Definition:* ACFI assessment category

*Context:* Made up of 3 letters, one for each of the three ACFI domains (assistance with daily living (ADL), behaviour and cognition (BEH) and complex health care (CHC)).  
Refer to Sections 2 and 4 for further details.

### Relational attributes

*Data type:* Alpha

*Data domain:* AAA – made up of N (nil), L (low), M (medium) and H (high) for each domain (ADL, BEH and CHC).

*Guide for use:* Scores for each domain can be obtained on the 'Assessment' table. Scores for each individual question that underlies the domains can be obtained from the table 'Assessment details ACFI'.

*Data tables:* Included in tables relating to ACFI assessments.

---

## Care level

---

### Attributes

*Data element type:* DATA ELEMENT

*Definition:* The level of care a person receives through an aged care program.

OR

The level of care assigned to an aged care place.

*Context:* Terminology varies between program types.

Home Care has four levels:

Level 1

Level 2

Level 3

Level 4

Community aged care packages had three levels:

CACP (which became HC Level 2 in August 2013)

EACH (which became HC Level 4 in August 2013)

EACHD (which became HC Level 4 in August 2013)

Respite residential aged care has two levels (prior to 1 July 2014, these two levels also applied to permanent residential aged care):

High

Low

Refer to Sections 2 and 4 for further details.

---

## Country of birth

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *country\_of\_birth*  
*country\_of\_birth\_code*  
*cob*

*Definition:* The country in which a person was born.

*Context:* Broadly corresponds with ABS Standard Australian Classification of Countries (SACC); can be grouped as per that classification. For example, the following countries are classified as English-speaking: Australia, United Kingdom, Ireland, United States of America, Canada, South Africa.  
  
Some additional country of birth codes are present that do not exist in the ABS classification.

### Relational attributes

*Data type:* Numeric or text

*Data domain:* Values in use are generally as per ABS classification.

*Guide for use:* Used to estimate cultural and linguistic diversity.

*Data tables:* Included for all aged care recipients.

---

## Date of birth

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *date\_of\_birth*  
*dob*

*Definition:* The date on which a person was born.

*Context:* Used to calculate age.

### Relational attributes

*Data type:* Date

*Data domain:* DD/MM/YYYY

*Guide for use:* Used alongside sex and letters of name for statistical record linkage.

*Data tables:* Included for all aged care recipients.

---

## Discharge reason

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *discharge\_code*  
*discharge\_reason*  
*departure\_code*

*Definition:* The reason recorded for discharge from aged care service on separation.

*Context:* Effectively, this is the person's destination upon separating from aged care.

### Relational attributes

*Data type:* Alphanumeric

*Data domain:* Values commonly in use:

- 1 - Hospital
- 2 - Residential aged care (low)
- 3 - Residential aged care (high)
- 4 - Death
- 5 - Return to family/home
- 6 - Return to community (with HCP)
- 7 - Return to community without support
- 8 - Care recipient terminated service
- 9 - Care recipient moved out of service area
- 10 - Provider ceased providing service to recipient
- 11 - Other
- 12 - Auto (system generated only)
- 13 - Return to community (with HACC)
- 14 - Return to community (with CACP)
- 15 - Return to community (with TC)
- 16 - Return to community (with EACHD)
- 17 - Residential aged care

AU - Auto

***Guide for use:*** Used to compile the derived data element 'Separation reason'. Note that the values listed in the Data domain are provided as a list of the values commonly in use across aged care programs and over time, so will not be mutually exclusive.

***Data tables:*** Included in data relating to separations from aged care.

---

## Effective end/start date

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *effective\_start\_date / transaction\_start\_date*  
*effective\_end\_date / transaction\_end\_date*

*Definition:* The date from which a record is effective, and the date to which a record is effective.

*Context:* Separate element to admission, separation and assessment dates. This is an administrative item related to data processing.

### Relational attributes

*Data type:* Date

*Data domain:* DD/MM/YYYY

*Guide for use:* End date is frequently open-ended and indicates the record is active.

*Data tables:* Included in almost all data tables.



---

## Indigenous status

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *atsi\_code*  
*indigenous\_status*  
*indigenous\_status\_code*

*Definition:* Whether or not person identifies as Aboriginal/Torres Strait Islander.

### Relational attributes

*Data type:* Numeric

*Data domain:* Values commonly in use:  
1 - Aboriginal but not Torres Strait Islander  
2 - Torres Strait Islander but not Aboriginal  
3 - Both Aboriginal and Torres Strait Islander  
4 - Neither Aboriginal nor Torres Strait Islander  
9 - Unknown

*Guide for use:* Due to low numbers and differences between how Indigenous status is collected in each data set, any mention of Aboriginal or Torres Strait Islander identification is commonly compiled into the broader Indigenous status data concept. Derived data element commonly groups values 1, 2 and 3 as “Indigenous”.

*Data tables:* Included for most aged care recipients.

---

## Language spoken

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *main\_language\_spoken\_at\_home*  
*language\_spoken\_code*  
*language\_spoken\_name*

*Definition:* Name of the language mainly spoken by person to communicate at home with friends and family.

*Context:* Broadly corresponds with the ABS Standard Australian Classification of Languages (ASCL).

### Relational attributes

*Data type:* Numeric or text

*Data domain:* Values in use are generally as per ABS classification.

*Guide for use:* Used to estimate cultural and linguistic diversity. Separate data element to 'Preferred language', which is available through the data table 'Recipient' only.

*Data tables:* Included for most aged care recipients.

---

## Length of stay

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* The amount of time a person spends in an aged care program.

*Context:* Generally calculated from a person's dates of admission to and separation from an aged care program. Can also be calculated as length of stay to an index point (such as 30 June).

'Total length of stay' includes all episodes of care in the same program and care type for an individual, regardless of time between episodes.

'Current length of stay' includes only the time spent in the program and care type for most recent episode of care.

*Related data item(s):* Derived from admission and separation dates.

---

## Living arrangements

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *living\_arrangements*  
*livarr*  
*living\_arrangements\_code*

*Definition:* The person's usual living arrangements in relation to other people in the same household.

*Context:* Identifies whether person lives alone, with family members, or with other people at the time of assessment or while receiving care (depending on the program under which the data are collected).

### Relational attributes

*Data type:* Numeric

*Data domain:* Common values in use:  
1 - Lives alone  
2 - Lives with family  
3 - Lives with others  
9 - Unknown

*Guide for use:* Under another variable, *cohabit\_code*, ACCR assessment captures more detailed codes for cohabiting people – for example, whether person lives alone, with spouse, child or siblings.

*Data tables:* Included in tables relating to ACAP assessments, HACC MDS and CHSP.

---

## Location

---

### Attributes

*Data element type:* DATA ELEMENT

*Definition:* The location where aged care services are (or can be) delivered, based on the location of the service.

*Context:* Location can be based on service delivery location, derived from the location of the service (outlet or residential aged care facility). Therefore, location does not necessarily reflect where care is provided to a person (in community-based and flexible aged care, care can be provided in the community, at the person's home or in a mix of settings).

Location can also be based on the recipient's residential address or postcode information.

Location can be represented through various structures, such as those defined by the ABS Australian Statistical Geography Standard (ASGS):

- Remoteness

- State/territory

- Local government areas (LGA)

- Statistical Area Level 2 (SA2)

- Statistical Local Area (SLA)

Other locations are also available, such as:

- Aged Care Planning Region (ACPR)

- Modified Monash Model (MMM)

- Primary Health Network (PHN)

- Local government areas (LGA)

---

## Organisation type

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* The type of organisation which owns and operates the service (outlet or facility) that is funded to provide aged care through an in-scope aged care program.

*Context:* Organisations provide a description of their organisation type. Further detail may be recorded, but organisation types are broadly categorised as:

Not-for-profit (charitable, community-based or religious organisations)

Private (for-profit and incorporated companies)

Government (local or state/territory governments)

*Related data item(s):* Derived from provider organisation type code or description.

See *Program type*

---

## Program type

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* Type of aged care program.

*Context:* Relates to ACAP-assessed and approved care delivery programs only.  
Program types can be broadly categorised as:

Residential aged care

Permanent

Respite

Community-based aged care

Home care and predecessor programs

Home support (HACC and CHSP)

Transition care

Transition Care and Short-Term Restorative Care  
Programmes

Other flexible care

National Flexible Aboriginal and Torres Strait Islander  
Flexible Aged Care Program

Multi-Purpose Services

*Related data item(s):* Derived from the service type code recorded or the source data.

See *Organisation type*

---

## Provider identifier

---

### Attributes

*Data element type:* DATA ELEMENT

*Definition:* Unique identifier for the provider organisation that operates an aged care service (or multiple services) and is funded through a national aged care program.

*Context:* Each provider has their own unique identifier. The same provider may operate more than one service. The NACDC has some provider-centred data sets. That is, the information that is recorded on them is structured around the organisation providing aged care services.

Each provider identifier is associated with a service identifier, and the data include the dates during which that relationship was active.

### Relational attributes

*Data type:* Alphanumeric – various lengths

*Data domain:* Concatenation of:

AAAA – Source system

NNNN – Unique recipient identifier

*Guide for use:* Foreign key for linking tables.

*Data tables:* Included in tables that identify the provider.



---

## Provider type

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *organisation\_type\_desc*

*organisation\_type\_code*

*Definition:* Categorises the provider organisation by type of business.

*Context:* Self-reported by organisation.

### Relational attributes

*Data type:* Numeric – various lengths

*Data domain:* Values in use:

105729 - Religious/Charitable

105730 - Territory Government

105146 - Government

105145 - Not-for-profit (all)

105144 - For-profit (all)

105675 - Unknown

326 - Charitable

327 - Community Based

328 - Local Government

330 - Religious

331 - State Government

332 - Unknown

381 - Publicly Listed Company

382 - Private Incorporated Body

383 - Private Non-Incorporated Entity

*Guide for use:* Used to compile the derived data element 'Provider organisation type'.

*Data tables:* Included in tables that identify aged care services and providers.

---

## Recipient identifier

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *recipient\_id*  
*cacp\_care\_recipient\_id*  
*sparc\_care\_recipient\_id*  
*acmps\_care\_recipient\_id*

*Definition:* Unique identifier for a recipient (person).

*Context:* Unique to each person who receives aged care services. Much of NACDC data include person-level identifiers. That is, the information that is recorded in a table is structured around the people receiving aged care services through a program. However, these identifiers generally only identify a recipient within one program type; the same individual may receive a new identifier when entering a different aged care program – some are connected via a secondary mapping table, but for most recipients across different programs, record linkage is required to connect these different identifiers to the same individual.

### Relational attributes

*Data type:* Alphanumeric – various lengths

*Data domain:* Concatenation of:  
AAAA – Source system  
NNNN – Unique recipient identifier

*Guide for use:* Foreign key for linking tables.

*Data tables:* Included in tables that relate to people receiving aged care services.

---

## Separation date

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *discharge\_date*

*departure\_date*

*Definition:* The date on which a person left an aged care service, the session of care ended, or the date on which a person's aged care service use ended.

### Relational attributes

*Data type:* Date

*Data domain:* DD/MM/YYYY

*Guide for use:* Used to calculate periods of care. Moving from one type of place to another within the same service/facility will involve two records with differing discharge dates.

The data table 'Recipient service' also has a data element for *exit\_date*, which is defined as the person's date of exit from a service/facility, and when used combined with *entry\_date*, provides dates for a continuity of service record.

*Data tables:* Included in data relating to separations from aged care.

---

## Separation reason

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* The reason recorded for discharge from aged care service on separation. These are effectively the person's destination on separation from aged care.

*Context:* Separation reasons are broadly categorised as:

Hospital

Transfer to residential aged care

Transfer to community-based care

Return to family/home

Death

Other

*Related data item(s):* Derived from discharge codes (reasons).

---

## Service identifier

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *service\_id*  
*naps\_service\_id*

*Definition:* Each residential aged care facility or home care service outlet is identified by a service identifier.

*Context:* Unique to each aged care service. One provider (organisation) can operate multiple services.

### Relational attributes

*Data type:* Alphanumeric – various lengths

*Data domain:* Concatenation of:  
AAAA – Source system  
NNNN – Unique service identifier

*Guide for use:* Foreign key for linking tables.

*Data tables:* Included in tables that identify aged care services.

---

## Service size

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* The size of the service outlet or residential aged care facility, calculated by the number of operational places available through the outlet/facility.

*Context:* For residential aged care, this is the number of places (beds) in a given residential aged care facility, as defined by a unique service identifier.  
For home care, this is the number of places (packages) in a given service outlet, as defined by a unique service identifier. As of February 2017, places were no longer allocated to service, but to people, and this concept could no longer be applied in home care.

*Related data item(s):* Derived from number of operational places at 30 June.

---

## Status

---

### Attributes

*Data element type:* DERIVED DATA ELEMENT

*Definition:* The operational status of places, services and providers.

*Context:* While other codes for status exist in source data, NACDC commonly reports on operational places, services or providers.

*Related data item(s):* Derived from 'Place status code', 'Service status code' or 'Care type approval code'.

---

## Usual residence

---

### Identifying and definitional attributes

*Data element type:* DATA ELEMENT

*Variable name:* *accommodation\_setting\_code*  
*accommodation\_setting\_usual\_code*

*Definition:* The type of accommodation in which person usually lives.

*Context:* May relate to type of accommodation at the time of assessment for care, and may not reflect a more “current” arrangement during care.

### Relational attributes

*Data type:* Numeric

*Data domain:*

- 1 - Private residence (client owns/is purchasing)
- 2 - Private residence (private rental)
- 3 - Private residence (public rental or community housing)
- 4 - Independent living with a retirement village
- 5 - Boarding house
- 6 - Short term crisis, emergency, or transitional accommodation
- 7 - Supported community accommodation
- 8 - Residential aged care service (low level care)
- 9 - Residential aged care service (high level care)
- 10 - Hospital
- 11 - Other institutional care
- 12 - Public place/temporary shelter
- 13 - Other
- 14 - Private residence (family member or related person owned/is purchasing)
- 15 - Private residence (Indigenous community/settlement)
- 16 - Residential aged care
- 99 - Not stated/inadequately described

*Guide for use:* Broader groupings can be derived from this data element as appropriate. Note that the values listed in the Data domain are provided as a list of the values commonly in use across aged care programs and over time, so will not be mutually exclusive.

*Data tables:* Included in data for ACAP assessments, HACC MDS and CHSP.



# Abbreviations

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACCR	Aged Care Client Record
ACFI	Aged Care Funding Instrument
ACHA	Assistance with Care and Housing for the Aged
ACMPS	Aged Care Management Payment System
ACPR	Aged Care Planning Region
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Packages
CHSP	Commonwealth Home Support Program
DSS	Department of Social Services
DTC	Day Therapy Centre
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
HACC	Home and Community Care
HCP	Home Care Packages [Programme]
LGA	Local government areas
MDS	Minimum Data Set
MMM	Modified Monash Model
NACDC	National Aged Care Data Clearinghouse
NAPS	National Approved Provider System
NRCP	National Respite for Carers Program
NSAF	National Screening and Assessment Form
PHN	Primary Health Network
PIAC	Pathways in Aged Care
RAS	Regional Assessment Service
RCS	Resident Classification Scale
SA2	Statistical Area Level 2
SLA	Statistical Local Area

SPARC	System for the Payment of Aged Residential Care
STRC	Short-Term Restorative Care [Programme]
TCP	Transition Care Programme

## Related publications

A wide range of aged care data is made available through GEN. See <[gen-agedcaredata.gov.au](http://gen-agedcaredata.gov.au)>. The following work may also be of interest:

- The National Aged Care Workforce Census and Survey explored how Australia's aged care workforce is distributed, resourced and managed. See <<https://gen-agedcaredata.gov.au/Resources/Dashboards/Australia-s-aged-care-workforce>>.
- Residential aged care services participate in the National Aged Care Mandatory Quality Indicator Program and the ACQSC undertakes consumer experience surveys. See <<https://gen-agedcaredata.gov.au/Topics/Quality-in-aged-care>>.
- AIHW 2017. Pathways in Aged Care 2014: Technical guide. Cat. no. AGE 82. Canberra: AIHW.
- AIHW 2020. Interfaces between the aged care and hospital systems in Australia—movements between aged care and hospital: Technical document. Cat. no. AGE 104. Canberra: AIHW.



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