

Home and Community Care Minimum Data Set

Bulletin 9 for Victoria

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Remember that data for Collection Period 2003/3 (July- August -September) is due to be sent to DHS no later than 15th October 2003

Anonymous client records

'Anonymous' clients can now be included in the MDS in Victoria. If your agency has any client whose full name, address and date of birth are incomplete or absent from the client record, you can now construct an anonymous 'statistical linkage key' (SLK). This includes both anonymous clients, as would be the case with drop-in-centre clients and non-consenting clients.

An extract from these records can then be included in the quarterly MDS data. The extract should include only the 'Anonymous SLK' and the name and quantity of any HACC services the client has received, Area of Residence (State) and Reason for HACC Client Status. It does not need to include the other data items on client or caregiver characteristics.

Some agencies operate drop-in centres or similar services targeted on homeless or marginalized people who may not want to disclose their full details. By using the Anonymous SLK, your agency can describe the services offered to these clients, such as Planned Activity Group, without breaching any confidence or demanding personal details that may alienate the client.

Use of the Anonymous SLK in these cases will ensure that your agency is able to account properly for meeting the output targets in its HACC Service Plan with the Department. That is, you will solve the problem of missing data in the HACC outputs reported via the MDS.

One goal of the MDS is to be able to account for all recurrent HACC funds spent on services to clients.

However, you should not use the Anonymous SLK as a convenient solution to the problem of having a backlog of incomplete client records. Incomplete client records should be progressively fixed up.

Anonymous SLK format

- The Anonymous SLK should be constructed as follows: -
- Instead of Letters of Name, substitute a string of 5 nines—that is, 99999.
- For the Date of Birth: Instead of day and month, substitute 1 January. Instead of year of birth, substitute an estimate. That is, the date of birth should take the form 0101yyyy. For example, 01011920, where 1920 is the client’s year of birth, or your estimate.
- Sex should be reported in the normal way as 1=Male, 2=Female, 9=Not stated.

Thus the complete Anonymous SLK should have the form 999990101yyyy9.

Format for ‘not stated’ items in Anonymous record

As noted above, an Anonymous client record requires the special SLK, the type and quantity of HACC services. In addition to this you must also complete the following data items, Area of Residence (State) and Reason for HACC Client Status as listed in the table below.

Items that must be filled in for Anonymous Client Records:

Demographic Item	Valid code required
Area of Residence (code 2= Victoria)	2
Reason for HACC Client Status (1= care recipient)	1 or 2

The anonymous client record should also include responses to all other demographic items and in the situation of a ‘Not Stated Response’ use the codes as provided in the table below.

Demographic Item	‘Not Stated’ Response
Country Of Birth	9999
Main Language Spoken at Home	99
Indigenous Status	9
Suburb/Town/Locality	null
Postcode	9999
Living Arrangements	9
Govt. Pension/Benefit Status	99

Carer – Existence of	9
Carer Residency Status	9
Relationship of Carer	99
Accommodation Setting	99
Date of Last Assessment	“ ” or null
Source of Referral	99
Main Reason for Cessation of Services	0 or null
Accommodation Setting After Cessation of Services	99, 0, or null

Because the format for an Anonymous Statistical Linkage Key effectively de-identifies the client record, it is generally not necessary to seek the client's consent in order to include such a record in the HACC MDS file sent to the Department.

Additional information:

- Your software provider will need to obtain the most recent version of the Victorian version of the Technical Guidelines for the HACC MDS. This will enable them to update and/or confirm that your software is able to produce 'Anonymous client records'. This is only available from HACC Data Help Desk.
- Also, the latest version of the 'Guidelines to the HACC Minimum Data Set in Victoria (29 September 2003) will soon be available to download from <http://www.health.vic.gov.au/agedcare/hacc/index.htm>. It is also available from the HACC Data Help Desk. Most of the anonymous client record information in these guidelines have been reproduced in this Bulletin.
- The HACC MDS E-Form can be used to produce an anonymous client record in the following way:
 - Use a string of 5 X's for Family name and 3 X's for Given name instead of a string of 9's. You can then add a name after the X's to help you to identify the client. This additional information will not affect the Statistical Linkage Key (SLK). As a check you can view the automatically created SLK. The State Repository will identify a client record with 5 X's as an anonymous client record.

Email address for HACC MDS submissions

The address for HACC data transmissions is haccmds.data@dhs.vic.gov.au
 Don't confuse this with the helpdesk address.

We look forward to receiving your next quarterly transmission.

Auto Reply

We have recently set up an auto reply on the data transmission address. This means that within a very short time of sending your report, you can expect to receive an email saying it was received. *If you do not receive a quick reply to your transmission, then we may not have received your data. Contact the helpdesk ASAP.*

If you have emailed your report but get a message saying we have *not* received it, please follow up ASAP by calling the Help Desk.

HACC Data Collection Unit

This unit in the Victorian Department of Human Services (Aged Care Branch) manages the HACC Minimum Data Set and the HACC Quarterly Output Collection in Victoria:

Justin McDermott	Unit Manager
Wai Chea	MDS Project Manager
Adrienne Campbell	HACC Help Desk
Frances Lentini	HACC Reporting

Wai has replaced Rachael Thomson, who has taken a position with the WorkCover Authority. He has come from the Employment Unit in the State government.

Highlights from the HACC MDS in 2001-02

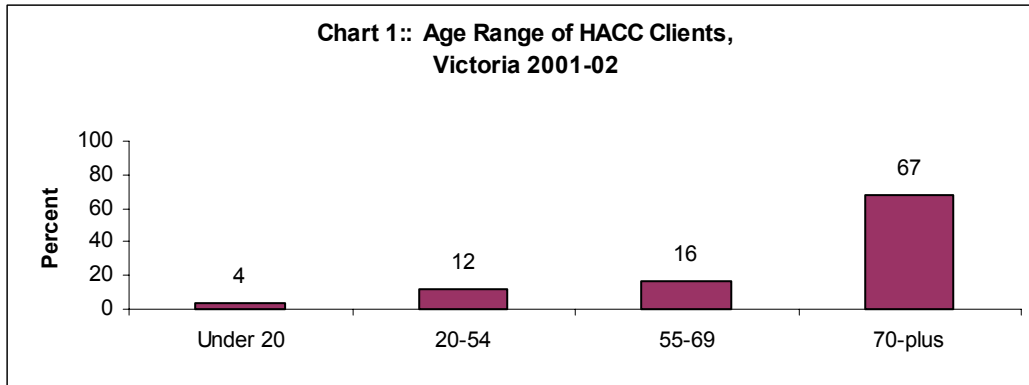
Agency Profile

Some 464 agencies delivered HACC services to more than 180,000 clients across the State. During 2001-02, the compliance rate of agencies reporting to the HACC MDS was 77%.

Age groups

The HACC Program is intended to serve two main groups: frail aged people and people with disabilities living in the community. Table 1 below shows that 67 percent of clients were aged 70-plus in 2001-02.

	Number	Percent
Under 20	7,545	4
20-54	22,044	12
55-69	29,272	16
70-plus	122,705	67
Missing	282	0
Total	181,848	100



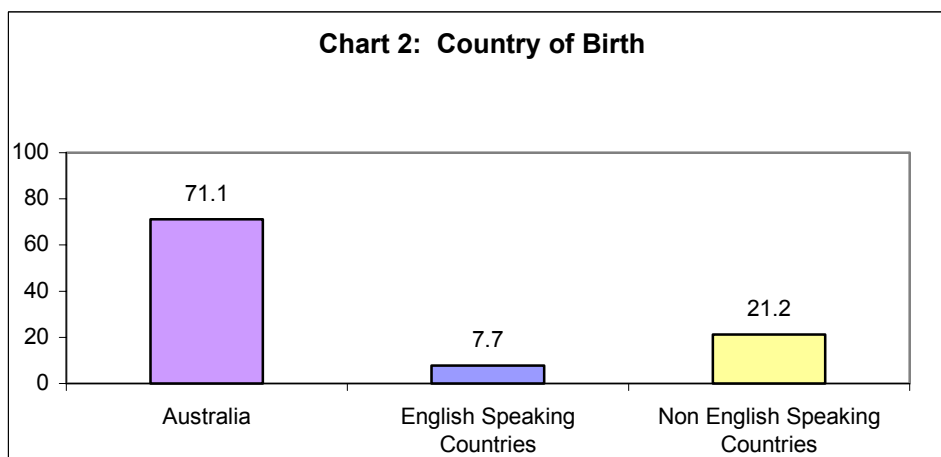
Country of birth

HACC clients are drawn from a wide range of cultural groups. The HACC MDS has two indicators of ethnicity: country of birth, and language spoken at home.

Australia was the country of birth for 71 percent of clients, but the remaining 29 percent of clients came from over 140 other countries (Table 2). Of these, the top ten non English-speaking countries were Italy, Greece, Poland, Germany, Netherlands, China, Malta, Egypt, India and Sri Lanka. The highest was Italy with 3.9 percent of all clients. (For convenience, all countries are classified by the ABS as either English-speaking or non-English speaking. Naturally there may be significant minorities of English speakers in a non-English speaking country, and vice versa, so the classification is merely an approximate.)

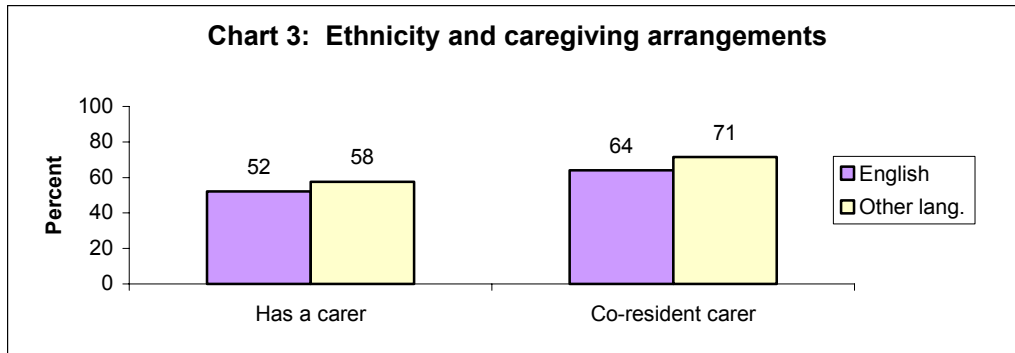
Table 2: Country of Birth (grouped)

	Number	Percent	Percent excluding missing data
Australia	60,708	61.6	71.1
English Speaking Countries	6,556	6.7	7.7
Non English Speaking Countries	18,060	18.3	21.2
Missing data etc.	13,153	13.4	
Total	98,477	100.0	100.0



Ethnicity and care giving arrangements

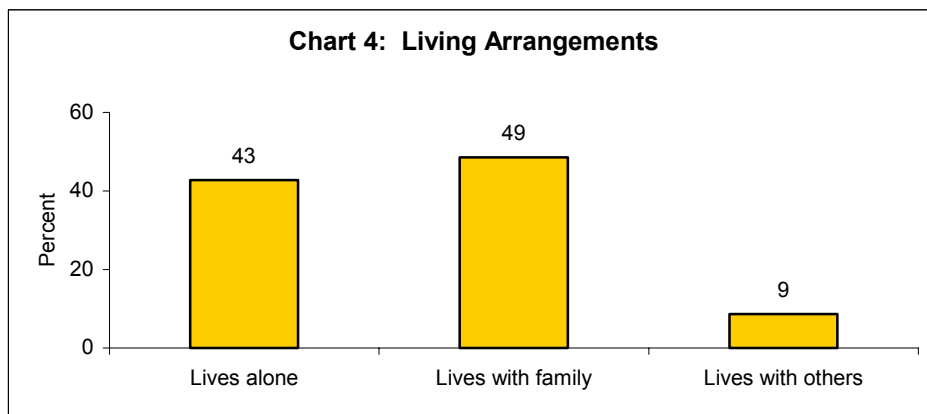
It can be seen from Chart 3 that people who speak a language other than English at home are more likely to have a carer, and for this to be a co-resident carer, than people in English-speaking households.



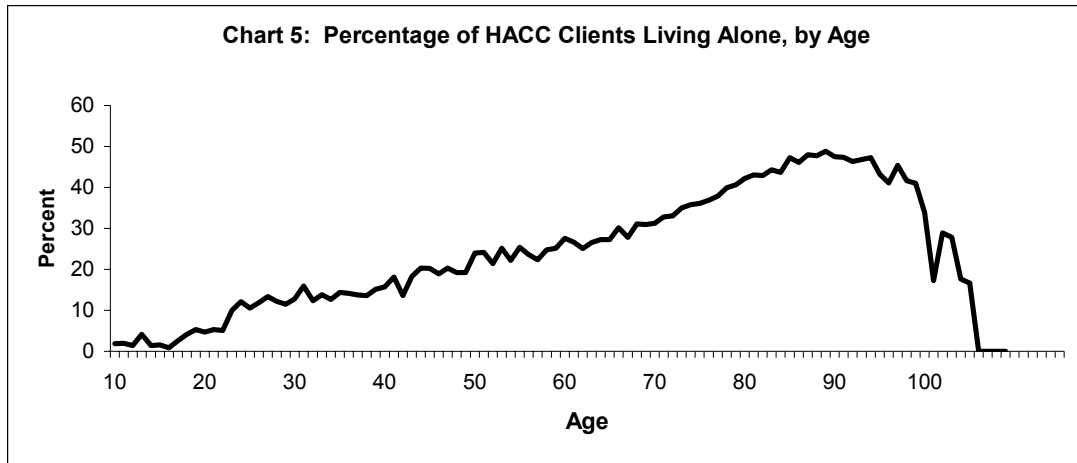
Living arrangements

The HACC Program is focussed on supporting people living 'in the community' rather than in residential care facilities. HACC clients are divided fairly evenly between those living alone and those living with family or others. When the large amount of missing data is excluded, 43 percent of HACC clients appear to live alone (Chart 4). According to the 1996 Census, 30.2 percent of people aged 70-plus live alone.

Thus older people living alone are over-represented among HACC clients. This is to be expected, given that one of the principal aims of the program is to assist older people to retain their independence. If it is assumed that there are about 84,000 HACC clients in Victoria aged 70-plus (allowing for missing data), of whom 39,000 live alone, then it would seem that the HACC Program is currently reaching about 29 percent of the 133,600 Victorians aged 70-plus who live alone.

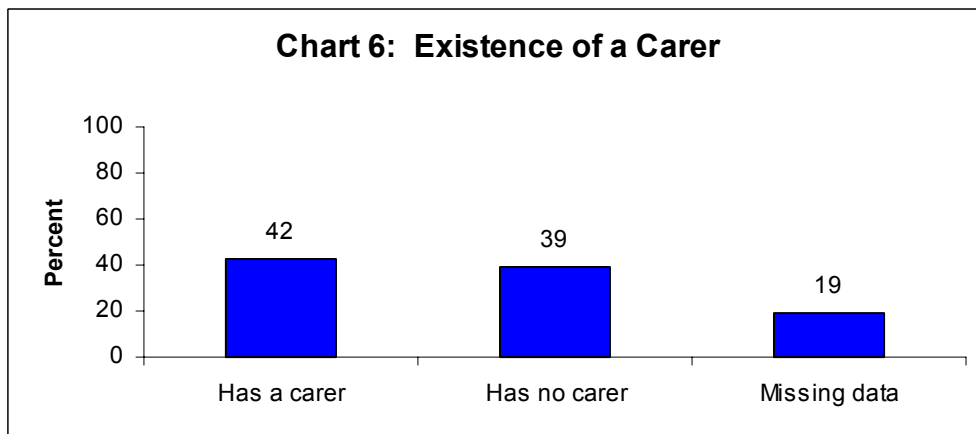


In Chart 5, cross-tabs show that the proportion of clients living alone rises steadily with age. At the age of 85 years, almost 50 percent of clients are living alone. The percentage falls steeply after the age of 95.



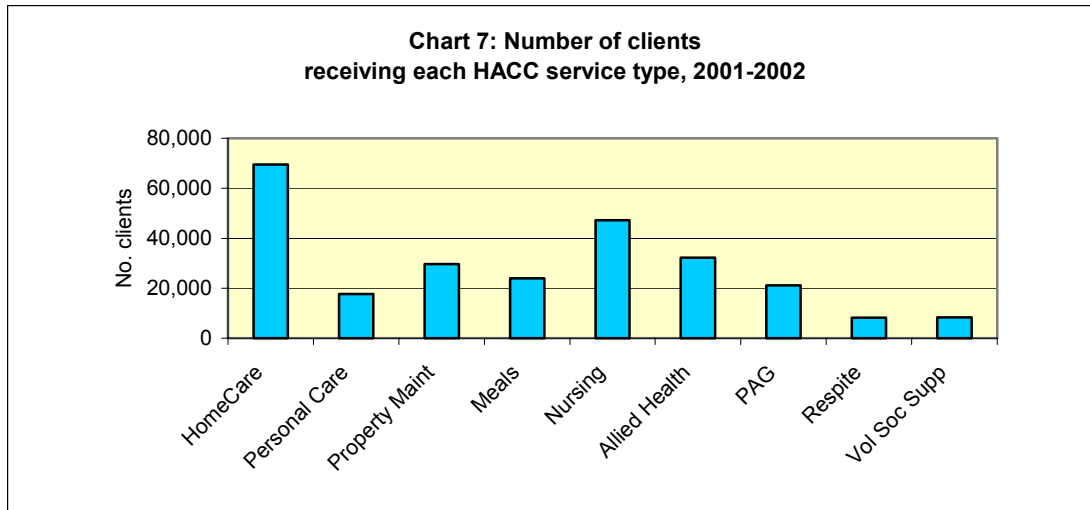
Existence of a caregiver

HACC clients (other than caregivers) are divided between those with a carer and those without. A carer is defined to mean an unpaid person, typically a relative or friend. Table 3 shows that at least 42 percent of clients have a caregiver. An area of concern is the considerable amount of missing data in this table.

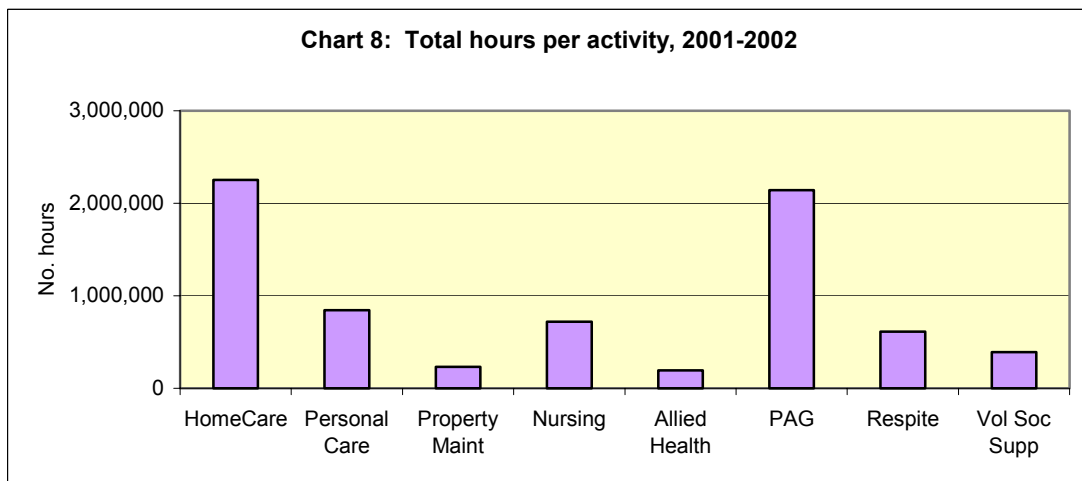


Range of HACC services used

Home Care was the most frequently used service type during 2001–02, followed by Nursing and Allied Health. The number of clients who were recorded as receiving any of the nine principal types of service is shown in Chart 7. Note that any given client could have received more than one type of HACC service during the period.

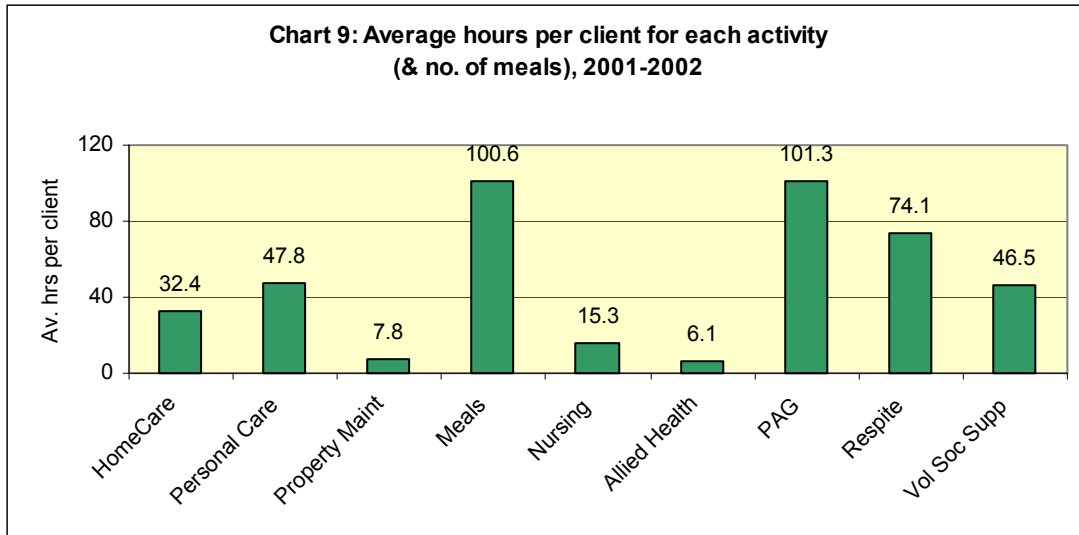


The aggregate number of hours for each of these service types is shown in Chart 8. Home Care accounted for the largest number of hours, followed by Planned Activity Groups (PAGs). These two service types accounted for almost 60 percent of all hours. As well, 2.4 million meals were delivered during the year.



Hours per client

People attending Planned Activity Groups tended on average to receive the largest number of hours over a 12-month period (101.3 hours per client), followed by Respite clients (74.1 hours per client). Attendance at a PAG averaged about 4 hours a fortnight per client. Personal Care, Social Support and Home Care clients had rather smaller average hours (47.8, 46.5 and 32.4 hours per year, respectively). In other words, the typical usage was about 1-2 hours of home care per fortnight (see Chart 9).



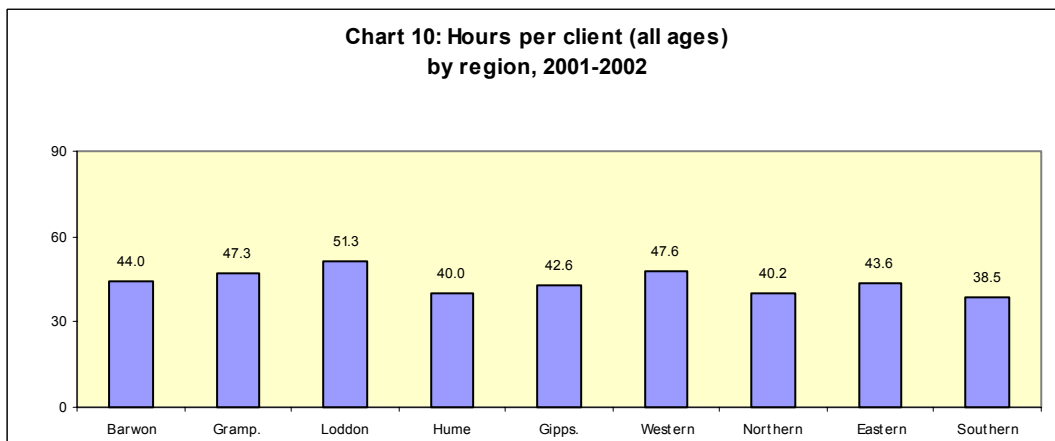
Across all major service types (except Meals, Case Management, Assessment and Counselling), the average use was 40.6 hours per client over the year. The 23,893 recipients of Delivered Meals got an average of 100.6 meals each during the year, but the typical number of meals per week cannot really be estimated from these figures. Local councils provided more than half of all Home Care, Respite, Meals, Assessment, and Personal Care.

Regional differences

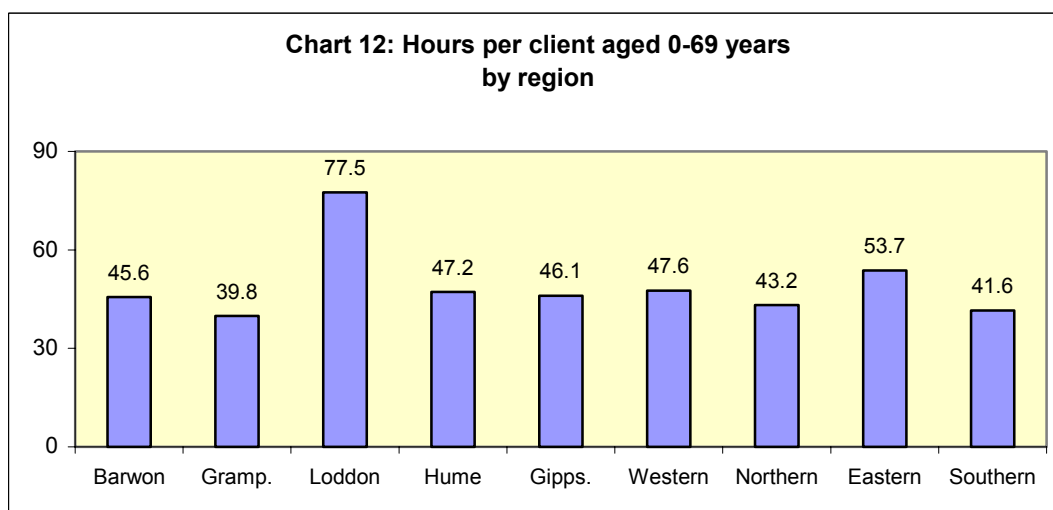
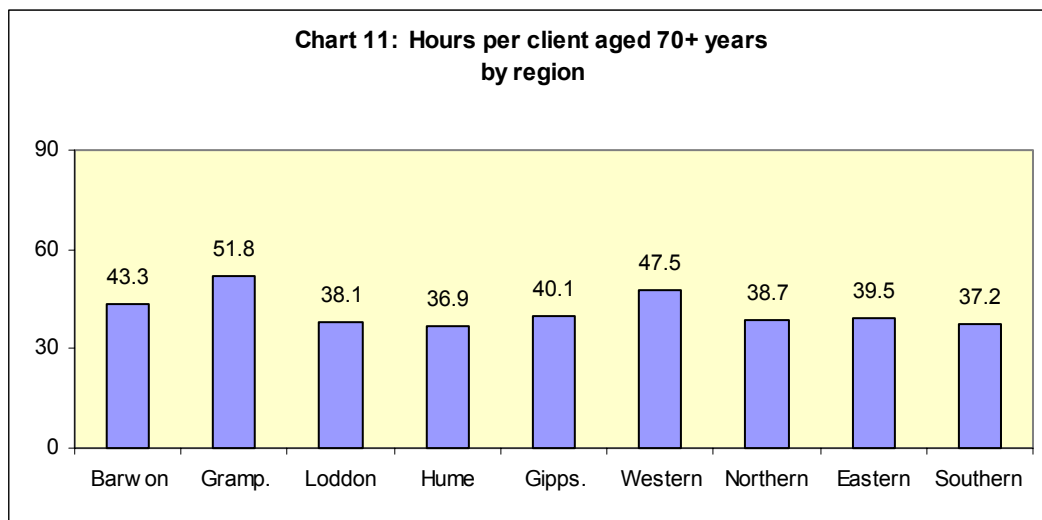
According to Department of Infrastructure population projections, 32 percent of Victoria's older population (people aged 70-plus) live in the five country regions—Barwon SW, Loddon Mallee, the Grampians, Gippsland and Hume. The proportion of HACC clients resident in these five country regions was 35.4 percent, and they received 38.8 percent of the total hours of service. Thus, country Victorians are slightly over-represented among HACC clients.

Hours per client by region

Chart 10 shows the average hours of service received by all HACC clients in each region. The regional differences are not huge, and there is no real difference between metropolitan and rural regions.



Charts 11 and 12 compare older and younger clients in each region. In general, the younger age group received more hours of service, in both metro and rural regions. The Loddon–Mallee region appears to stand out in having greater hours per month for younger clients, and relatively low hours per client for the older age group.



QDC Software: Not to be used for 2003/3 & 2003/4

If your agency has been using the HACC E-Form, or another proprietary system that produces records in the correct 'csv' file format, please continue using that system for the July to September (2003/3) and October to December (2003/4) collection periods.

Once the QDC tool has been fully tested, the HACC data team will organise training for all agencies.

Background

The HACC Program has been working with the DHS Disability Services Program on the development of a new system, the QDC, as an alternative system for the collection and transmission of the minimum data sets relevant to HACC, Disability and Psychiatric Disability Support Services. Some aspects of this system are still under development. The QDC system will enable such an agency to transmit a single quarterly file to DHS (to the QDC Central Repository). The single file will contain both the HACC data and the Disability data. Ultimately, HACC agencies now using the HACC E-form will be able to convert their data into the QDC system.

The QDC tool is still being tested for its full functionality of HACC MDS data. A number of changes have been incorporated in the next version of the QDC (yet to be released). *As testing is yet to be completed, all agencies are advised **not to use the QDC for their 2003/3 (July-Sept) and 2003/4 (Oct – Dec) HACC MDS.*** Your HACC MDS transmission cannot be extracted from the QDC system at this stage. Therefore you will still need to send your HACC data separately, using the E-Form or other software system.

HACC MDS Contact details

Send submissions to:

1. Postal

The address for posting diskettes or Paper Form Reports is:
Data Collection & Analysis
Coordinated & Home Care Unit
Department of Human Services
GPO Box 4057
Melbourne Vic 3001

2. Email haccmds.data@dhs.vic.gov.au

HACC Data Help Desk:

1. Phone 9616 7255
2. Fax 9616 8680
3. Email haccmds@dhs.vic.gov.au

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