
Data quality information — Aged care services, chapter 13

Data Quality Information

Data quality information (DQI) has been prepared for the first time for the 2011 Report on Government Services. DQI provides information against the seven ABS data quality framework dimensions, for a selection of performance indicators in the Aged care services chapter. DQI for additional indicators will be progressively introduced in future reports.

Where RoGS indicators align with National Agreement indicators, DQI has been sourced from the Steering Committee's reports on National Agreements to the COAG Reform Council.

Technical DQI has been supplied or agreed by relevant data providers. Additional Steering Committee commentary does not necessarily reflect the views of data providers.

DQI are available for the following performance indicators:

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Use by different groups — access to residential aged care services by Indigenous people and people born in a mainly non-English speaking country

Data quality information for this indicator has been drafted by the Australian Government Department of Health and Ageing, with additional Steering Committee comments.

Indicator definition and description

Element	Equity — Access
Indicator	Use by different groups — access to residential aged care services by Indigenous people and people born in a mainly non-English speaking country.
Measure (computation)	<u>Definition</u> Number of Indigenous people and people born in a mainly non-English speaking country who access residential aged care services per 1000 people.

Numerators:

- (1) the number of people of all ages using residential aged care services
- (2) the number of Indigenous people of all ages using residential aged care services
- (3) the number of people of all ages born in a non-English speaking country^a using residential aged care services.

Denominators:

- (1) estimated resident population aged 70 years or over plus Indigenous population aged 50-69 years
- (2) estimated resident Indigenous population aged 50 years or over
- (3) estimated resident population born in non-English speaking countries^a aged 70 years or over.

Computation:

Expressed as a rate. Calculation is: (Numerator ÷ Denominator) x 1000.

Notes:

^a People born in a non-English speaking country refers to those born overseas in countries other than UK, Ireland, NZ, Canada, South Africa and USA.

Data source/s

Numerators:

Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse. The Ageing and Aged Care data warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.

Denominators:

- (1) DoHA unpublished population estimates — based on population projections by SLA for 2007-2027 prepared by ABS for DoHA according to assumptions agreed to by DoHA. See (2) below for Indigenous population aged 50-69 years.
- (2) DoHA unpublished population estimates — based on ratios for Indigenous people from unpublished ABS 2006 Indigenous estimated resident population data applied to population projections by SLA 2007–

2027 (unpublished, produced for DoHA by ABS).

(3) DoHA unpublished population estimates — based on ratios (people born in non-English speaking countries/total population) from ABS 2006 Census data applied to population projections by SLA 2007–2027 (unpublished, produced for DoHA by ABS).

Data Quality Framework Dimensions

Institutional environment

Approved service providers submit data to Medicare Australia to claim subsidies from the Australian Government for services delivered under the *Aged Care Act 1997* (the Act) and *Aged Care Principles* (the Principles)¹. These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.

Information relating to the recipient details is provided by Medicare Australia to provide context around the claims.

The tables for this indicator are prepared by the Department of Health and Ageing.

Relevance

The data are reported by state / territory and provide information on the ratios of recipients in aged care based on characteristics of age, country of birth and Indigenous status to the relevant populations of 70 plus, non-English speaking background and Indigenous populations.

Timeliness

Medicare Australia provides recipient data weekly to DoHA and numbers are considered complete in the month after the period in question.

On occasion a small percentage of late data is received from Medicare Australia.

Data collected in September for the previous financial year are considered complete for publishing purposes.

Population data are based on the ABS data from the 2006 census. Future census data for population projections (denominator) may be used to provide updates to the current ratios if significantly different.

Accuracy

Funding to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to Medicare Australia. Service providers' claims are audited annually.

The data presented against this indicator relate to people who are in a residential care service as at 30 June.

Approximately one per cent of all residential aged care recipients has an unspecified Indigenous status. These unspecified responses are distributed across the states / territories *pro rata*.

Approximately one half of one per cent of all residential aged care recipients has an unspecified country of birth. These unspecified responses are distributed across the states / territories *pro rata*.

Coherence

The age of the recipient is calculated as at 30 June.

The data items used to construct this performance indicator will be consistent and comparable over time.

There is a time series of the population data set to 30 June for years 2001 to 2010 for Indigenous and non-English speaking background projections.

The recipient data are also set to 30 June and are available as a time series. The time series is broken down into months.

¹ Services delivered under the *Act Care Act 1997* and *Aged Care Principles* include residential care and residential respite care.

Accessibility Data are published in the Steering Committee for the Review of Government Service Provision's Report on Government Services.

Interpretability Further information on definitions is available in the: *Aged Care Act 1997* and *Aged Care Principles*; the Residential Aged Care Manual 2009; Residential Respite Care Manual; Steering Committee for the Review of Government Service Provision's Report on Government Services Aged Care Services Data Manual.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues;

- The data provide relevant and accurate information on recipients of residential aged care services by Indigenous and non-English speaking country of birth status.
- Annual data are available. The most recent data available are for 2009-10.
- The data are consistent and comparable over time.
- No significant data gaps or issues are identified.

Use by different groups — access to CACP by Indigenous people and people born in a mainly non-English speaking country

Data quality information for this indicator has been drafted by the Australian Government Department of Health and Ageing, with additional Steering Committee comments.

Indicator definition and description

Element	Equity — Access
Indicator	Use by different groups — access to CACP by Indigenous people and people born in a mainly non-English speaking country
Measure (computation)	<p><u>Definition</u></p> <p>Number of Indigenous people and people born in a mainly non-English speaking country who access community aged care services per 1000 people.</p> <p><u>Numerators:</u></p> <p>(1) number of people of all ages using CACP services</p> <p>(2) number of Indigenous people of all ages using CACP services</p> <p>(3) number of people of all ages born in a non-English speaking country^a using CACP services.</p> <p><u>Denominators:</u></p> <p>(1) estimated resident population aged 70 years or over plus Indigenous population aged 50-69 years</p> <p>(2) estimated resident Indigenous population aged 50 years or over</p> <p>(3) estimated resident population born in non-English speaking countries^a aged 70 years or over.</p> <p><u>Computation:</u></p> <p>Expressed as a rate. Calculation is: (Numerator ÷ Denominator) x 1000.</p> <p><u>Notes:</u></p> <p>^a People born in a non-English speaking country refers to those born overseas in countries other than UK, Ireland, NZ, Canada, South Africa and USA.</p>
Data source/s	<p><u>Numerators:</u></p> <p>Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse. The Ageing and Aged Care data warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.</p> <p><u>Denominators:</u></p> <p>(1) DoHA unpublished population estimates — based on population projections by SLA for 2007-2027 prepared by ABS for DoHA according to assumptions agreed to by DoHA. See (2) below for Indigenous population aged 50-69 years.</p> <p>(2) DoHA unpublished population estimates — based on ratios for Indigenous people from unpublished ABS 2006 Indigenous estimated resident population data applied to population projections by SLA 2007–2027 (unpublished, produced for DoHA by ABS).</p> <p>(3) DoHA unpublished population estimates — based on ratios (people born in non-English speaking countries/total population) from ABS 2006 Census data applied to population projections by SLA 2007–2027</p>

(unpublished, produced for DoHA by ABS).

Data Quality Framework Dimensions

Institutional environment	<p>Approved service providers submit data to Medicare Australia to claim subsidies from the Australian Government for services delivered under the <i>Aged Care Act 1997</i> (the Act) and <i>Aged Care Principles</i> (the Principles)². These data are provided to the Department of Health and Ageing and are stored in the Ageing and Aged Care data warehouse.</p> <p>Information relating to the recipient details is provided by Medicare Australia to provide context around the claims.</p>
Relevance	<p>The tables for this indicator are prepared by the Department of Health and Ageing.</p> <p>The data are reported by state / territory and provide information on the ratios of recipients in aged care based on characteristics of age, country of birth and Indigenous status to the relevant populations of 70 plus, non-English speaking background and Indigenous populations.</p>
Timeliness	<p>Medicare Australia provides recipient data to DoHA weekly and numbers are considered complete in the month after the period in question.</p> <p>On occasion a small percentage of late data are received from Medicare Australia.</p> <p>Data collected in September for the previous financial year is considered complete for publishing purposes.</p>
Accuracy	<p>Population data are based on the ABS data from the 2006 census. Future census data for population projections (denominator) may be used to provide updates to the current ratios if significantly different.</p> <p>Funding to service providers of Aged Care under the Act and the Principles is contingent on their submitting claims to Medicare Australia. Service providers' claims are audited annually.</p> <p>The data presented against this indicator relate to people who have accessed a Community Aged Care Package in the relevant financial year.</p> <p>Approximately one tenth of one per cent of all Community Aged Care Package recipients has an unspecified Indigenous status. These unspecified responses are distributed across the states / territories <i>pro rata</i>.</p> <p>Approximately one per cent of all Community Aged Care Package recipients has an unspecified country of birth. These unspecified responses are distributed across the states / territories <i>pro rata</i>.</p>
Coherence	<p>The age of the recipient is calculated as at 30 June.</p> <p>The data items used to construct this performance indicator will be consistent and comparable over time.</p> <p>There is a time series of the population data set to 30 June for years 2001 to 2010 for Indigenous and non-English speaking background projections.</p> <p>The recipient data are also set to 30 June and are available as a time series. The time series is broken down into months.</p>
Accessibility	<p>Data are published in the Steering Committee for the Review of Government Service Provision's Report on Government Services.</p>
Interpretability	<p>Further information on definitions is available in the: <i>Aged Care Act 1997</i> and <i>Aged Care Principles</i>; the draft Community Package Care Guidelines 2007; and the Steering Committee for the Review of Government Service</p>

² Services delivered under the *Act Care Act 1997* and *Aged Care Principles* include residential care and residential respite care.

Provision's Report on Government Services Aged Care Services Data Manual.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- The data provide relevant and accurate information on community aged care package recipients by Indigenous and non-English speaking country of birth status.
- Annual data are available. The most recent data available are for 2009-10.
- The data are consistent and comparable over time.
- No significant data gaps or issues are identified.

Operational aged care places

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Healthcare Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Element	Effectiveness – Access
Indicator	Operational residential and community aged care places per 1000 people aged 70 years or over (or Aboriginal and Torres Strait Islander people aged 50 years and over), excluding services funded through Home and Community Care (HACC)
Measure (computation)	<p><i>Numerator:</i> Number of operational residential and community aged care places at 30 June 2010 (excluding services funded through Home and Community Care).</p> <p>Residential aged care places is a count of operational residential care places delivered in Australian Government subsidised residential aged care facilities. It includes Multi-Purpose Services and places delivered under the National Aboriginal Torres Strait Islander Flexible Aged Care Program provided in a residential aged care facility.</p> <p>Community Aged Care places is a count of operational packages under the following programs: Community Aged Care Packages (CACP); Extended Aged Care at Home (EACH); EACH Dementia (EACHD); Transition Care Program; Multi-Purpose Services; and places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy in the community.</p> <p><i>Denominator:</i> Estimated population aged 70 years and over for the total population plus the estimated Indigenous population aged 50–69 years as at 30 June of the current reporting period.</p> <p>Expressed as numerator only and rate ($1000 \times \text{numerator} \div \text{denominator}$).</p> <p>Rate (per 1000 population) calculated separately for residential and community aged care places.</p>
Data source/s	<p><i>Numerator:</i> Australian Government Department of Health and Ageing's Ageing and Aged Care data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.</p> <p><i>Denominator:</i> <u>For total population:</u> Population projections based on 2006 Census prepared for Department of Health and Ageing (DOHA) by Australian Bureau of Statistics (ABS) according to the assumptions agreed to by DOHA as at 30 June 2010.</p> <p><u>For data by Aged Care Planning Regions:</u> ABS small area population data developed for the Department of Health and Ageing.</p>

Data Quality Framework Dimensions

Institutional Environment	<p>Approved services submit data to Medicare Australia to claim subsidies from the Australian Government. This data is provided to the Department of Health and Ageing to administer services under the Aged Care Act 1997 and the Aged Care Principles, and to administer places delivered under the Aboriginal and Torres Strait Islander Aged Care Strategy.</p> <p>The data quality statement was developed by the Department of Health and Ageing and includes comments from the AIHW. The AIHW did not have all of the relevant datasets required to independently verify the data tables for this indicator. For further information see the AIHW website.</p>
Relevance	<p><i>Numerator:</i> The data includes all places offered by aged care services subsidised by the Australian Government under the programs identified above.</p>

	This indicator does not include services funded through HACC. Further data development is required to develop an indicator of capacity (ie places) available under HACC. As an indication of the relative magnitude of the HACC program, in 2008-09 HACC provided assistance to around 862 000 clients (591 000 clients 70 years or older).
Timeliness	<i>Numerator:</i> Based on a stocktake of aged care places which were operational at 30 June 2010. Data for the current reporting period is available October each year.
Accuracy	The data used to calculate this indicator are from an administrative data collection designed for payment of subsidies to service providers and have accurate data on the number and location of funded aged care places.
Coherence	The data items used in this indicator are consistent and comparable over time. This indicator is consistent with other publicly available information about aged care places.
Accessibility	Aggregated data items are published in the SCRGSP's <i>Report on Government Services</i> , the <i>Reports on the Operation of the Aged Care Act 1997</i> prepared by the Department of Health and Ageing, and in the AIHW's Aged care statistics series.
Interpretability	Further information on definitions is available in the Aged Care Act 1997 and Aged Care Principles, in the Residential Aged Care Manual 2009, draft Community Packaged Care Guidelines 2007, and Transition Care Program guidelines.

Data Gaps/Issues Analysis

Key data gaps/issues

The Steering Committee notes the following issues:

- Disaggregation of this indicator by Indigenous status and SES is a priority.
- Data development is required in order to develop a measure of capacity available under the HACC program.

Hospital patient days used by those eligible and waiting for residential aged care

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Healthcare Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Element Effectiveness — Appropriateness
Indicator Number of hospital bed days used by patients whose acute (or sub-acute) episode of admitted patient care has finished and who have been assessed by an ACAT and approved for residential aged care.

Measure (computation) The *numerator* is the number of patient days used by patients who are waiting for residential aged care, defined as: the care type was maintenance, a diagnosis was reported for 'person awaiting admission to residential aged care service' and the separation mode was not 'Other (includes discharge to place of usual residence)'. Includes overnight separations only.

The *denominator* is the total number of patient days (including overnight and same-day separations).

An overnight separation is an episode of care for an admitted patient that involves at least one overnight stay — that is, the date of admission and date of separation are different.

Calculation is $1000 \times (\text{Numerator} \div \text{Denominator})$.

Data source/s *Numerator and denominator:*

This indicator is calculated using data from the NHMD, based on the National Minimum Data Set (NMDS) for Admitted Patient Care.

Data for socioeconomic status was calculated by AIHW using the ABS' Index of Relative Socioeconomic Disadvantage and ERP by Statistical Local Area (SLA) as at 30 June 2008. Each SLA in Australia is ranked and divided into quintiles and deciles in a population-based manner, such that each quintile has approximately 20 per cent of the population and each decile has approximately 10 per cent of the population.

Data Quality Framework Dimensions

Institutional environment The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Relevance The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities

<p>Timeliness</p> <p>Accuracy</p>	<p>and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.</p> <p>The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.</p> <p>This indicator is a proxy indicator.</p> <p>Remoteness and socioeconomic status are based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population).</p> <p>Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (eg ACT).</p> <p>The reference periods for these data are 2007-08 and 2008-09.</p> <p>For 2007-08 and 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, except for private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.</p> <p>States and territories are primarily responsible for the quality of the data they provide. However, the Institute undertakes extensive validation on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.</p> <p>There is some variation among jurisdictions in the assignment of care type categories.</p> <p>The AIHW NHMD does not include data on ACAT assessments.</p> <p>The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.</p> <p>Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, the denominator is very small).</p>
<p>Coherence</p>	<p>The data can be meaningfully compared across periods for all jurisdictions except Tasmania. 2008-09 data for Tasmania does not include two private hospitals that were included in 2007-08 data reported in the baseline report.</p>
<p>Accessibility</p>	<p>The AIHW provides a variety of products that draw upon the NHMD. Published products available on the AIHW website include:</p> <ul style="list-style-type: none"> • <i>Australian hospital statistics</i> with associated Excel tables. • Interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Interpretability Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (technical annexes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Data Gaps/Issues Analysis

**Key data
gaps/issues**

The Steering Committee notes the following issues:

- Further development is required to collect data on the number of days people in hospitals who have received ACAT assessments and are deemed eligible for residential aged care have been waiting for placement in a residential aged care facility.

Falls in residential aged care resulting in patient harm and treated in hospital

Data quality information for this indicator has been sourced from the Steering Committee's report to the COAG Reform Council on the National Healthcare Agreement (data supplied by AIHW) with additional Steering Committee comments.

Indicator definition and description

Element	Quality — Safety
Indicator	Falls resulting in patient harm in residential aged care
Measure (computation)	<p><i>Numerator:</i> Number of separations with a diagnosis of injury resulting from a fall and a place of occurrence of Aged Care Facility.</p> <p>A separation is an episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation).</p> <p><i>Denominator:</i> Total number of permanent and respite 'resident days' for residential aged care facilities (including pre-entry leave days).</p> <p>And is reported as a <i>number</i> and a <i>rate per 10 000 resident-occupied place days</i></p>
Data source/s	<p><i>Numerator:</i> Calculated using data from the National Hospital Morbidity Database (NHMD), based on the National Minimum Data Set for Admitted Patient Care.</p> <p><i>Denominator:</i> calculated using data from the Australian Government Department of Health and Ageing's Aged Care Data Warehouse.</p>

Data Quality Framework Dimensions

Institutional environment	<p>The Australian Institute of Health and Welfare (AIHW) has calculated the numerator for this indicator.</p> <p>The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.</p> <p>The hospital separations data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals are required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.</p> <p>States and territories supplied these data under the terms of the National Health Information Agreement (see link).</p> <p>http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc</p> <p>The Australian Government Department of Health and Ageing provided the denominator for this indicator to the AIHW. Approved aged care providers submit data to Medicare Australia to claim subsidies from the Australian Government.</p>
Relevance	<p>The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are</p>

included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility. The Aged Care Facility as a place of occurrence is broader in scope than residential aged care – it includes other facilities such as retirement villages.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient (numerator) and client postcode prior to admission to residential aged care (denominator). The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

The Aged Care Data Warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Australian Government Department of Health and Ageing. The Aged Care Data Warehouse collects a number of data items, including resident admissions, discharges, assessments, appraisals and payment details. The Aged Care Data Warehouse does not include details on residents in Australian Government subsidised Multi-purpose Services, Innovative Care Services, nor residents in Australian Government subsidised facilities funded under the National Aboriginal and Torres Strait Islander Aged Care Program. Information relating to retirement villages is not included in the Aged Care Data Warehouse.

These data are provided by Medicare Australia to the Department of Health and Ageing, which uses the data to administer services under the Aged Care Act 1997 and the Aged Care Principles.

Timeliness

The reference period for this data set is 2007-08 and 2008-09.

Accuracy

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, for the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only). National totals include these six jurisdictions only. Indigenous status data are reported for Tasmania and ACT with caveats until further audits of the quality of data in these jurisdictions are completed.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as 'Aged Care Facility'. The 'Aged Care Facility' as a place of occurrence is broader in scope than residential aged care — it includes other facilities

such as retirement villages. Hence, the numbers presented could be an over-estimate, as they include falls in aged care facilities other than residential aged care.

Around 28 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities could be an under-estimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be over-estimated (for example, a person who falls in hospital after being admitted for a non-fall related cause in an aged care facility). To minimise the chance of over-estimation, only separations where a person was admitted to hospital with a principal diagnosis of an injury were included (S00 to T14 inclusive).

Data on falls are recorded uniformly using the ICD-10-AM.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

The specifications for this indicator only enable the identification of patients who experience a fall in residential aged care and require admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small).

For 2008-09, the number of resident days collected by the Aged Care Data Warehouse was accurate at the time of calculation.

Disaggregation by remoteness and SEIFA is by the client's postcode prior to admission to an aged care facility. In some instances, the postcode was not provided or the input was inaccurate, or in other cases, the SEIFA index may not have been provided. As a consequence, around 0.6 per cent (2007-08) and around 0.5 per cent (2008-09) of the total resident days were excluded from this analysis.

Coherence

The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008-09 data for Tasmania does not include two private hospitals that were included in 2007-08 data reported in the baseline report.

The number of separations involving an ICD-10-AM external cause code for falls has been reported in the National Injury Surveillance Unit (NISU) publication Hospitalisations due to falls by older people, Australia 2005-06. It should be noted that the methodology used in this report differs from the NHA indicator, in that all principal diagnoses are included, not just injuries.

The denominator provided from the Aged Care Data Warehouse is consistent with other publicly available information about aged care residency.

Accessibility

The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cubes for admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Aggregated aged care data items are published in the SCRGSP's Report on Government Services, and in the annual Reports on the Operation of Aged Care Act 1997 prepared by the Department of Health and Ageing

Interpretability Supporting information on the quality and use of the National Hospital Morbidity Database are published annually in *Australian hospital statistics* (technical appendixes), available in hard copy or on the AIHW website.

Supporting information includes discussion of coverage, completeness of coding, the quality of Indigenous data, and variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Further information on aged care definitions is available in the Aged Care Act 1997 and the Aged Care Principles, in The Residential Care Manual.

Data Gaps/Issues Analysis

**Key data
gaps/issues**

The Steering Committee notes the following issues:

- Disaggregation of this indicator by Indigenous status for all jurisdictions is a priority.