

Home and Community Care Minimum Data Set Version 2 - Collection & Reporting Requirements

Document Number PD2008_050

Publication date 03-Sep-2008

Functional Sub group Clinical/ Patient Services - Information and data
Clinical/ Patient Services - Aged Care
Clinical/ Patient Services - Governance and Service Delivery
Clinical/ Patient Services - Nursing and Midwifery
Clinical/ Patient Services - Transport

Summary Collection and reporting requirements for the NSW Health Home and Community Care (HACC) Minimum Data Set (MDS) Version 2.

Replaces Doc. No. Home and Community Care Minimum Data Set Version 2 - Collection & Reporting Requirements [PD2007_088]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, NSW Ambulance Service, NSW Dept of Health, Public Hospitals

Audience Clinical, nursing, allied health, executive, administrative/clerical, transport staff

Distributed to Public Health System, Community Health Centres, NSW Ambulance Service, Public Hospitals

Review date 03-Sep-2013

Policy Manual Not applicable

File No. 06/4736

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

NSW HEALTH HOME AND COMMUNITY CARE (HACC) MINIMUM DATA SET version 2 Collection and Submission Requirements

1. Introduction

The HACC Program is a joint Commonwealth, State and Territory initiative under the auspices of the Home and Community Care Act 1985. In New South Wales, the Department of Ageing, Disability and Home Care has the lead role in administering the HACC Program, in partnership with NSW Health and the Ministry of Transport.

The overall objective of HACC is to provide funding for services which support people who live at home and whose capacity for independent living is at risk or who are at risk of premature or inappropriate admission to long term residential care including:

- older and frail persons aged over 65 years with moderate, severe or profound disabilities;
- younger persons with moderate, severe or profound disabilities;
- such other classes of persons as are agreed upon by the Commonwealth Minister and the State Minister; and
- the unpaid carers of people assessed as being within the National Program's 'target population'.

All HACC Services must enter into a funding agreement which complies with the requirements of the HACC Review Agreement 2007 including data collection arrangements

AHS and HACC agencies will need to ensure that HACC Program funding is used only to provide services to HACC-eligible clients for which HACC Program funding is provided.

Where staff vacancies occur in HACC agencies, AHS are to ensure that these positions are filled as a matter of urgency to ensure that HACC-funded services can be provided.

The HACC Minimum Data Set (MDS) collects demographic data about HACC clients (such as their age and living arrangements) and the amount and types of assistance being provided to them. The Australian Government and NSW Government use this information to help plan for the HACC Program.

Reporting under the HACC MDS is compulsory for **all** HACC service providers in receipt of HACC funding, regardless of agency size.

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The NSW Department of Health is the collection authority for all HACC Program data collected by NSW Department of Health/AHS funded and/or brokered HACC services. The NSW Department of Ageing, Disability and Home Care (DADHC) is the collection authority for the NSW data collection. The national collection authority is the Commonwealth Department of Health and Ageing.

This policy directive relates to the continuation of the NSW Health Home and Community Care Minimum Data Set data collection that began in July 2001 to meet reporting requirements for NSW under the Home and Community Care Act 1985.

The NSW Health Home and Community Care Minimum Data Set has been revised and updated from 1 July 2008 to meet revised NSW HACC reporting requirements under the HACC Review Agreement 2007 and NSW (DADHC) HACC Minimum Data Set version 2 2007.

Electronic unit records provide the basis for counts of HACC funded health activity under a variety of reporting requirements met by this collection.

1.1 Changes to the NSW Health HACC Minimum Data Set from 1 July 2008

The NSW Health HACC Minimum Data Set (MDS) version 2 Data Dictionary and Collection Guidelines (available at: <http://internal.health.nsw.gov.au/im/ims/hacc/index.html> or <http://www.health.nsw.gov.au/data/hacc/>) contains a total of 8 data element concepts, 114 data elements and 5 derived data elements. The National HACC MDS v2 is a subset of the NSW (DADHC) HACC MDS v2, which is in turn a subset of the NSW Health HACC MDS v2. The NSW Health HACC MDS v2 data collection is an ongoing monthly data collection, which is managed on a financial year basis from 1 July to 30 June. All agencies must submit their collected data each month to the HACC Liaison Officer/Data Co-ordinator in their Area Health Service.

Changes to the NSW Health HACC MDS from 1 July 2008 are detailed in Appendix A of the NSW Health HACC MDS v2 Data Dictionary and Collection Guidelines. The following summarises the changes made to the NSW Health HACC MDS data collection from 1 July 2008:

- Updating and more clearly defining the scope of the collection to more accurately reflect HACC Program funded services and assistance required to be collected through the NSW Health HACC MDS
- Outlining the roles and responsibilities of key players in the development, implementation and monitoring of the NSW Health HACC MDS data collection

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- Incorporating additional data elements required by the NSW (DADHC) HACC MDS version 2 and the HACC Program National MDS version 2
- Incorporating additional data elements required by NSW Health Policy Directive or other mandatory reporting requirements (eg, Transport for Health services, Community Package and Community Options services, and non-admitted Community Acute/Post-Acute Care services reporting)
- Incorporating additional data elements requested by the NSW Department of Health and Area Health Services to improve the usefulness and usability of the data
- Aligning data elements, data domains and definitions common with the NSW Health Data Dictionary and National Health Data Dictionary
- Aligning data elements, data domains and definitions common with the NSW Community Health and Outpatient Care Information Project (CHOCIP) Minimum Data Set, where possible
- Changing from summary aggregation reporting to unit-record level data reporting in conjunction with the CHOCIP MDS implementation to improve data reporting accuracy, transparency and comparability, and enhance the usability and usefulness of the data for analysis of client/carer profile, service utilisation and activity, resource utilisation and service planning
- Changing from quarterly to monthly reporting in conjunction with the CHOCIP MDS implementation to provide for an increased opportunity for issues relating to reporting compliance and data quality to be identified and improved, and improve timeliness for any issues identified to be addressed
- Implementing and providing a HACC Data Repository to each AHS, which will include in-built reporting, validation and logic checking functionality, in which data from all HACC-funded agencies within the AHS, both government and non-government, will be imported, thence exported to the NSW Department of Health each month.

1.2 Purpose of the NSW Health HACC MDS version 2

The NSW Health HACC MDS version 2 data collection has been developed to provide consistent information across NSW Health services about the clients and activities of HACC services. The collection ultimately aims to contribute standardised state and national data that will be used to inform planning and policy developments designed to support frail aged people, people with a disability and their carers so they can remain in the community.

The data elements included in the NSW Health HACC MDS and defined in the Data Dictionary and Collection Guidelines encompass what is considered by

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HACC Program managers to be the minimum management information requirements related to the:

- characteristics of clients (eg, sex, age, Aboriginal / Torres Strait Islander origin)
- circumstances of clients (eg, where clients live, whether they have a carer)
- characteristics and circumstances of carers (eg, age, sex, Aboriginal / Torres Strait Islander origin)
- assistance received by clients and carers from the HACC Program (eg, source of referral, amounts and types of assistance received).

The NSW Health HACC MDS will make it possible to compare and aggregate information across NSW on the needs, service utilisation and programs provided for frail aged people, people with a disability and their carers, communities and service settings. It will also provide HACC services with access to basic data relating to clients and their carers, their needs and service provision. The data derived from this collection will be considered in conjunction with other information sources (eg, admitted patient data and national surveys) to inform debate, policy decisions and strategies related to the Home and Community Care (HACC) Program.

The objectives of the NSW Health HACC Minimum Data Set are to:

- provide HACC Program managers with a tool to access data required for policy development, strategic planning and performance monitoring against agreed output/outcome criteria;
- assist HACC Services to provide high quality services to their clients by facilitating improvements in the internal management of HACC-funded service delivery; and,
- facilitate consistency and comparability between HACC data and other aged, community care and health data collections.

The outcome indicators that are directly measurable by the NSW Health HACC MDS version 2 collection are:

- Use of services by special needs groups
- Range and level of services
- Use of services by those most in need.

The NSW Health HACC MDS also contributes, to varying degrees, to the measurement of the following outcome indicators:

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- Appropriateness of care
- Effectiveness of care
- Individual costs
- Project costs
- Efficient program management.

1.3 Compliance monitoring

The NSW Department of Health will monitor compliance with the reporting requirements set in this Policy Directive and will produce compliance reports on a regular basis. The compliance will only be based on accessible data in the HACC Data Repository held by the NSW Department of Health.

The compliance reports will be distributed to each Area Health Service Chief Executive; each Area Health Service Director of Population Health, Planning and Performance; each Area Health Service HACC Liaison Officer/Data Co-ordinator; the Director of Primary Health and Community Partnerships Branch, NSW Department of Health; and the Director of Demand and Performance Evaluation Branch, NSW Department of Health.

HACC-funded agencies will also be monitored against the DADHC Integrated Monitoring Framework.

Under the HACC Review Agreement 2007, agency HACC MDS data reporting will be assessed by the Commonwealth Department of Health and Ageing for timeliness, completeness and quality; and significant penalties may be incurred if reporting requirements are not met.

1.4 Financial penalties

Clauses 7(9) and 7(10) of the HACC Review Agreement 2007 allow the Australian Government to impose a financial penalty if a State or Territory does not comply with the requirements relating to performance reporting or due recognition as detailed in the HACC Program Management Manual.

Following a process of notification and response through negotiation or remedial action, the Australian Government may decide to apply a penalty of up to **1%** of that year's Australian Government funding, deducted from the following year's allocation for non compliance.

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2. Scope of the NSW Health HACC MDS version 2

The scope of the NSW Health HACC MDS version 2 is detailed in the NSW Health HACC MDS v2 Data Dictionary and Collection Guidelines, which is available at:

<http://internal.health.nsw.gov.au/im/ims/hacc/index.html> or
<http://www.health.nsw.gov.au/data/hacc/>

It is critical that service providers know whether they are within the scope of the collection, and, if they are, which of their services are included. Only agencies within scope should provide data, and only for services within scope. The following information defines in more detail the scope of the NSW Health HACC MDS:

Which agencies and staff?

Included:

- All staff and volunteers working within government or non-government organisations or organisational sub-units funded in whole or in part by or through the NSW Department of Health or an Area Health Service to provide one or more HACC services to support frail aged people, people with a disability and/or their carers so they can remain in the community. This includes Aboriginal services, centre day care services or generalist agencies such as community health services and multi-purpose centres.
- All staff and volunteers working or providing one or more HACC services funded in whole or in part by or through the NSW Department of Health or an Area Health Service within government or non-government acute care hospitals, where they provide basic maintenance and support services to frail aged people, people with a disability and/or their carers in readiness for, or as part of, community acute and/or post-acute care, irrespective of whether those agencies also report to the Public Hospitals Admitted Patient Data Collection or Private Hospitals Inpatient Statistics Collection.

State and Commonwealth government funding for the HACC Program is provided for *service outputs* by specific service types within specific geographical regions or by specific projects. Funding is **not** provided for *individual service provider positions*. To allow the appropriate reporting of HACC service provision, the NSW Health HACC MDS collection is a *client-centered* data collection, **not** a *position-centered* data collection.

Accordingly, **all persons** (staff and volunteers) working within a government or non-government organisation or organisational sub-unit funded in whole or in part by or through the NSW Department of Health or an Area Health Service to

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provide one or more HACC services are considered 'in scope' to collect the NSW Health HACC MDS.

Sometimes a HACC-funded agency may contract out or broker the assistance required by their clients to other agencies (HACC or non-HACC funded). Although the agency may not directly provide the assistance in these cases, the HACC agency **paying** for the assistance to clients is considered responsible for that assistance and is required to report to the NSW Health HACC MDS collection those clients and the assistance they receive.

Excluded:

- Government and non-government organisations or organisational sub-units that receive **no** funding from or through either the NSW Department of Health or an Area Health Service to provide HACC services to support frail aged people, people with a disability and/or their carers.
- Staff and volunteers providing services to HACC eligible clients, where **neither** the service type being provided **nor** the organisation or organisational sub-unit within which they work are funded by or through either the NSW Department of Health or an Area Health Service to provide HACC services to support frail aged people, people with a disability and/or their carers.

Which clients?

Included:

- People in the Australian community assessed as HACC-eligible and/or accepted for one or more types of HACC services who, without basic maintenance and support services provided under the scope of the National HACC Program, would be at risk of premature or inappropriate long term residential care, including:
 - older and frail people aged over 65 years with moderate, severe or profound disabilities
 - younger people with moderate, severe or profound disabilities
 - such other classes of people as are agreed upon by the Commonwealth Minister and the State Minister.

This includes those people who seek advice or information only and those who register anonymously.

- Unpaid carers who provide regular and sustained care and assistance to people assessed as being within the National HACC Program's "target population" described above. Some carers will be receiving HACC

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assistance to support them in their caring role; other carers will not be receiving services themselves. **Note:** Carers in receipt of the Carer Payment (Pension) and/or Carer Allowance are considered unpaid carers and are considered 'in-scope' for the NSW Health HACC MDS v2.

Excluded:

- Persons receiving one or more HACC services, but who are not registered as individuals – eg, those participating in group activities who are not individually registered
- Admitted patients in acute care or psychiatric hospitals, residential or centre day care services, **other than those** indicated above as in scope
- Persons providing paid or irregular care for frail aged people or people with a disability
- Frail aged people, people with a disability and/or their carers receiving a service in excluded agencies previously noted
- Carers providing irregular care, or who are in receipt of payment in their caring role (excluding the Carer Payment (Pension) and/or Carer Allowance)
- Formal care services, such as care or assistance provided by professional paid workers or volunteers arranged by formal services.

Which activities?

Included:

- All **Service Event** records for the types of HACC-funded activity specified in the data element *Primary type of assistance received* that were provided at any point during the collection period.

Excluded:

- Accommodation – eg, re-housing, supported accommodation, and aged care homes or a related service
- Direct treatment for acute care illness (including convalescent or community acute and/or post-acute care), **except** for basic maintenance and support services provided to frail aged people, people with a disability and/or their carers in readiness for, or as part of, community acute and/or post-acute care
- Any activity provided to support frail aged people, people with a disability and/or their carers, where the client is **not** individually registered – eg,

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general telephone enquiries, generalist group advocacy work, or group activities where those participating in the group are **not** individually registered

- Any activity provided to frail aged people, people with a disability and/or their carers in excluded agencies previously noted
- Any activity provided to a person previously noted as excluded.

3. Roles and Responsibilities

The roles and responsibilities of key stakeholders in relation to the NSW Health HACC MDS version 2 are detailed in the NSW Health HACC MDS Data Dictionary and Collection Guidelines and are reproduced below for AHS and HACC-funded services:

3.1 Area Health Services

In order to support the collection of the NSW Health HACC MDS, each Area Health Service will nominate a person to act as the HACC Liaison Officer and/or HACC Data Co-ordinator. Such persons will be responsible (within their AHS, for both government and non-government agencies funded to provide HACC services wholly or in part by or through the NSW Department of Health or the Area Health Service) for:

- implementing and managing the NSW Health HACC MDS collection
- providing training to agencies and service providers, where necessary, on all aspects of the data collection process
- co-ordinating the distribution of information, including error reports, from the NSW Department of Health relating to the HACC Program to agencies, and co-ordinating the reply return of information from agencies to the NSW Department of Health
- contacting all agencies within the scope of the collection in advance of each due date to remind them of their reporting requirements and due date
- ensuring all agencies and service providers within the scope of the collection are collecting and reporting the NSW Health HACC MDS in accordance with the collection guidelines and reporting requirements
- importing all NSW Health HACC MDS data received from agencies into the HACC Data Repository held by the AHS
- monitoring data quality, collating, cleaning and validating the data through the HACC Data Repository held by the AHS

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- liaising with agencies and co-ordinating the investigation, cleaning and re-submission of data from agencies where a data quality issue has been identified
- co-ordinating the implementation of work process changes to eliminate errors at the points of data capture and data entry
- managing queries and problems
- extracting data from the AHS HACC Data Repository and submitting the data to the Demand and Performance Evaluation Branch, NSW Department of Health on a monthly basis by the due date.

Each AHS will provide up-to-date contact details for their AHS HACC Liaison Officer/Data Co-ordinator to the HACC Data Collection Co-ordinator, Demand and Performance Evaluation Branch, NSW Department of Health. Any queries from agencies regarding the data collection should be directed, in the first instance, to the relevant AHS HACC Liaison Officer/Data Co-ordinator.

3.2 HACC agencies and service providers

All agencies (including all staff and volunteers) funded in whole or in part by or through the NSW Department of Health or an Area Health Service to provide one or more HACC services are responsible for:

- ensuring all service providers are trained on all aspects of the data collection process
- co-ordinating the distribution of information, including error reports, from the Area Health Service and/or the NSW Department of Health to service providers, and co-ordinating the reply return of information to the Area Health Service and/or the NSW Department of Health
- ensuring all service providers providing services within the scope of the collection are collecting and reporting the NSW Health HACC MDS in accordance with the collection guidelines and reporting requirements
- monitoring data quality
- investigating, cleaning and re-submitting data to the Area Health Service, where a data quality issue has been identified
- co-ordinating the implementation of work process changes to eliminate errors at the points of data capture and data entry
- informing their Area Health Service HACC Liaison Officer/Data Co-ordinator if they are having difficulty in collecting the information

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- submitting their collected data to the nominated HACC Liaison Officer/Data Co-ordinator in their Area Health Service on a monthly basis by the due date. No data is to be directly submitted by agencies to the Demand and Performance Evaluation Branch, NSW Department of Health.

4. Data Elements, Data Domains, Definitions and Guidelines

The NSW Health HACC MDS consists of a broad range of items describing administrative, social, demographic, client/carer needs, program and service-related information. The data set has been developed in conjunction with service providers to ensure that data elements are useful, not only at a Commonwealth or State level, but also to individual agencies needing consistent, accurately defined information for service development and planning.

All data elements, their data domains and definitions collected by the NSW Health HACC MDS version 2 are detailed in the NSW Health HACC MDS Data Dictionary and Collection Guidelines.

The NSW Health HACC MDS Data Dictionary and Collection Guidelines includes the data elements that are required for the HACC National Minimum Data Set and the NSW (DADHC) HACC Minimum Data Set, as well as some additional data elements specifically collected by the NSW Department of Health/AHS funded HACC services.

The dictionary has been developed to support the process of data collection, by assisting the implementation of data systems and the development of training programs. It will also provide an ongoing reference source for data managers and clinicians, and serve as a tool to support data analysis and interpretation.

4.1 General guidelines

The data elements and coding schemes provided in this data dictionary comprise a minimum data set that meets the reporting requirements for HACC service agencies reporting to the NSW Department of Health, NSW Department of Ageing, Disability and Home Care, and Commonwealth Department of Health and Ageing.

Agencies may collect data that is additional to the items specified in this data dictionary. Agencies may also use a more detailed coding scheme than that which is specified for any data element, as long as they can be accurately mapped to the data domain for that data element as specified within this data dictionary.

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General issues

- No data element is to be left blank. Where a nil response is required, tick or code the appropriate response eg, 'no income', 'has no Carer'.
- All items should be based on the response of the person to whom it relates (the client or the carer), not on the clinician's guesses or assumptions. This is particularly important for collection of the '*Client Aboriginal and Torres Strait Islander origin*' and '*Carer Aboriginal and Torres Strait Islander origin*' data elements. When the client/carers is unable to respond personally, the person answering for him or her should be qualified to do so (ie, the respondent must know the client/carers and feel confident to provide accurate information about him or her). However, it is strongly recommended that all questions be asked directly whenever possible. Where this is impossible, such as in the case of death, questions should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.
- Agencies may develop their own business rules relating to the collection, however, where this is done, the key requirement is consistency across all data collected within the agency.
- The data set collected pertains largely to **clinical** information and should therefore be completed by a **clinician** of the agency and not by a member of the administrative or support staff.

Any questions regarding the proper usage of any data elements or data domains within the NSW Health HACC MDS version 2 should be directed to the HACC Liaison Officer/Data Co-ordinator for your Area Health Service or the HACC Data Collection Co-ordinator in the Demand and Performance Evaluation Branch, NSW Department of Health. These co-ordinators are also available to attend to any other questions regarding data collection.

4.2 Supporting and reporting data requirements

Data elements that are ***derived data requirements only*** are those that are derived from other data elements for reporting purposes. For example, the *Letters of Name of Client Statistical Linkage Key* is not directly collected by the agency, but is derived for reporting purposes from the *Client family name/surname* and *Client first given name*.

Data elements that are ***supporting and reporting data requirements*** are those that the agency needs to both record on an ongoing basis and report as part of the NSW Health HACC MDS collection. The same codes are used for recording and reporting this data and the specifications for recording and reporting these data elements are either identical or very similar. ***Supporting and reporting***

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data requirements relate to the client or carer characteristics, circumstances and **Service Episode** records. Data about the person's characteristics (eg, *Client date of birth, Client sex and Carer country of birth*) are stable over time and are simply reported by the agency at assessment/**Commencement of Service Episode**. However, data about the person's circumstances (eg, *Usual living arrangements of Client and Government pension/benefit status of Client*) can change over time and across **Service Episode** records. An agency may, therefore, have different values for these types of data elements recorded on their information system for the same client during the reporting period.

4.3 Data element concepts, data elements and derived data elements

There are three distinct data element types that describe the elements included within the NSW Health HACC MDS Data Dictionary and Collection Guidelines. These are *data element concepts, data elements and derived data elements*. The NSW Health HACC MDS Data Dictionary and Collection Guidelines contain a total of 8 data element concepts, 114 data elements and 5 derived data elements.

Data element concepts are included to clarify the concepts underpinning related data elements within the data dictionary. These are neither supporting nor reporting requirements, but define the higher level concepts that many of the individual data elements describe. Data element concepts are presented in a more limited format than other data elements.

Data elements included within the data dictionary specify particular pieces of information that need to be collected by HACC agencies and, in most cases, need to be reported as part of the NSW Health HACC MDS collection. Of the 114 data elements included within the NSW Health HACC MDS Data Dictionary and Collection Guidelines, 1 is a *reporting composite data requirement* and 113 are *supporting and reporting data requirements*.

Derived data elements are data which are not collected directly by HACC agencies, but that are calculated or derived from other information specified for collection by HACC agencies in order to meet NSW Health HACC MDS reporting requirements. The 5 derived data elements included within the NSW Health HACC MDS Data Dictionary and Collection Guidelines are *derived data requirements only*.

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5. Collecting and Reporting the NSW Health HACC MDS version 2

5.1 Data collection times

NSW Health HACC MDS data recording is continuous and, therefore, you have to keep an up-to-date record on each client/carer and the assistance provided to them.

Data about the person's characteristics (eg, *Client date of birth*, *Client sex* and *Carer country of birth*) are stable over time and are simply reported by the agency at assessment/**Commencement of Service Episode**. However, data about the person's circumstances (eg, *Usual living arrangements of Client* and *Government pension/benefit status of Client*) can change over time and across **Service Episode** records.

The information that indicates what assistance the client/carer has received is recorded each time the client/carer is helped. The client and/or their carer/s may receive help daily, weekly or just now and then. However, each occasion of service needs to be recorded as it occurs. It is easier to manage if information is entered regularly, rather than at the end of the week or reporting period.

It is recommended that **all** data elements be recorded and checked for currency on an ongoing basis during the course of a **Service Episode**.

Items marked for collection at **Commencement of Service Episode** should be completed on the day of intake/initial assessment. Items marked for collection at the **Cessation of Service Episode** should be completed within **three days** of the actual date of cessation.

5.2 Data collection tools

In order to facilitate the data collection, the NSW Department of Health has provided a Microsoft Access database (called SNACC (formerly known as SNAPshotPlus)) to assist agencies in the entry and maintenance of the data collection. A software user manual for SNACC is available from the Demand and Performance Evaluation Branch, NSW Department of Health and AHS HACC Liaison Officers/Data Co-ordinators.

The SNACC database provides for the automatic generation of monthly reports in the appropriate format for submission. Data may be entered directly into the database or transferred from a paper form, depending upon the agency and clinician's preference. These files are then provided monthly to the relevant Area Health Service HACC Liaison Officer/Data Co-ordinator, who will check and

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clean them and forward them to the Demand and Performance Evaluation Branch, NSW Department of Health.

The SNACC database has been developed as an interim reporting tool only. Agencies and Area Health Services are encouraged to implement the Community Health Information Management Enterprise (CHIME) to collect the NSW Health HACC MDS. Other data collection tools can also be developed or used to meet agency or AHS reporting requirements.

Some agencies may have an existing computerised system used for data collection. The use of other computerised data collection mechanisms is acceptable with the following provisos:

- data collection must conform to these specifications
- data output must be formatted as per the protocol documented in *Appendix C: Extract format and data submission guidelines*
- data validation and logic checks documented in *Appendix B: Data validation and logic checks* must be incorporated into computerised data collection tools.

All agencies and service providers within scope of the NSW Health HACC MDS version 2 will commence collecting HACC service activity in the NSW Health HACC MDS version 2 format as soon as updated software has been made available, but **no later than 30 September 2008**.

5.3 Data quality

Data collections require ongoing attention to quality. There is a need to attend to:

- the way questions are asked
- data entry
- handling of 'not stated' or 'null' information
- data validation and logic checks
- follow-up with data providers for any problems.

In order to ensure that the Demand and Performance Evaluation Branch, NSW Department of Health is supplied with a good quality statewide data set, it is essential that Area Health Services clean (edit) the data they receive from service providers, as may be necessary, before they transfer the data. The quality of the data will also be enhanced if service providers check the quality of their data before sending it to the Area Health Service. The AHS HACC Liaison Officer/Data Co-ordinator is responsible for co-ordinating all data checking, validation, follow-up and fixing of data generated within their region. All data

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received by the Demand and Performance Evaluation Branch, NSW Department of Health will be reviewed to detect obvious omissions or errors. If an error is found, the AHS HACC Liaison Officer/Data Co-ordinator will be contacted for clarification.

There are two forms of data quality checks that should be applied to the data set before it is submitted to the Demand and Performance Evaluation Branch, NSW Department of Health:

1. **Validity checks** are used to ensure that values entered for each data element are within a valid range. For example, responses to the data element *Client Aboriginal and Torres Strait Islander origin* should only be coded as a single numeric figure within the range 1 to 4 or 8 or 9. Any response that does not fall within this range is an error. If an error is found, the clinician should go back to the client record to attempt to fix it. Refer to the Data Dictionary below for the valid range of codes for each data element.
2. **Logic checks** are used to ensure internal consistency between responses, and to ensure that contradictory responses are not included. For example, a value of '01' – 'Alone' must **not** be present for *Usual living arrangements of Client* where a value of '1' – 'Co-resident Carer' is present in *Carer residency status*.

Validity checks are performed first, so that logic checks can be performed on valid data.

Some general checks that should be conducted:

- **Missing agencies** - AHS should ensure that all agencies within the scope of the collection have sent data for the entire collection period.
- **Missing data** - AHS should investigate missing data to ensure that agencies are reporting all MDS data elements. Where possible, a reasonable attempt should be made to resolve missing data issues.
- **Incorrect codes** - AHS should ensure that agencies are using the correct codes for all data elements.
- **Incorrect dates** - Dates reported by agencies should be checked to ensure that they are not sending incorrect dates (eg, dates in the future) or in incorrect date formats (eg, mmddyyyy). Dates should be reported in the format ddmmyyyy (ie, without delimiters). Time information should not be included in date fields.

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- **Duplicate records** - AHS should check for duplicate **Service Episode** and **Service Event** records being submitted by agencies.
- **Reporting period** - The *Date of Commencement of Service Episode* and *Date of Cessation of Service Episode* should be checked to ensure that only **Service Episodes** that were open during and/or closed within the valid reporting period are reported.
- **Data inclusion** - AHS should ensure that data not within scope of the NSW Health HACC MDS is excluded from the collated data set sent to the Demand and Performance Evaluation Branch, NSW Department of Health.

If the Demand and Performance Evaluation Branch, NSW Department of Health identifies an error in the data, it will request the HACC Liaison Officer/Data Co-ordinator in the associated Area Health Service to arrange for the error to be fixed at the agency level and records resubmitted.

The data validation and logic checks that will be applied to the NSW Health HACC MDS v2 and incorporated into computerised data collection tools (preferably at the point of data entry or, where this is not possible, within regular automated data quality reports/flags) are documented in *Appendix B: Data validation and logic checks*.

6. Submission of NSW Health HACC MDS version 2 Data

All agencies and service providers within scope of the NSW Health HACC MDS version 2 will commence submitting HACC service activity data in the NSW Health HACC MDS version 2 format as soon as updated software has been made available, but **no later than 30 September 2008**.

All agencies, both government and non-government, must submit their collected data each month to the HACC Liaison Officer/Data Co-ordinator in their Area Health Service. No data is to be directly submitted by agencies to the Demand and Performance Evaluation Branch, NSW Department of Health.

AHS HACC Liaison Officers/Data Co-ordinators must submit their AHS data in the approved electronic format to the Demand and Performance Evaluation Branch, NSW Department of Health no later than the 21st calendar day of the month following that of collection.

NSW Health HACC MDS v2 data submission requirements, data and file formats are detailed in *Appendix C: Extract format and data submission guidelines* of the NSW Health HACC MDS v2 Data Dictionary and Collection Guidelines.

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7. Security of data submitted

7.1 Hard copy

Data submitted in hard copy (paper) format for batch entry within an AHS must be kept secure at all times. This means records must be sent by secure post (or courier) using a service that records the name of the persons handling the data.

7.2 Electronic copy

Data must be submitted in the approved electronic format as detailed in *Appendix C: Extract format and data submission guidelines* of the NSW Health HACC MDS v2 Data Dictionary and Collection Guidelines. Data sent in electronic format should not be sent by Internet e-mail unless authorised in advance. Data submitted by e-mail within the Health Network should be encrypted and password protected. The password must be provided separately to the email containing the data. The AHS HACC Liaison Officer/Data Co-ordinator should provide return e-mails to agencies upon receipt of data submitted by e-mail from agencies.

8. Reporting and Ownership, Privacy and Confidentiality

Reporting and Ownership, Privacy and Confidentiality issues relating to NSW Health HACC MDS v2 data are detailed in the NSW Health HACC MDS v2 Data Dictionary and Collection Guidelines.

Where any doubt exists as to the appropriate use of data or informing people about what information is collected, refer to the NSW Department of Health Privacy Manual, version 2 2005 and the NSW Department of Health Privacy Management Plan 2000. Both these items are available from the Better Health Centre on (02) 9816 0452 or fax (02) 9816 0492, or the NSW Department of Health website:

http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html and
http://www.health.nsw.gov.au/policies/pd/2005/PD2005_554.html

9. Further Information

The NSW Health HACC MDS v2 Data Dictionary and Collection Guidelines is available at:

<http://internal.health.nsw.gov.au/im/ims/hacc/index.html> or
<http://www.health.nsw.gov.au/data/hacc/>

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Further information about this Policy Directive and the NSW Health HACC Minimum Data Set v2 data collection can be obtained by contacting:

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