

HACC Service Event data elements

Service Event identifier

- System-derived.
- A unique identifier for the Service Event (at an Agency or AHS level).

HACC Service Event data elements

Date of Service Event

- The date of an occasion of assistance by a service provider of a HACC Agency that:
 - results in a dated entry being made in the clinical record, and
 - was received by a Client and/or their Carer, or
 - was booked for a Client and/or their Carer, but did not occur due to prior cancellation or by the Client and/or Carer failing to attend.

HACC Service Event data elements

HACC Program funding flag

- An indication of whether HACC Program funds or other funds were used for the delivery of assistance.
- Derived in some instances (depending on your information system).

Code	Description
1	HACC funds
4	Transport for Health funds
5	Ministry of Transport Community Transport Program funds
6	Ministry of Transport Area Assistance Program funds
8	Other funds only

In order to be able to identify when a service delivery event was a Service Event for reporting purposes to the National HACC MDS, the data element HACC Program funding flag is included in the NSW Health HACC MDS.

As many HACC-funded agencies also receive funding from other sources, the inclusion of these data elements in their information systems will enable HACC-funded service delivery events to be distinguished from assistance provided to clients with other sources of income. For examples agencies may provide assistance to clients that are funded through AHS funds, compensation payments, contract fees, Department of Veterans Affairs or clients paying full cost.

The NSW Health HACC MDS is not designed to collect information about Agency expenditure or total resource use. The inclusion of this data element is designed to facilitate identification of HACC clients and the HACC-funded assistance they have received during a reporting period.

The categorisation used in this data element is broader than what an individual Agency may wish to use. More specific or detailed funding source categories (eg. by project) may be used by an Agency for their own internal management and planning purposes. In formulating Agency-specific categories, however, the Agency should ensure that they are able to meet the reporting requirements included within this data element (ie. the Agency should maintain the capacity to distinguish HACC-funded assistance from assistance funded from other sources). The capacity to do so is critical to the capacity of the Agency to adequately and accurately meet the reporting requirements of the National HACC MDS.

Excerpt from Data Dictionary and Collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

HACC PROGRAM FUNDING FLAG

Guide for use:

- Code 01:** HACC funds – to be used where HACC funds were used (solely or in combination with other funds) to provide the Service Event. Includes Client/Carer fees/contributions and/or donations.
- Code 04:** Transport for Health funds – to be used where Transport for Health funds were used (solely or in combination with other (non-HACC Program) funds) to provide the Service Event. Includes Client/ Carer fees/contributions and/or donations.
- Code 05:** Ministry of Transport Community Transport Program funds – to be used where Ministry of Transport Community Transport Program funds were used (solely or in combination with other (non-HACC Program and non-Transport for Health Program) funds) to provide the Service Event. Includes Client/Carer fees/contributions and/or donations.
- Code 06:** Ministry of Transport Area Assistance Program funds – to be used where Ministry of Transport Area Assistance Program funds were used (solely or in combination with other (non-HACC Program and non-Transport for Health Program) funds) to provide the Service Event. Includes Client/Carer fees/contributions and/or donations.
- Code 08:** Other funds only – to be used where only AHS/Agency funds and/or other funding/ funding sources not listed above (including compensation payments) were used to provide the Service Event.

HACC Service Event data elements

Primary type of assistance received



- The primary type of assistance that the Client/Carer received.
- There may be many activities and types of assistance provided during a Service Event, however only the primary purpose or focus of the Service Event is recorded.
- To some extent, the type of Agency, and/or the specified purposes for which an Agency is funded, will determine the primary type of assistance received by a person attending that Agency – eg. in taking a client to a medical appointment, both transport and social support may be provided:
 - for a Community Transport service, this would appropriately be recorded as '95' – 'Transport-Client';
 - for a Neighbour Aid service, this may be more appropriately recorded as part of '42' – 'Social support/dementia monitoring'.

Information about the sorts of assistance received by a Client/Carer is of fundamental importance to HACC Program planning and accountability. In conjunction with information about the person's characteristics and circumstances and the total amount of assistance they receive, this information contributes to an understanding of the ways in which HACC-funded services have responded to Client/Carer needs.

The assistance type(s) that is the primary purpose or focus of the Service Event should be recorded, regardless of who is providing that service.

For example, a person receiving a home delivered meal from an Agency funded to provide meals or food services may also, as part of that HACC Service Event, receive some social support. However, for the purposes of recording the primary type of assistance the person received on this occasion, the Agency should record '81' – 'Meals'.

Similarly, when visiting a person to undertake an assessment of a person's need for assistance, an Agency worker may also provide the person with some information about other services available or make some suggestions about appropriate ways to manage their condition. However, if the primary focus of the occasion of service was assessment, this type of assistance ('01' – 'Assessment (including screening)-Client' or '02' – 'Assessment (including screening)-Carer', whichever is applicable) should be recorded for that occasion of service.

There may, however, be two or more service delivery events planned and recorded for the one visit by a care worker. Both may be recorded as instances of Primary type of assistance received (as separate Service Event records).

Excerpt from Data Dictionary and Collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

PRIMARY TYPE OF ASSISTANCE RECEIVED DATA DOMAIN:

01	Assessment (including screening)-Client	56	Podiatry
02	Assessment (including screening)-Carer	60	Hearing assessment
10	Case management	66	Occupational therapy
21	Client care co-ordination-Client	67	Physiotherapy
22	Client care co-ordination-Carer	68	Diversional therapy
31	Counselling/support, information, referral and advocacy-Client	69	Speech pathology
32	Counselling/support, information, referral and advocacy-Carer	70	Dietetics/nutrition
41	Domestic assistance	71	Social work
42	Social support/dementia monitoring	78	General and other nursing support
43	Personal care	79	Other support by Allied Health professional
45	Centre-based day care	81	Meals
46	Respite care	82	Other food services
51	Continence care	85	Formal linen service
52	Dementia nursing	88	Home maintenance
53	Palliative care generalist nursing	89	Home modification
54	Wound management	90	Provision of goods and equipment
55	Foot care	95	Transport-Client
		96	Transport-Carer

Guide for use: It is important to record this data element for each Service Event.

Where assistance is provided to a Client and/or their Carer on more than one occasion on the same day, each occasion should be recorded separately against the same date.

Where assistance is provided to a Client and their Carer at the same time on the same day, a Service Event for each person should be recorded separately against the same date.

Where assistance is provided to a Client and/or their Carer by more than one service provider at the same time on the same day, a Service Event for each service provider should be recorded separately against the same date and time.

Code 01: Assessment (including screening) - Client
and

Code 02: Assessment (including screening) - Carer –
Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. Provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Assessment (and re-assessment) refers to activities of eligibility and access to services that are directly attributable to individual care recipients.
- II. Assessment (and re-assessment) can be performed on the Client and/or the Carer.

Service Activities

The Assessment process refers to four different elements, which may be undertaken in conjunction or separately by an agency. It is expected that both assessment for support needs and assessment for service response will be ongoing, with re-assessment occurring on a regular basis or as a response to changing need, as the client's situation requires.

The four elements are defined as follows:

1. **Assessment for eligibility** is the matching of client characteristics against program and agency guidelines. Depending on the extent or clinical nature of these guidelines, this might be done at the initial contact point or by designated assessors or clinicians*.
Related activities will include:
Determination of eligibility for service provision by matching of client characteristics against program and agency guidelines.
2. **Assessment for support needs** is divided into two parts, the first being a means of identifying need in broad terms, but without depth of investigation. This is an initial screening process. It may be followed by more in-depth assessment. Taken together, these two levels of assessment identify the range of appropriate potential response options.
Related activities will include:
Completion of the Functional Screening Tool.
Undertaking service level or comprehensive assessment as required, using current best practice tools.
3. **Assessment for service response** refers to the identification of proposed service delivery. It may include case planning.
Related activities will include:
Development and coordination of services identified in Assessment Element 2 (identification of support needs)
Development of care plans
Identification of occupational safety and health issues
Referral to more appropriate programs for clients needing more than basic support services or specialist assessments and programs.
4. **Priority allocation** is not a separate assessment process, but an outcome of an analysis of the combination of the needs and risks associated with a given client.
Activities will include:
Within an identified targeting strategy, allocation for service priority relative to other prospective service users.

It is expected that assessment will take place, where required, in conjunction with an Aged Care Assessment Team (ACAT) and/or other assessment agency. The assessment must necessarily be done with the full involvement of the Client as well as family members and/or Carer(s).

* It should be noted that identification of eligibility is not synonymous with access to services as such access may be contingent on the availability of resources.

Code 10:**Case management –****Service objectives**

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Case Management refers to a collaborative and client focussed process for managing support provision to people with chronic, ongoing or complex conditions or situations. It includes processes of assessment, care planning, implementation, monitoring and case closure and uses a planned approach to achieve an optimal and agreed client outcome and maximum independence in a cost effective way.
- II. Case Management projects specifically target:
 - People who have a range of interacting physical/medical, social and emotional needs, usually regarded as complex needs, and who require comprehensive assessment and formal case management.
 - People who need short term, ongoing or periodic assistance from a case manager to organise and co-ordinate community care services.
 - People whose needs can rapidly change and who need a case manager to monitor their situation and ensure a quick and flexible service response when needed.
 - People who need specific types, mixes or levels of support services that are not usually provided by community care services and who need a case manager to help organise them. These special needs can be due to their ethnic or Aboriginal background, dementia or geographic isolation. The carers of these people.

Service activities

- Screening and Comprehensive Assessment that includes intake and referral activities.
- Care Planning.
- Care Plan Implementation that includes provision for both direct service delivery and brokerage.
- Monitoring and Evaluation.
- Case Closure and Exit.
- The possible applications of the Case Management Model include:
 - Long Term Case Management
 - Short Term Case Management
 - Episodic Case Management
 - Joint Case Management

Code 21: Client care co-ordination – Client
and

Code 22: Client care co-ordination-Carer –
Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.

- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Client Care Coordination (formerly known as Case Planning/Review and Coordination) refers to the coordination of activities undertaken to facilitate access to HACC services for clients who need help to gain access to more than one service.
- II. The client can be either the person who is cared for or the carer and the services can be provided separately or combined.

Code 31: Counselling/support, information, referral and advocacy-Client and

Code 32: Counselling/support, information, referral and advocacy-Carer – **Service objectives**

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. Provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Counselling/Support, Information, Referral and Advocacy refer to assistance with understanding and managing situations, behaviours and relationships associated with the person's need for care and/or the caring role. The client can be either the person who is cared for or the carer.
- II. These services can be provided separately or combined.

Service activities

- Counselling services can include initial counselling such as grief counselling, dementia support and counselling, counselling to assist recovery from a critical incident or illness, referral for professional counselling for depression or long-term emotional and psychological conditions.
- Support can be a one-to-one training of advice to assist with coping with a situation, ie, training a carer on safe ways to lift a person or managing challenging behaviours in a client with dementia.
- Information services refer to the provision of information to a client or a carer, ie, information about other services available in the area.
- Referral refers to the formal referral of either the person who is cared for or the carer, or placing them in contact with, other service providers.
- Advocacy refers to the provision of advice to clients about their rights and responsibilities when receiving HACC services and, at the client's request, to act on their behalf with, or refer them to, other service providers.

Service activities

- Liaison with service providers and assessment agencies dealing with the same client.
- Advocacy to ensure that the client has access to the range of services required.
- Monitoring and reviewing the case or service plan on a regular basis.
- Monitoring care plans to respond to crisis situations.
- Re-assessment and implementation of transition plans as required.

Code 41: Domestic assistance –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Domestic Assistance refers to assistance with domestic chores, including assistance with cleaning, dish-washing, clothes washing and ironing, shopping and bill paying for a safe secure healthy environment.

Service activities

- Essential cleaning of house areas regularly used by the service user. These include bathrooms, toilets, kitchens, laundries, living areas and bedrooms. Workers undertake tasks such as cleaning stoves, bench tops and fridges as well as mopping or vacuuming floors, dusting, dishwashing, changing bed linen, washing, drying and doing essential ironing.
- Provision of a range of services to meet the support needs of service users. Workers can assist with meal preparation and where this is not the primary purpose of the occasion of service, do shopping and undertake small errands and pay bills on behalf of the client as required, whilst doing their own shopping or on their way to the client's house.
- In remote areas, service may include activities such as the collection of firewood.

Code 42: Social support/dementia monitoring –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Social Support services refer to assistance provided by a companion (paid worker or volunteer), either within the home environment or while a person is accessing community services or facilities. The service is primarily directed towards meeting the person's need for social contact and/or accompaniment in order to participate in community life.

Service activities

- One-to-one support to attend a social activity of the consumer's choice.
- Sharing an interest with a small group of people, supported either by volunteers or paid staff*.
- Telephone-based monitoring services.
- Friendly visiting.
- Letter writing for the client.
- Shopping, bill paying and banking where the client is accompanied and assisted by the worker or alternatively assistance with on-line shopping.

- Individual transport to appointments where transport is part of the social support intervention.
- Accompanying to medical appointments.
- Minor garden and home maintenance eg, changing light globes as part of one of the other social support activities.
- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- Organisations providing social support services will also engage in recruitment and training of volunteers and matching volunteers to individual client circumstances.
- Liaison with carers as required.

*consistent with the principles of the Disability Services Act, Social support services for a younger person with a disability can not be used to substitute for appropriate education/vacation care or employment/ training programs. Group activities should only be provided out of hours or on the weekend. Clients requesting support during business hours should be referred to the appropriate education/vacation care or employment/ training service options.

Social support when applied as dementia monitoring –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Social Support when applied as Dementia Monitoring refers to services which monitor the health and well-being of people with dementia and which offer social support to those people. The service also provides feedback to case managers about other support services being provided for individual clients. The aim is to maximise the ability of individuals to remain living independently at home and assist meeting the person's need for social contact.

Service activities

- Monitoring the health and well-being of people living alone with dementia.
- Making referrals for other support services to case manager for clients as needed, including domestic assistance, personal care, social support, individual transport and case management.
- Regular review and re-assessment of the client's needs in relation to dementia monitoring.
- Implementation of the monitoring plans in consultation with the consumer, carers and other relevant service providers.
- Using alternative strategies (such as use of carers or volunteers) to meet the identified need where the dementia monitoring service cannot be provided.
- Negotiating the roles and responsibilities of the consumer, the carer and the service provider.
- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- Monitoring a client's self management of medications.
- Prompting the client to eat, setting the table and assisting to clean up.
- Assistance with the coordination and management of appointments, bookings of other services and planning daily activities.
- Referral to ACAT for comprehensive assessment when required.

- Liaison with carers as required.

Code 43: Personal care –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people in the absence of basic maintenance and support services to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. Provide flexible, timely services that respond to the needs of clients.

Description of the service

Personal Care refers to assistance with daily self-care tasks in order to help a service user to maintain appropriate standards of hygiene and grooming.

Service activities

- Assistance with (or supervision of) bathing, showering or sponging.
- Assistance with dressing and undressing.
- Assistance with shaving, hair care and grooming.
- Limited nail care, following appropriate professional assessment.
- Assistance with mobility (in bed and out of bed) such as to sit up, to turn, to stand and walk, to sit, to transfer to commode, wheelchair, chair or vehicle.
- Assistance with toileting.
- Assistance with prescribed exercise or therapy programs.
- Assistance with fitting and use of appliances such as splints and callipers or hoists.
- Assistance with hearing aids and communication devices.
- Assistance with feeding (eating and drinking) if it occurs whilst other personal care services are being provided.
- Monitoring self-medication.
- Identification of situations such as pressure areas and ulcers, where referral to a nursing service is required.
- Referral to high-level services when required.

Code 45: Centre-based day care –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Centre-based Day Care services refer to the provision of structured group activities to frail older people, designed to develop, maintain or support the capacity for independent living and social interaction, which are conducted in a day centre setting. Centre-based Day Care also includes group excursions/ activities conducted by centre staff, but held away from the centre.

Service activities

- Personal care (eg, assistance with toileting).
- Provision of a meal and assistance with eating.
- Music therapy.
- Allied health care as a group activity such as health education.
- Outings and day trips.
- Provision of transport to and from Centre-based Day Care.
- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- Communication with carers where appropriate.
- Liaison with carers as appropriate.

Centre-based day care when applied to people with dementia –

Service objectives

- To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- To provide flexible, timely services that respond to the needs of clients.

Description of the service

Centre-based Day Care when applied to people with dementia refers to the provision of structured group activities to people with dementia, designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in a day centre setting. Such services provide valuable social supports to people with dementing illnesses and their programs often directly or indirectly provide emotional support to the carers of people with dementia.

Service activities

- Personal care (eg, assistance with toileting).
- Provision of a meal and assistance with eating.
- Music therapy.
- Allied health care.
- Outings and day trips.
- Provision of transport to and from centre-based care.
- Communication with carers where appropriate.
- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- Liaison with Carer Respite Centre as appropriate.
- Liaison with ACATs as appropriate.

Code 46: Respite care –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.

III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Respite refers to services that strengthen and maintain the primary care relationships between a frail older person or a younger person with a disability and their carers through the provision of flexible and responsive alternatives to the usual care arrangements. Services will be preventative in focus, time limited, and generally provided on a planned basis.
- II. Whilst providing a respite effect for carers which is appropriate to their needs and circumstances, services will endeavour to ensure that respite activities are age appropriate and have positive benefits and outcomes for the frail older person, or person with a disability as well as their carers.
- III. Unless otherwise specified, Respite services will be provided in the home of the client or in a host family home and where the usual carer is not present during the incident of service. Respite services are provided on a one-to-one individual basis. In the initial stages of the respite service, the carer may be present until trust and confidence is established between the client and carer and Respite worker.

Service activities

- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- In conjunction with the individual and their carer/family, developing and periodically reviewing a respite plan to meet the needs of their specific situation, and respond to changing needs of the individual and the situation.
- Ensuring that the service delivery addresses the full range of support that would be required by the individual during the incidence of service, including personal care, assistance with meals and domestic assistance, however this must be incidental to, not the primary purpose for, the service.
- Respite services for a younger person with a disability should only be provided out of hours or on the weekend. Clients requesting support during business hours should be referred to the appropriate education/vacation care or employment/ training service options.
- Scoping, costing, co-ordinating, planning and/or purchasing agreed services as appropriate.
- Where services are to be sub-contracted, monitoring the quality, cost and amount of service purchases on behalf of service users and ensuring that all the responsibilities from the Funding Agreement, and legal liabilities to service users and individuals, are fulfilled through the sub-contracting arrangements.

Code 51: Contenance care –

Description of the service

The diagnosis and treatment, by nursing, medical, surgical or exercise methods, of incontinence issues.

Service activities

- Clinical assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.

Code 52: Dementia nursing –

Service objectives

- To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.

- To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- To provide flexible, timely services that respond to the needs of clients.

Description of the service

Dementia nursing refers to the provision of maintenance and support services and structured activities to people with dementia, designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in the person's home. Such services provide valuable supports to people with dementing illnesses and their programs often directly or indirectly provide emotional support to the carers of people with dementia.

Service activities

- Personal care (eg, assistance with toileting).
- Provision of a meal and assistance with eating.
- Nursing care.
- Outings and day trips.
- Communication with carers where appropriate.
- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- Liaison with Carer Respite Centre as appropriate.
- Liaison with ACATs as appropriate.

Code 53: Palliative care generalist nursing –

Service objectives

- To provide a comprehensive, coordinated, integrated range of client and family centred maintenance and support services for people who need palliative care, their families and carers, in a setting appropriate to their needs in the community.
- To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or prolonging the need for residential care.
- To provide flexible, timely services that respond to the needs of clients.
- To provide access to palliative care medicines in the community.

Description of the service

Palliative care generalist nursing refers to the provision of comprehensive, coordinated, integrated range of client and family centred maintenance and support services for people who need palliative care, their families and carers, in a setting appropriate to their needs in the community, designed to develop, maintain or support the capacity for independent living and social interaction which are conducted in the person's home. Such services provide valuable supports to people with progressive advanced disease or terminal illnesses and their programs often directly or indirectly provide emotional support to the carers of people who need palliative care.

Service activities

- Personal care (eg, assistance with toileting).
- Provision of a meal and assistance with eating.
- Provision of pain relief and access to palliative care medicines in the community.
- Nursing care.
- Provision of emotional and spiritual support.
- Provision of bereavement support and follow-up.
- Communication with carers where appropriate.

- Cooperating with the Commonwealth Carer Respite Centres in the provision of information and advice regarding respite.
- Liaison with Carer Respite Centre as appropriate.
- Information.
- Assessment and recommendation for the provision of aids.

Code 54: Wound management –

Service objectives

- To provide personalised wound care and management that minimises the possibility of infection and scarring, supported by current validated research.
- To provide flexible, timely services that respond to the needs of clients.

Description of the service

Wound management refers to the provision of comprehensive, coordinated, integrated range of interdisciplinary wound care and management services that minimises the possibility of infection and scarring for people, in a setting appropriate to their needs in the community.

- Clinical assessment.
- Treatment.
- Therapy.
- Information.

Code 55: Foot care –

Service objectives

- To provide personalised limited foot and nail care to minimise the possibility of infection or complications arising from diabetes, supported by current validated research.
- To provide flexible, timely services that respond to the needs of clients.

Service activities

- Clinical assessment.
- Limited foot and nail care, following appropriate professional assessment.
- Limited foot and nail care to minimise the possibility of infection or complications arising from diabetes.
- Debridement (not under anaesthesia) of hypertrophic tissue of the foot to provide immediate relief from pain and discomfort.
- Counselling, information and advocacy.
- Assessment and recommendation for the provision of aids.

Code 56: Podiatry –

Description of the service

Podiatry is the diagnosis and treatment, by medical, surgical, electrical, mechanical or manual methods, of ailments or abnormal conditions of the feet.

Service activities

- Clinical assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.

Code 60: Hearing assessment –

Description of the service

Hearing assessment is the assessment and diagnosis, by nursing, medical or electrical methods, of hearing difficulties.

Service activities

Hearing assessment activities can provide:

- Prevention and early intervention to assist persons with hearing difficulties, their families and carers.
- Screening.
- Clinical assessment.
- Counselling, information and advocacy.
- Assessment and recommendation for the provision of aids.

Code 66: Occupational therapy –

Description of the service

Occupational Therapy refers to assessment and treatment through the specific use of selected activity. This is designed by the occupational therapist and undertaken by those who have a temporary or permanent disability. The purpose is to prevent disability, to improve health and to help the person to fulfil his or her needs by achieving optimum function and independence.

Service activities

Occupational Therapy services can provide:

- Clinical assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.
- Assessment and recommendation of modifications to the home environment.
- Occupational Health & Safety 'workplace' assessment of clients' homes where this is required and otherwise unavailable.
- Liaison with clients, builders and architects for recommended home modification.
- Liaison with the Home Modifications Clearing House to maintain up to date evidence base for home modification recommendations.

Code 67: Physiotherapy –

Description of the service

Physiotherapy involves the assessment, diagnosis, treatment and prevention of disorders of human movement with special emphasis on the neurological, musculo-skeletal and cardiovascular systems.

Service activities

Physiotherapy services can provide:

- Clinical assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.
- Assessment and recommendation of modifications to the home environment.

Code 68: Diversional therapy –

Description of the service

Diversional therapy involves the provision of leisure and recreational activities designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical well-being of persons in a setting appropriate to their needs in the community.

Service activities

Diversional therapy services can provide:

- Clinical assessment.
- Challenging quizzes.
- Physical, reminiscing and sensory activities.
- Social outings.
- Relaxation techniques.
- Counselling, information and advocacy.
- Assessment and recommendation for the provision of aids.

Code 69: Speech pathology –

Description of the service

Speech Pathology is concerned with the assessment, diagnosis and treatment of individuals with speech disorders, eating and drinking difficulties and swallowing difficulties.

Service activities

Speech Pathology services can provide:

- Clinical assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.

Code 70: Dietetics/nutrition –

Description of the service

Dietetics/nutrition refers to all aspects of the food and nutritional care of individuals and groups. It assists people to meet their individual needs within their own psychological, cultural and economic environments

Service activities

Dietetics/nutrition services can provide:

- Clinical assessment, particularly nutritional assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.
- Assessment and recommendation of modifications to the home environment ie, modifications to have better access to cooking facilities such as modifying or moving a stove.
- Liaison with HACC delivered meals and other food services.
- To support appropriate planning of food services or meal preparation activities.
- To facilitate funded food services and other non-government community organisations to access dietetics advice.

Code 71: Social work –

Description of the service

Social work services refer to the provision of a comprehensive, coordinated and integrated range of services and support for persons, their families and carers, to optimise social functioning and to deal with illness, injury or abuse in a setting appropriate to their needs in the community.

Service activities

Social work services can provide:

- Clinical assessment.

- Support, therapeutic and educational activities.
- Provision of emotional and spiritual support.
- Counselling, information and advocacy.
- Communication with carers where appropriate.
- Liaison with Carer Respite Centre as appropriate.
- Liaison and referral to residential care as appropriate.
- Liaison with ACATs as appropriate.
- Assessment and recommendation for the provision of aids.

Code 78: **General and other nursing support –**

To be used for nursing services provided to a Client and/or Carer, other than that provided as part of a speciality/type of assistance listed above.

Service objectives

- To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- To provide flexible, timely services that respond to the needs of clients.

Description of the service

General and other nursing support refers to professional nursing care provided by a registered or enrolled nurse or nurse practitioner who is employed in a nursing capacity. Nursing may be provided either at home, in a community venue or in a clinic.

Service activities

- Teaching individuals and carers how best to manage daily health care in the home environment.
- Providing information on general health care and other community support services available and giving advice on the management of particular health problems such as diabetes and incontinence.
- Clinical assessment.
- Direct clinical nursing care based on the nurses' level of qualifications and registration.
- Personal care for consumers where provision by a nurse is required due to particular health conditions, unstable health and/or complex needs.
- Supervision and training of health aides and personal care workers providing direct care.
- Provision of health information and education.
- Coordination of home health care services and monitoring of an individual's health status and/or care plan.

Code 79: **Other support by Allied Health professional –**

To be used for allied health services provided to a Client and/or Carer, other than that provided as part of a speciality/type of assistance listed above.

Service objectives

- To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.

- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. Provide flexible, timely services that respond to the needs of clients.

Description of the service

Other support by Allied Health professional refers to professional allied health services provided as part of a specialty/type of assistance not listed above.

Service activities

Allied Health services can provide:

- Clinical assessment.
- Treatment.
- Therapy.
- Information.
- Assessment and recommendation for the provision of aids.

Code 81: Meals –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Meals services refer to the preparation and delivery of meals or other food items that contribute to meeting a client's daily nutrition requirements.

Service activities

- Providing of a range of meal types including a meal delivered daily or frozen meals that the service user may heat at his/her convenience. The meal may be delivered to a client home or be provided in a group environment such as centre-based day care or community restaurant.
- Heating and plating the delivered meal ready for the client to eat and cleaning up afterwards.
- Prompting or assisting with eating and drinking if not part of a personal care service.
- Ensuring access, wherever possible, to a range of different meal types including culturally appropriate meals for Aboriginal people and people from culturally and linguistically diverse backgrounds, vegetarian meals and meals which meet specific dietary requirements.
- Providing of social contact.
- Monitoring of client's well-being and referral to other services as appropriate.
- Providing meal choices from a regularly changing menu.

Code 82: Other food services –

To be used for food services provided to a Client and/or Carer, other than 'Dietetics/nutrition' (code '70') or 'Meals' (code '81') listed above.

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support

services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.

- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Other food services refer to other support activities that contribute to the client's capacity to meet their daily nutritional requirements.

Service activities

- Assistance with the preparation and cooking of food in the client's home.
- Advice about nutrition, menus and special diets.
- Information about food handling and storage.
- Bulk food shopping, which is distributed to individual clients, and storing it at the client's house.

Code 85: Formal linen service –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Formal Linen Service refers to the provision of and laundering of linen, usually by a separate laundry facility or hospital, to assist in the day-to-day management of a client's incontinence.

Service activities

- Provision of linen.
 - Collection, laundering and delivery of fresh linen.
 - Other clothes washing or laundering as appropriate.
- Linen could include the sheets, pillowslips, blankets, etc, as well as airing and cleaning mattresses.

Code 88: Home maintenance –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Home Maintenance refers to assistance with maintenance and repair to the homes, gardens and yards of frail older people, younger people with a disability and their carers, to help them to cope with a disabling condition and to keep the home in a safe and habitable condition.
- II. This service is primarily aimed at assisting clients with tasks that they would formerly have done for themselves when they had no functional disability.
- III. This service is not a substitute for long-standing neglect by the home owner nor is it a substitute for the normal maintenance that is the responsibility of home owners, although services may assist home owners to access those services.

Service activities

- Liaison with other HACC providers to ensure provision of a safe home for clients, carers and care-workers.
- Liaison with appropriate allied health providers, principally occupational therapists, and nurses, regarding assessment of an individual's needs and identification of maintenance work to meet that person's requirements.
- Scoping, costing and planning maintenance work, sourcing appropriate materials and suitably qualified tradespeople and handypersons in accordance with agreed quality standards for the building industry and the HACC Program.
- Facilitating access to qualified tradespeople to carrying out minor dwelling repairs and maintenance: electrical, such as modifying switches, carpentry and plumbing, including replacing washers, minor leaks and blockages, painting.
- Carrying out minor household repairs that do not require the skills of a qualified trades person such as changing light bulbs or cleaning gutters.
- Regular lawn mowing or other garden upkeep.
- Removal of rubbish and major house or yard clean-ups.
- For clients in bush-fire prone areas service may include yard clearance and other fire safety measures.

Home maintenance where gardening and lawn mowing only –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Home Maintenance where gardening and lawn mowing refers to assistance with maintenance of service users' gardens and yards to help keep the home in a safe and habitable condition.

Service activities

- Lawn mowing.
- Garden maintenance and the removal of rubbish.
- Garden re-design to improve accessibility and to provide ease of maintenance for the service user.
- The conversion of a garden to low maintenance.
- General garden tidying up.
- For clients bush-fire prone areas service may include yard clearance and other fire safety measures.

- Liaison with appropriate allied health providers, principally occupational therapists, and nurses, regarding assessment of an individual's needs and identification of maintenance work to meet that person's requirements.
- Liaison with other HACC providers to ensure provision of a safe home for clients, carers and care-workers.
- Scoping, costing and planning garden maintenance work, sourcing appropriate materials and suitably qualified handypersons and tradespeople in accordance with agreed quality standards for the industry and the HACC Program.

Code 89: Home modification –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Home Modification refers to assistance with modifications and renovations to the homes, gardens and yards of frail older people, younger people with a disability or their carers to help them to cope with a disabling condition and to keep the home in a safe and habitable condition.

Service activities

- Liaison with other HACC providers to ensure provision of a safe home for clients, carers and care-workers.
- Liaison with appropriate allied health providers, principally occupational therapists, regarding assessment of an individual's needs and identification of modification work to meet that person's requirements.
- Scoping, costing and planning modification work, sourcing appropriate materials and suitably qualified trades people and handypersons in accordance with agreed quality standards for the building industry and the HACC Program.
- Establishing payment arrangements with the client.
- Providing modifications such as grab rails, widening doorways, handrails, ramps, shower rails, appropriate tap sets, installation of emergency alarms and other minor modifications.
- Providing some major dwelling modifications such as the redesign of a bathroom or kitchen or converting a garden to low maintenance.
- Liaison with the Home Modification Clearing House to ensure that information for recommended modifications is up-to-date.

Code 90: Provision of goods and equipment –

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of basic maintenance and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

Goods and Equipment services refer to the loan or purchase of goods and equipment that help the client with their mobility, communication, reading, personal care or health care.

Service activities

- Provision of walking frames, wheelchairs, commodes or dressing aids. It may even include the purchase of firewood from the Community Development Employment Program in a remote area.
- Referral to the Program of Appliances for Disabled People (PADP) for goods and equipment available under that program.

Code 95: Transport-Client
and

Code 96: Transport-Carer

Service objectives

- I. To provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability who in the absence of **basic maintenance** and support services are at risk of premature or inappropriate admission to long term residential care and their carers.
- II. To support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their premature or inappropriate admission to long term residential care.
- III. To provide flexible, timely services that respond to the needs of clients.

Description of the service

- I. Transport services are provided for frail older people, younger people with a disability and their carers who require transport services with appropriate support to enable them to remain living independently in the community. Transport services support access to community activities and services. Assistance with transport may be provided either directly or indirectly (eg, taxi voucher or subsidies, or brokered through other transport providers).
- II. Transport service may be provided on an individual or group basis (see below under Definitions).

Service activities

- Provision of a range of flexible and responsive transport options.
- Operation of telephone booking service.
- Coordination of client bookings, matching client need with the most appropriate transport mode and support.
- Organisation of trips, including culturally appropriate social trips and shopping services with access to a range of retail, banking, postal, library and other services (for group transport).
- Provision of client assistance to and from the vehicle, on vehicle assistance during group trips, and possible waiting with client at their destination (for individual transport).
- Provision of transport services to doctors and specialist or other medical appointments.
- Safe carriage of trip-related parcels and/or equipment.
- Provision of group transport for clients to and from their home to a Centre-based Day Care or social support activity group.
- Provision of suitable, wheelchair accessible vehicles
- Effective asset management of vehicles including lease, purchase, modification of vehicles, maintenance and replacement.
- Management of service to ensure maximum, effective use of resources.

HACC Service Event data elements

Primary type of assistance received



Code	Description	Comments
01	Assessment (including screening)-Client	>=30 minutes in duration for a single Service Event (also record the appropriate assistance type applicable to the main focus of the service provided)
10	Case management	Only to be recorded by Community Options services (also record '21' - 'Client care co-ordination-Client' or '31' - 'Counselling/support, information, referral and advocacy-Client' or '42' - 'Social support/dementia monitoring')
42	Social support/ dementia monitoring	< 30 minutes in duration for a single Service Event (also record '21' - 'Client care co-ordination-Client' or '31' - 'Counselling/support, information, referral and advocacy-Client' or other appropriate assistance type applicable to the main focus of the service provided)
45	Centre-based day care	Group activities provided in a centre-based setting (the Client is the care recipient) (includes group excursions/activities conducted by centre staff, but held away from the centre)
46	Respite care	Respite care provided (one-on-one) in the Client's/Carer's home (the Carer of the Client is the care recipient)
Notes		
Activities provided by a diversional therapist within a centre day care is recorded as '68' - 'Diversional therapy' (not '45' - 'Centre-based day care'), even if the diversional therapist is a staff member of the centre day care		
When an occupational therapist undertakes a home modification assessment, this is recorded as '01' - 'Assessment (including screening)-Client' (not '89' - 'Home modification')		
When an occupational therapist co-ordinates home modification work to be carried out, liaises with tradespersons, etc, this is recorded as '21' - 'Client care co-ordination-Client' (not '89' - 'Home modification')		

HACC Service Event data elements

Family name/surname of attending service provider First given name of attending service provider

- Derived from the User Login ID of the attending service provider (depending on your information system).
- Not required where the primary type of assistance has been recorded as one of the following:

'81' - 'Meals'	'85' - 'Formal linen service'
'88' - 'Home maintenance'	'89' - 'Home modifications'
'90' - 'Provision of goods and equipment'	
'95' - 'Transport-Client' and where <i>Transport Mode</i> has not been recorded as	
'11' - 'Ambulance-owned by Agency/service provider', '21' - 'Bus-owned by Agency/service provider', '31' - 'Car-owned by Agency/service provider', '32' - 'Car-owned by the Client/Carer' or '51' - 'Aircraft-owned by Agency/service provider'	
'96' - 'Transport-Carer' and where <i>Transport Mode</i> has not been recorded as	
'11' - 'Ambulance-owned by Agency/service provider', '21' - 'Bus-owned by Agency/service provider', '31' - 'Car-owned by Agency/service provider', '32' - 'Car-owned by the Client/Carer' or '51' - 'Aircraft-owned by Agency/service provider'	

It is important to collect the name of the attending service provider to ensure reporting compliance and data quality, for training of staff and to ensure information is being extracted for all service providers.

HACC Service Event data elements

Discipline of attending service provider

- Derived from the User Login ID of the attending service provider (depending on your information system).
- The discipline of attending service provider should be recorded as that within the job description of the position, irrespective of what specific qualifications the person in the position has – eg. a nurse who is providing a counselling service would be recorded as 'counsellor' not 'nurse'.
- Trainee staff working under the supervision of a qualified practitioner are to be coded to the discipline of the individual service provider supervising them.
- Where a volunteer has provided the primary type of assistance, record that most applicable to the discipline of a paid employee providing the same primary type of assistance.

Where an individual health service provider is working in a position with duties or roles that do not match their specific qualification, they are to be classified to the discipline that reflects the duties and role of the position to which they have been appointed at the time of the Service Event. For example, if a person who is qualified as a registered nurse is appointed to the position/role of 'counsellor', his/her discipline should be classified as 'counsellor', not a registered nurse.

Trainee staff working under the supervision of a qualified practitioner are to be coded to the discipline of the individual service provider supervising them.

Where a volunteer has provided the Primary type of assistance received during the Service Event, the Discipline of attending service provider data domain recorded should be that most applicable to the discipline, roles and functions that would normally be provided by a paid employee in the provision of the Primary type of assistance received (eg, a volunteer Meals on Wheels driver delivering meals would be coded as '732111' – 'Delivery Drivers').

HACC Service Event data elements

Service delivery setting

- The setting in which the service provider performed the primary type of assistance that the Client/Carer received.
- Where the primary type of assistance was '95' – 'Transport-Client' or '96' – 'Transport-Carer', the setting of the **point of origin** is to be recorded.
- Where the primary type of assistance was provided by telephone or Telehealth (including Telemedicine and video-conferencing), the setting most applicable to the physical location of the Client/Carer should be recorded.

Information about the types of settings in which assistance is provided to a Client/Carer is of fundamental importance to HACC Program planning and accountability. In conjunction with information about the service characteristics and circumstances and the total amount of assistance provided, this information contributes to an understanding of the ways in which HACC-funded services have responded to Client/Carer needs.

Recording the setting in which services are delivered indicates the extent to which support and assistance are provided to a Client/Carer in their usual place of residence, as opposed to those provided in other settings to which a person may need to specifically travel.

Excerpt from Data Dictionary and Collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

SERVICE DELIVERY SETTING DATA DOMAIN:

00	Client's/Carer's home	48	Private practice, other
01	Public hospital	51	Community mental health service (non-residential)
07	Private hospital	52	Community palliative care service (non-residential)
10	Psychiatric hospital	54	Aboriginal and Torres Strait Islander Health Service
12	Multi-Purpose Service	57	Community Health Centre
18	Other hospital or day procedure centre	58	Other non-residential community health service
21	Community mental health service (residential)	67	Law enforcement/criminal justice
22	Palliative care facility/hospice (residential)	81	Recreational/social facility
25	Extended care/rehabilitation facility	82	Shopping facility
26	Residential aged care facility (government)	88	Other public place (street, park, etc)
27	Residential aged care facility (non-government)	91	Transport vehicle
28	Other residential care service	98	Other setting
35	Day care centre/respite care centre		
45	Private practice, medical general practice		

Guide for use: It is important to record this data element for each Service Event. Where the Primary type of assistance received has been coded to '95' – 'Transport-Client' or '96' – 'Transport-Carer', the setting of the point of origin of the Service Event is to be recorded for this data element.

Where assistance is provided to a Client and/or their Carer on more than one occasion on the same day, each occasion should be recorded separately against the same date. Where assistance is provided to a Client and their Carer at the same time on the same day, a Service Event for each person should be recorded separately against the same date. Where assistance is provided to a Client and/or their Carer by more than one service provider at the same time on the same day, a Service Event for each service provider should be recorded separately against the same date and time.

If a Service Event is provided by telephone or Telehealth (including Telemedicine and video-conferencing), the Service delivery setting should be recorded as that most applicable to the physical location of the Client/Carer at the time at which the Service Event occurred.

Code 00: Client's/Carer's home – to be used where assistance is provided to a Client and/or their Carer in the Client's or Carer's usual place of residence. Excludes where the Client's or Carer's usual place of residence is listed in any other residential category below (ie, codes 01-28, code 67 and code 88).

Code 01: Public hospital – excludes Mental Health admitted patient units – code to '10' - 'Psychiatric hospital' and excludes Palliative Care admitted patient units – code to '22' - 'Palliative care facility/hospice (residential)'.

Code 07: Private hospital – excludes Mental Health admitted patient units – code to '10' - 'Psychiatric hospital' and excludes Palliative Care admitted patient units – code to '22' - 'Palliative care facility/hospice (residential)'.

Code 10: Psychiatric hospital – includes Mental Health admitted patient units within a Multi-Purpose Service, acute and non-acute inpatient facilities.

- Code 12:** Multi-Purpose Service – includes residential aged care settings and admitted patient units within a Multi-Purpose Service.
- Code 18:** Other hospital or day procedure centre – includes Same Day Surgery centres, specialised dialysis centres, standalone endoscopy clinics, etc.
- Code 21:** Community mental health service (residential) – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 22:** Palliative care facility/hospice (residential) – a service or facility specifically structured to provide palliative care in either community residential or institutional settings. Includes Palliative Care admitted patient units within a Multi-Purpose Service, acute and non-acute inpatient facilities.
- Code 26:** Residential aged care facility (government) – includes government owned/operated high care (nursing home) and low care (hostel). Excludes residential aged care settings in a Multi-Purpose Service – code to '12' - 'Multi-Purpose Service'.
- Code 27:** Residential aged care facility (non-government) – includes non-government high care (nursing home) and low care (hostel).
- Code 45:** Private practice, medical general practice – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and GP services co-located within an acute care hospital.
- Code 48:** Private practice, other – health professionals operating in private practice. Excludes medical general practitioners – code to '45' - 'Private practice, medical general practice'.
- Code 51:** Community mental health service (non-residential) – includes non-residential services providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 52:** Community palliative care service (non-residential) – a service specifically structured to provide palliative care in the community (non-residential).
- Code 67:** Law enforcement/criminal justice – includes police cells, law courts, correctional settings/prisons, Periodic Detention centres, and Diversion initiatives such as Cannabis Cautioning Scheme, Home Detention, Magistrates Early Referral Into Treatment (MERIT).
- Code 91:** Transport vehicle – to be used only where a Primary type of assistance received other than '95' – 'Transport-Client' or '96' – 'Transport-Carer' was provided within a transport vehicle.
- Code 98:** Other setting – to be used where assistance is provided to a Client and/or their Carer in a setting not listed in any other category.

HACC Service Event data elements

Location of Service Event

- The location (Suburb, State, Postcode) at which the service provider performed the primary type of assistance that the Client/Carer received.
- Derived in some instances (depending on your information system).
- Where the primary type of assistance was '95' – 'Transport-Client' or '96' – 'Transport-Carer', the location of the **destination** is to be recorded.
- Where the primary type of assistance was provided by telephone or Telehealth (including Telemedicine and video-conferencing), the setting most applicable to the physical location of the Client/Carer should be recorded.

Recording the location at which services are delivered indicates the extent to which support and assistance are provided to a Client/Carer in their usual place of residence, as opposed to those provided in other settings to which a person may need to specifically travel. It is also important to identify the extent of travel undertaken by the service provider for service planning.

Activity 8 – HACC Service Event-assistance type, funding and service location data elements

DAVIDE		<p>Davide began receiving a variety of services under the HACC Program on 14 August 2008, commencing with community nursing provided by your Agency in his home in Leichhardt, NSW, 2040.</p> <p>Davide also receives home delivered meals daily (commencing 18 August 2008) and, from 21 August 2008, attends the Kindilan Aged Day Care Centre at Concord Hospital, 2139. Your Agency has continued to provide him with these services.</p>		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

CONSUELA		<p>On 17 November 2008, Consuela was assessed by your Agency in her home in Villawood, NSW, 2163 and approved to receive home modification and maintenance services funded by the HACC Program. The modifications were completed over two days, commencing 12 December 2008.</p> <p>Home maintenance (cleaning up the yard and lawn mowing) were done on 28 November 2008 and 14 December 2008 by another Agency.</p>		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

BRIAN		<p>Brian lives in the Bourke area (NSW, 2840) and has a gold card from the Department of Veterans' Affairs.</p> <p>Brian began receiving home nursing services from your Agency on 25 July 2008.</p>		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

MAUREEN		<p>Maureen lives in the Aboriginal community at Boonoo Boonoo, NSW, 2372 and following an injury sustained after a fall commenced receiving fortnightly physiotherapy from your Agency (which receives HACC Program funding for allied health and community nursing) at the Tenterfield CHC (NSW, 2372) on 17 September 2008. She also receives weekly social support from the local Aboriginal Medical Service, which includes visits into Tenterfield. This commenced on 19 September 2008.</p> <p>In addition to receiving these services, Maureen is transported to and from the CHC by your Agency's Transport for Health bus so that she can attend her physiotherapy appointments</p>	
DATE OF SERVICE EVENT			
HACC PROGRAM FLAG			
PRIMARY TYPE OF ASSISTANCE RECEIVED			
SERVICE DELIVERY SETTING			
LOCATION OF SERVICE DELIVERY	SUBURB		
	STATE		
	POSTCODE		

TRAN		<p>On 6 October 2008, Tran was discharged from Fairfield Hospital after recovering from a heart operation. On the same day as returning to her home at Fairfield West (NSW, 2165), she was assessed by your Agency and approved for ongoing home nursing services through the HACC Program from your Agency, which commenced on 17 October 2008.</p> <p>However, Tran's condition deteriorated and after an assessment and discussion with her daughter, it was decided that Tran needed to be referred for an Extended Aged Care at Home Package. Tran was able to get a newly funded EACH package just following the referral.</p>	
DATE OF SERVICE EVENT			
HACC PROGRAM FLAG			
PRIMARY TYPE OF ASSISTANCE RECEIVED			
SERVICE DELIVERY SETTING			
LOCATION OF SERVICE DELIVERY	SUBURB		
	STATE		
	POSTCODE		

ELEANOR		<p>Your HACC funded Agency, based at Lismore, NSW, 2480, provides Community Options. You are formally assigned case management of Eleanor on 18 September 2008.</p> <p>You are responsible for coordinating the delivery of services by several Services on behalf of Eleanor. You also monitor Eleanor's situation and provide feedback to the involved Services. On 19 September 2008, you arrange for community nursing and community transport services to be provided to Eleanor. You also arranged Eleanor's attendance at the local Frail Aged Day Care Centre each Monday, Wednesday and Friday, commencing on 22 September 2008.</p>	
DATE OF SERVICE EVENT			
HACC PROGRAM FLAG			
PRIMARY TYPE OF ASSISTANCE RECEIVED			
SERVICE DELIVERY SETTING			
LOCATION OF SERVICE DELIVERY	SUBURB		
	STATE		
	POSTCODE		

JENNIFER, JEREMY AND FAMILY		Jeremy suffers dementia and lives with his wife Jennifer and their son and daughter at Burrangong, NSW, 2594. Sometimes a substitute carer is provided by your Agency (based at Young, NSW, 2594) to Jennifer, Jeremy and family for a full day on a weekend. This HACC-funded service commenced on 4 July 2008 and lets Jennifer share an activity with the rest of the family without constantly caring for Jeremy. Sometimes Jeremy will attend your Agency's NRCP-funded Dementia Day Centre in Young for a few hours on a weekend. He last attended the Dementia Day Care on 24 October 2008		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

RICHARD		On 6 November 2008, Richard commenced attending your HACC-funded Frail Aged Day Centre at Mudgee, NSW, 2850 for a half day each week. He has morning tea whilst there and receives some diversional therapy each time.		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

JOE		Joe is a frail aged person, at no risk of entering a nursing home. He lives alone in a public housing unit at Woy Woy, NSW, 2256 and requires some podiatry services, and has a continence problem. Your Agency is HACC-funded for general community nursing and continence nursing and provides continence care to Joe twice weekly in his home, commencing 01 September 2008. Each month after the continence care (commencing 11 September 2008), the continence nurse transports Joe to Woy Woy CHC for podiatry services. Joe is transported back home again by the local MoT-funded community transport service.		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

EDWARD, CONSTANCE AND ELLEN	<p>Your Agency, based at Nowra, NSW, 2541 and HACC-funded for Centre Day Care and transport, runs a bus as part of the Day Centre program and uses it to collect clients attending the program, and also for excursions.</p> <p>Edward, Constance and Ellen all participate in the programs conducted by your Agency. On Tuesday 11 November 2008, the excursion involved a trip to a fishing spot some 100 km out of town.</p> <p>Ellen lives in Nowra and was transported to the Day Centre in order to participate in the excursion. Edward and Constance live (at Tomerong 2540 and Milton 2538, respectively) along the way to the fishing spot so the bus picked them up on the way and dropped them off on the way back. Ellen was transported from the Day Centre back home by the bus at the end of the day.</p> <p>As part of the Tuesday fishing excursion, the Day Centre took along refreshments, drinks and lunch. The fish were biting so staff and clients cooked some fish to eat as part of lunch.</p>
--	--

EDWARD

DATE OF SERVICE EVENT			
HACC PROGRAM FLAG			
PRIMARY TYPE OF ASSISTANCE RECEIVED			
SERVICE DELIVERY SETTING			
LOCATION OF SERVICE DELIVERY	SUBURB		
	STATE		
	POSTCODE		

CONSTANCE

DATE OF SERVICE EVENT			
HACC PROGRAM FLAG			
PRIMARY TYPE OF ASSISTANCE RECEIVED			
SERVICE DELIVERY SETTING			
LOCATION OF SERVICE DELIVERY	SUBURB		
	STATE		
	POSTCODE		

ELLEN

DATE OF SERVICE EVENT			
HACC PROGRAM FLAG			
PRIMARY TYPE OF ASSISTANCE RECEIVED			
SERVICE DELIVERY SETTING			
LOCATION OF SERVICE DELIVERY	SUBURB		
	STATE		
	POSTCODE		

ANNE		<p>Anne, aged 43, has a disability and lives with her husband and young daughter in a house at Belimbla Park, 2570 with three steps to the front door.</p> <p>Anne has great difficulty with the steps and was referred to your HACC-funded Home Modifications and Maintenance Service at Camden, NSW, 2570 on 1 July 2008. An electric wheel chair purchased using AHS funds was provided to Anne at her home on 15 July 2008.</p> <p>Grab rails were purchased using HACC funds and installed (along with a ramp at the front of Anne's house) by tradespersons contracted by your Agency on 21 July 2008.</p>		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

YAMINI AND DAVID		<p>Yamini and David are friends who live in independent living units within a retirement village at Kogarah, NSW, 2217. The village has no contract for nursing, but does run a Frail Aged Centre Based Day Care.</p> <p>Yamini is a 75 year old from Fiji and her main language is Hindi. She has some difficulty communicating in English, suffers regularly from leg ulcers and has recently stopped cooking for herself. David looks after her by taking her shopping and tidying her unit. David is suffering some stress in his caring role. Your Agency is HACC-funded for community nursing and is contacted by the village to provide wound care services to Yamini in her unit, commencing on 4 August 2008.</p> <p>At this initial Service Event, the nurse also meets with David to assess his needs. Yamini is referred to a local non-government HACC-funded Agency to further assist with her needs, and a place is sought for Yamini in the village Day Care Centre.</p>		
DATE OF SERVICE EVENT				
HACC PROGRAM FLAG				
PRIMARY TYPE OF ASSISTANCE RECEIVED				
SERVICE DELIVERY SETTING				
LOCATION OF SERVICE DELIVERY	SUBURB			
	STATE			
	POSTCODE			

Refer to pages 163 to 167 for the answers to Activity 8.

HACC Service Event data elements

Service Event indicator

- An indicator of whether the delivery of assistance to the Client and/or Carer was on an individual basis or in conjunction with other persons as part of a group.
 - '1' - Individual (one-to-one) service – to be used where assistance is provided to a **Client** and/or their **Carer** by a service provider.
 - '2' - Group service – to be used where assistance is provided to a **Client** and/or their **Carer** by a service provider as part of a group with other clients and/or their carers.

HACC Service Event data elements

Service Event mode

- The mode of delivery of assistance to the Client and/or Carer.

Code	Description
1	Face-to-face
2	Telephone
3	Telehealth
8	Other

HACC Service Event data elements

Attendance status

- An indication of whether:
 - the Client and/or Carer attended; and
 - the service provider attended; and
 - the service was provided; OR
 - the Service Event was cancelled/postponed.

This data element and data domains have been aligned with CHOCIP.

Cancellations and 'no shows' may be used as an indicator of administrative or other issues and may identify potential improvements in service delivery and planning.

Excerpt from Data Dictionary and collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

ATTENDANCE STATUS DATA DOMAIN:

- | | |
|--|--|
| 1.0 Client/Carer and service provider attended appointment/service provided | 6.2 Service Event cancelled/deferred by service provider – drugs not available |
| 2.0 Service provider present, but Client/Carer failed to attend/service not provided | 6.3 Service Event cancelled/deferred by service provider – other resources not available |
| 3.0 Client/Carer failed to wait for service provider to attend/service not provided | 6.4 Service Event cancelled/deferred by service provider – planned closure of Agency |
| 4.0 Client/Carer deceased/service not provided | 6.5 Service Event cancelled/deferred by service provider – planned service reduction |
| 5.1 Service Event cancelled/deferred by Client/Carer – Client/Carer unavailable | 6.6 Service Event cancelled/deferred by service provider – planned absence of service provider |
| 5.2 Service Event cancelled/deferred by Client/Carer – Client/Carer unfit | 6.7 Service Event cancelled/deferred by service provider – unplanned absence of service provider |
| 5.3 Service Event cancelled/deferred by Client/Carer – service provision not required | 6.8 Service Event cancelled/deferred by service provider – appointment made in administrative error |
| 6.1 Service Event cancelled/deferred by service provider – equipment not available | |

Guide for use:

- Code 1.0:** Client/Carer and service provider attended appointment/service provided – to be used when the service was provided, with the Client/Carer and service provider present.
- Code 2.0:** Service provider present, but Client/Carer failed to attend/service not provided – to be used when the service provider was present to provide the service, but the Client/Carer failed to attend (without notice), resulting in the service not being provided.
- Code 3.0:** Client/Carer failed to wait for service provider to attend/service not provided – to be used when the Client/Carer failed to wait for the service provider to attend, resulting in the service not being provided.
- Code 5.1:** Service Event cancelled/deferred by Client/Carer–Client/Carer unavailable – to be used when the Client/Carer cancelled/deferred the appointment on or before the scheduled date due to the Client/Carer being unavailable.
- Code 5.2:** Service Event cancelled/deferred by Client/Carer–Client/Carer unfit – to be used when the Client/Carer cancelled/deferred the appointment on or before the scheduled date due to the Client/Carer being unfit/unwell.
- Code 5.3:** Service Event cancelled/deferred by Client/Carer – service provision not required – to be used when the Client/Carer cancelled/deferred the appointment on or before the scheduled date due to the Client/Carer not requiring service provision.
- Code 6.1:** Service Event cancelled/deferred by service provider–equipment not available – to be used when the service provider cancelled/deferred the appointment on or before the scheduled date due to clinical equipment required for service provision not being available.

- Code 6.2:** Service Event cancelled/deferred by service provider–drugs not available – to be used when the service provider cancelled/deferred the appointment on or before the scheduled date due to drugs or other medicines required for service provision not being available.
- Code 6.3:** Service Event cancelled/deferred by service provider – other resources not available – to be used when the service provider cancelled/deferred the appointment on or before the scheduled date due to resources (other than equipment or drugs) required for service provision not being available.
- Code 6.4:** Service Event cancelled/deferred by service provider–planned closure of Agency – to be used when the service provider cancelled/deferred the appointment on or before the scheduled date due to a planned closure of the Agency, requiring existing appointments to be rescheduled/redirected.
- Code 6.5:** Service Event cancelled/deferred by service provider – planned service reduction – to be used when the service provider cancelled/deferred the appointment on or before the scheduled date due to planned service reduction by the Agency (eg, the number of hours of service availability are reduced, requiring existing appointments to be moved into available hours).
- Code 6.6:** Service Event cancelled/deferred by service provider–planned absence of service provider – to be used when the service provider cancelled/deferred the appointment on or before the scheduled date due to planned absence by the service provider (eg, annual leave, conference leave), requiring existing appointments to be rescheduled/redirected.
- Code 6.7:** Service Event cancelled/deferred by service provider – unplanned absence of service provider – to be used when the Client/Carer was/were present to receive the service, but the service provider failed to attend (without notice) (eg, sick leave) and no available alternative service provider was available, resulting in the service not being provided.
- Code 6.8:** Service Event cancelled/deferred by service provider – appointment made in administrative error – to be used when the appointment was made in error.

HACC Service Event data elements

Service Event start time

Service Event end time

Amount of assistance received (time)



- Recorded for a Service Event where the primary type of assistance requires its collection.
- Time is recorded in 24-hour time format from 00:00 through to 23:59. Seconds are not included.
- A single Service Event may not span more than a 24 hour period, but may span midnight.
- The intended start time and end time are recorded for 'unplanned' cancelled/deferred Service Events.
- '00:00' is recorded for 'planned' cancelled/deferred Service Events.

Excerpt from Data Dictionary and Collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

The actual time of commencement of the Service Event is to be recorded as the Service Event start time where Attendance status has been recorded as:

- 1.0** Client/Carer and service provider attended appointment/service provided.

The intended time of commencement of the Service Event is to be recorded as the Service Event start time where Attendance status has been recorded as one of the following:

- 2.0** Service provider present, but Client/Carer failed to attend/service not provided
- 3.0** Client/Carer failed to wait for service provider to attend/service not provided
- 5.2** Service Event cancelled/deferred by Client/Carer–Client/Carer unfit
- 5.3** Service Event cancelled/deferred by Client/Carer–service provision not required
- 6.1** Service Event cancelled/deferred by service provider–equipment not available
- 6.2** Service Event cancelled/deferred by service provider–drugs not available
- 6.3** Service Event cancelled/deferred by service provider–other resources not available
- 6.7** Service Event cancelled/deferred by service provider–unplanned absence of service provider.

The Service Event start time is to be recorded as '00:00' where Attendance status has been recorded as one of the following:

- 4.0** Client/Carer deceased/service not provided
- 5.1** Service Event cancelled/deferred by Client/Carer–Client/Carer unavailable
- 6.4** Service Event cancelled/deferred by service provider–planned closure of Agency
- 6.5** Service Event cancelled/deferred by service provider–planned service reduction
- 6.6** Service Event cancelled/deferred by service provider–planned absence of service provider
- 6.8** Service Event cancelled/deferred by service provider–appointment made in administrative error.

HACC Service Event data elements



Primary assistance types measured in time



Assessment (including screening)-Client or Carer	Case management
Client care co-ordination-Client or Carer	Counselling/support, information, referral and advocacy-Client or Carer
Domestic assistance	Social support/dementia monitoring
Personal care	Centre-based day care
Respite care	Continence care
Dementia nursing	Palliative care generalist nursing
Wound management	Foot care
Podiatry	Hearing assessment
Occupational therapy	Physiotherapy
Diversional therapy	Speech pathology
Dietetics/nutrition	Social work
General and other nursing support	Other support by Allied Health professional
Other food services	Home maintenance

Recorded in 24-hour time format. Midnight is recorded as '00:00'.

Excerpt from Data Dictionary and Collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

The amount of assistance provided is to be recorded in time (hours and minutes) for any Service Event where the Primary type of assistance received has been recorded as any one of the following:

01 Assessment (including screening)-Client	53 Palliative care generalist nursing
02 Assessment (including screening)-Carer	54 Wound management
10 Case management	55 Foot care
21 Client care co-ordination-Client	56 Podiatry
22 Client care co-ordination-Carer	60 Hearing assessment
31 Counselling/support, information, referral and advocacy-Client	66 Occupational therapy
32 Counselling/support, information, referral and advocacy-Carer	67 Physiotherapy
41 Domestic assistance	68 Diversional therapy
42 Social support/dementia monitoring	69 Speech pathology
43 Personal care	70 Dietetics/nutrition
45 Centre-based day care	71 Social work
46 Respite care	78 General and other nursing support
51 Continence care	79 Other support by Allied Health professional
52 Dementia nursing	82 Other food services
	88 Home maintenance.

HACC Service Event data elements

Amount of assistance received (quantity)



- Recorded for a Service Event where the primary type of assistance requires its collection.



Primary assistance types measured in quantity

- Meals
- Formal linen service.

Excerpt from Data Dictionary and Collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

The amount of assistance provided is to be recorded in quantity for any Service Event where the Primary type of assistance received has been recorded as any one of the following:

- 81** Meals
- 85** Formal linen service.

For any Service Event involving one of these types of assistance, the amount should be recorded as the number of that type of assistance received by the person on that Service Event.

The Agency should record an amount of assistance with Meals as the number of meals that the person received on each Service Event (regardless of what constitutes a meal). At times, a person may have several meals delivered at the same time (eg. frozen meals). In these instances, the number of meals delivered at the same time should be recorded. The Agency should also record all meals delivered, regardless of whether there was someone to collect the meal at the delivery location or not.

The Agency should record an amount of assistance with a Formal linen service as a number of deliveries/collections. Each Service Event involving the provision of formal linen services should be reported as one delivery/collection.

HACC Service Event data elements



Transport mode

- Recorded for a Service Event where the primary type of assistance has been recorded as '95' – 'Transport-Client' or '96' – 'Transport-Carer'.
- The means of a one-way transport service provided to the Client and/or their Carer.



Transport purpose

- Recorded for a Service Event where the primary type of assistance has been recorded as '95' – 'Transport-Client' or '96' – 'Transport-Carer'.
- The purpose (destination setting) of a one-way transport service provided to the Client and/or their Carer.

Excerpt from Data Dictionary and collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

TRANSPORT MODE DATA DOMAIN:

11 Ambulance - owned by Agency/service provider	32 Car - operated by private operator
12 Ambulance - operated by Ambulance Service of NSW	38 Car - other
17 Ambulance - operated by private operator	48 Taxi
18 Ambulance - other	51 Aircraft - owned by Agency/service provider
21 Bus - owned by Agency/service provider	52 Aircraft - operated by Ambulance Service of NSW
22 Bus - operated by State Transit Authority of NSW	57 Aircraft - operated by private operator
27 Bus - operated by private operator	58 Aircraft - other
28 Bus - other	68 Watercraft
31 Car - owned by Agency/service provider	78 Train
	98 Other

Guide for use: Collection of this data element is required only where the Primary type of assistance received has been recorded as '95' – 'Transport-Client' or '96' – 'Transport-Carer'.

Code 11: Ambulance–owned by Agency/service provider – to be used where transport assistance is provided to a Client and/or their Carer using an ambulance owned by the Agency/service provider.

- Code 12:** Ambulance – operated by Ambulance Service of NSW – to be used where transport assistance is provided to a Client and/or their Carer using an ambulance/patient transport vehicle operated by the Ambulance Service of NSW.
- Code 17:** Ambulance – operated by private operator – to be used where transport assistance is provided to a Client and/or their Carer using an ambulance operated by a private operator.
- Code 18:** Ambulance – other – to be used where transport assistance is provided to a Client and/or their Carer using an ambulance operated by any other provider.
- Code 21:** Bus – owned by Agency/service provider – to be used where transport assistance is provided to a Client and/or their Carer using a bus or mini-bus owned by the Agency/service provider.
- Code 22:** Bus – operated by State Transit Authority of NSW – to be used where transport assistance is provided to a Client and/or their Carer using a bus operated by the State Transit Authority of NSW (STA).
- Code 27:** Bus – operated by private operator – to be used where transport assistance is provided to a Client and/or their Carer using a bus or mini-bus operated by a private operator.
- Code 28:** Bus – other – to be used where transport assistance is provided to a Client and/or their Carer using a bus or mini-bus owned/operated by any other provider, including a brokerage bus or mini-bus.
- Code 31:** Car – owned by Agency/service provider – to be used where transport assistance is provided to a Client and/or their Carer using a car owned by the Agency/service provider.
- Code 32:** Car – owned by the Client/Carer – to be used where transport assistance is provided to a Client and/or their Carer using a car or other type of vehicle owned by the Client/Carer.
- Code 38:** Car – other – to be used where transport assistance is provided to a Client and/or their Carer using a car owned/operated by any other provider.
- Code 48:** Taxi – to be used where transport assistance is provided to a Client and/or their Carer using a taxi vehicle (car or bus) or taxi voucher. Includes water taxi.
- Code 51:** Aircraft – owned by Agency/service provider – to be used where transport assistance is provided to a Client and/or their Carer using an aircraft owned by the Agency/service provider.
- Code 52:** Aircraft – operated by Ambulance Service of NSW – to be used where transport assistance is provided to a Client and/or their Carer using an aircraft operated by the Ambulance Service of NSW.
- Code 57:** Aircraft – operated by private operator – to be used where transport assistance is provided to a Client and/or their Carer using an aircraft operated by a private operator.
- Code 58:** Aircraft – other – to be used where transport assistance is provided to a Client and/or their Carer using an aircraft operated by any other provider.
- Code 68:** Watercraft – to be used where transport assistance is provided to a Client and/or their Carer using a watercraft. Excludes water taxi.
- Code 78:** Train – to be used where transport assistance is provided to a Client and/or their Carer using a train, tram/light rail or monorail.

Code 98: Other – to be used where transport assistance is provided to a Client and/or their Carer using a means of transport not listed above.

TRANSPORT PURPOSE DATA DOMAIN:

00	To Client's/Carer's home	48	To private practice, other
01	To public hospital	51	To community mental health service (non-residential)
07	To private hospital	52	To community palliative care service (non-residential)
10	To psychiatric hospital	54	To Aboriginal and Torres Strait Islander Health Service
12	To Multi-Purpose Service	57	To Community Health Centre
18	To other hospital or day procedure centre	58	To other non-residential community health service
21	To community mental health service (residential)	67	To law enforcement/criminal justice
22	To palliative care facility/hospice (residential)	81	To recreational/social facility
25	To extended care/rehabilitation facility	82	To shopping facility
26	To residential aged care facility (government)	88	To other public place (street, park, etc)
27	To residential aged care facility (non-government)	98	To other location
28	To other residential care service		
35	To day care centre/respice care centre		
45	To private practice, medical general practice		

Guide for use: Collection of this data element is required only where the Primary type of assistance received has been recorded as '95' – 'Transport-Client' or '96' – 'Transport-Carer'.

Code 00: To Client's/Carer's home – to be used where transport assistance is provided to a Client and/or their Carer to the Client's or Carer's usual place of residence. Excludes where the Client's or Carer's usual place of residence is listed in any other residential category below (ie, codes 01-28, code 67 and code 88).

Code 01: To public hospital – excludes Mental Health admitted patient units – code to '10' - 'To or from psychiatric hospital' and excludes Palliative Care admitted patient units – code to '22' - 'To or from palliative care facility/hospice (residential)'.

Code 07: To private hospital – excludes Mental Health admitted patient units – code to '10' - 'To or from psychiatric hospital' and excludes Palliative Care admitted patient units – code to '22' - 'To or from palliative care facility/hospice (residential)'.

Code 10: To psychiatric hospital – includes Mental Health admitted patient units within a Multi-Purpose Service, acute and non-acute inpatient facilities.

Code 12: To Multi-Purpose Service – includes residential aged care settings and admitted patient units within a Multi-Purpose Service.

Code 18: To other hospital or day procedure centre – includes Same Day Surgery centres, specialised dialysis centres, standalone endoscopy clinics, etc.

- Code 21:** To community mental health service (residential) – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 22:** To palliative care facility/hospice (residential) – a service or facility specifically structured to provide palliative care in either community residential or institutional settings. Includes Palliative Care admitted patient units within a Multi-Purpose Service, acute and non-acute inpatient facilities.
- Code 26:** To residential aged care facility (government) – includes government owned/operated high care (nursing home) and low care (hostel). Excludes residential aged care settings in a Multi-Purpose Service – code to '12' - 'To or from Multi-Purpose Service'.
- Code 27:** To residential aged care facility (non-government) – includes non-government high care (nursing home) and low care (hostel).
- Code 45:** To private practice, medical general practice – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and GP services co-located within an acute care hospital.
- Code 48:** To private practice, other – health professionals operating in private practice. Excludes medical general practitioners – code to '45' - 'To or from private practice, medical general practice'.
- Code 51:** To community mental health service (non-residential) – includes non-residential services providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 52:** To community palliative care service (non-residential) – a service specifically structured to provide palliative care in the community (non-residential).
- Code 67:** To law enforcement/criminal justice – includes police cells, law courts, correctional settings/prisons, Periodic Detention centres, and Diversion initiatives such as Cannabis Cautioning Scheme, Home Detention, Magistrates Early Referral Into Treatment (MERIT).
- Code 98:** To other location – to be used where transport assistance is provided to a Client and/or their Carer for a purpose not listed above.

HACC Service Event data elements

Amount of assistance received (cost)



- Recorded in whole Australian dollars for a Service Event where the primary type of assistance requires its collection.

Primary assistance type measured in cost



Home modification.



The amount of assistance received is recorded as the cost, in whole Australian dollars, for any Service Event where the Primary type of assistance received has been recorded as:

89 Home modification.

Where cents are collected as part of recorded cost in source systems, the cents should not be reported – the overall cost should be rounded up to the next dollar.

Activity 9 – HACCC Service Event-service delivery data elements

SANDRA		<p>Sandra receives nursing care from your Agency.</p> <p>Your Agency visited Sandra at home on several occasions to care for an injury she sustained after a fall. Your client records show the following: Sandra was visited on 10 July 2008 from 10:30am to 11:00am to clean her wound and change dressings. Follow up nursing care was provided on 12 July from 10am to 10:20am.</p> <p>As Sandra was able to return to her fortnightly attendance at a Day Centre, a nurse visited her there on 17 July at 11:45am to check all was well. This assistance event took 10 minutes.</p>		
DATE OF SERVICE EVENT				
SERVICE EVENT INDICATOR				
SERVICE EVENT MODE				
ATTENDANCE STATUS				
UNIT OF MEASURE	START TIME			
	END TIME			
	QUANTITY			
	COST			
TRANSPORT MODE				
TRANSPORT PURPOSE				
REBEKKAH		<p>Rebekkah receives home-delivered meals from your Agency on Mondays, Wednesdays and Fridays; the most recent being Friday, 14 November 2008. On most occasions, Rebekkah is home to receive the meals when they are delivered at 10:30am, but on 10 November, Rebekkah was not home.</p> <p>Normally six meals are provided on Mondays and Wednesdays and 9 meals on Fridays, but as Rebekkah advised your Agency that she would be away for the coming weekend (returning after lunch on Monday), only 2 meals were delivered on the Friday.</p>		
DATE OF SERVICE EVENT				
SERVICE EVENT INDICATOR				
SERVICE EVENT MODE				
ATTENDANCE STATUS				
UNIT OF MEASURE	START TIME			
	END TIME			
	QUANTITY			
	COST			
TRANSPORT MODE				
TRANSPORT PURPOSE				

ELSIE		Elsie receives nursing care from your Agency in her home every Monday for 45 minutes. Elsie last received community nursing services on 15 September 2008 from 10:15am. Elsie was due to have her next appointment on 22 September at 10am, but contacted your Agency the Friday beforehand to reschedule the appointment to the Tuesday at 9am.	
DATE OF SERVICE EVENT			
SERVICE EVENT INDICATOR			
SERVICE EVENT MODE			
ATTENDANCE STATUS			
UNIT OF MEASURE	START TIME		
	END TIME		
	QUANTITY		
	COST		
TRANSPORT MODE			
TRANSPORT PURPOSE			

CHRISTINE		Christine receives a transport service from your Agency. Mostly you deliver her by bus to a Day Centre on Mondays and Thursdays, where she attends a day program delivered by another Agency. Her daughter, Melanie, drives her home. On 6 October 2008 your Agency transported Christine to the Day Centre, but on 9 October the bus was out of service and your Agency paid for a taxi to transport Christine to the Day Centre. The taxi fare was \$45.00. On 13 October, the bus arrived to pick Christine up to deliver her to the Day Centre, but despite the driver knocking on the door and ringing her contact number, Christine did not answer her phone and was not home.	
DATE OF SERVICE EVENT			
SERVICE EVENT INDICATOR			
SERVICE EVENT MODE			
ATTENDANCE STATUS			
UNIT OF MEASURE	START TIME		
	END TIME		
	QUANTITY		
	COST		
TRANSPORT MODE			
TRANSPORT PURPOSE			

SERGIO		Sergio attends the Centre-based Day Care provided by your Agency; most recently on 12 November 2008. Sergio normally attends for four hours each fortnight on Wednesdays from 10am to 2pm and participates in an Italian speaking group during that time. The first Wednesday he attended in the reporting period was the 15 October 2008. He receives morning tea while at the Centre and is well known for his good humour and singing voice. On 29 October 2008 an excursion was arranged from 9am, which resulted in a 6 hour attendance at the centre instead of the usual 4 hours. Lunch was provided by the Centre as part of the excursion activities.	
DATE OF SERVICE EVENT			
SERVICE EVENT INDICATOR			
SERVICE EVENT MODE			
ATTENDANCE STATUS			
UNIT OF MEASURE	START TIME		
	END TIME		
	QUANTITY		
	COST		
TRANSPORT MODE			

VIOLET		On 2nd August 2008 Violet received some home modification assistance from your Agency. The cost of materials was \$65, all of it funded by your Agency. Fred took two hours to do the modifications. Fred's labour cost (including on-costs) was \$55/hour.	
DATE OF SERVICE EVENT			
SERVICE EVENT INDICATOR			
SERVICE EVENT MODE			
ATTENDANCE STATUS			
UNIT OF MEASURE	START TIME		
	END TIME		
	QUANTITY		
	COST		
TRANSPORT MODE			
TRANSPORT PURPOSE			

JAMES		James receives podiatry and occupational therapy services from your Agency at the CHC. Podiatry services were last provided to James on 6 August 2008 from 2pm to 2:30pm. James most recently received occupational therapy on 25 July 2008 from 11am to 11:45am, but did not attend his subsequent appointment from 9am to 9:30am on 8 August 2008.	
DATE OF SERVICE EVENT			
SERVICE EVENT INDICATOR			
SERVICE EVENT MODE			
ATTENDANCE STATUS			
UNIT OF MEASURE	START TIME		
	END TIME		
	QUANTITY		
	COST		
TRANSPORT MODE			
TRANSPORT PURPOSE			


Refer to pages 168 to 169 for the answers to Activity 9.

HACC Goods and equipment

NSW HEALTH

HACC Goods and equipment

Any goods and equipment provided (by purchase or loan) to the Client during a Service Event.



A Client may be provided with multiple types of goods and equipment – each type and quantity should be recorded.

When the assistance is funded and reported against a MDS specific to another Health Program (eg. PADP), then it need not also be reported against the NSW Health HACC MDS.

The goods and equipment provided (by purchase or loan) to the Client by a HACC Agency.

Irrespective of whether the Service lends or purchases the item for the client, it should still be recorded using these categories.

Do not report equipment purchased for home modifications under this item.

The collection of the NSW Health HACC MDS is not required for HACC-eligible Clients that only receive services funded under another Health Program (eg. PADP).

Where an electronic information system is used (eg. CHIME or Cerner), Service Events funded by non-HACC Program sources are reported to the HACC MDS as a by-product of service activity. In this instance, the HACC Program funding flag is set to 'Other funds'.

Self-care aids

- 01 Cooking aids (excluding eating utensils)
- 02 Eating aids-crockery, cutlery, plate guard, bowl guard, etc
- 03 Clothes preparation aids-special iron, etc
- 04 Dressing aids-button hook, clothes tongs, zip pull, etc
- 05 Washing aids-bath rails/hoist/seat, shower rails/fitting/seat, etc
- 06 Bag, urinal, incontinence pad, urethral, urinary appliances
- 07 Bowel appliances-colostomy bag, bowel pad, etc
- 08 Toilet chair, commode, frame, conventional toilet use aids
- 18 Other aids for self care NEC

HACC Goods and equipment data elements

- Type of assistance with goods and equipment received
- Amount of assistance with goods and equipment received

HACC Goods and equipment data elements

Type of assistance with goods and equipment received

- Recorded for a Service Event where the primary type of assistance has been recorded as '90' – 'Provision of goods and equipment'.
- The type of goods and equipment received by the Client during a Service Event.

Excerpt from Data Dictionary and collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

TYPE OF ASSISTANCE WITH GOODS AND EQUIPMENT RECEIVED DATA DOMAIN:

Support and mobility aids

- 20 Callipers, splints
- 21 Belts, braces, neck collar, corsets
- 22 Crutches for support, walking frame/stick
- 23 Ankle/knee strap, built up shoe, foot/leg support NEC
- 24 Transporter chair, pusher, tricycle, etc
- 25 Wheelchair-manual or unspecified
- 26 Wheelchair-motorised
- 27 Henry lifter, hoist, patient lifter Scooter
- 28 Ejector chair, hard-back chair, made to measure chair, chair NEC
- 29 Special bed, cushions/pillows for support, etc
- 30 White cane
- 31 Sonic beam, laser cane, optacon
- 32 Guide dog
- 33 Bars/hooks/rails/straps-attached to walls, etc for support and mobility
- 38 Other aids for support or mobility NEC

Communication aids

- 40 Hearing aids
- 41 Teletext
- 42 Telephone attachment or adaptation (eg, answering service, flashing light, headpiece, TTY telephone)
- 43 Writing aids (eg, mouthstick, writing pad, typewriter, communication board)
- 44 Computers-Kurzweil personal reader, communication
- 45 Speaking aids-electrolarynx
- 48 Other hearing or speaking communication aids NEC
- 50 Dwelling modification to aid communication-intercom
- 58 Other aids for communication NEC

Aids for reading

- 60 Contact lenses, reading/magnifying glasses, etc
- 61 Braille books/items/watch
- 62 Books-large print/talking, cassette recorders/players, etc
- 63 Reading frame, page turners, reading aids not associated with loss of sight
- 68 Other reading or sight aids NEC

Medical care aids

- 70 Breathing pumps-oxygen masks, ventilator, etc
- 71 Dialysis machine, kidney functioning machines
- 72 Heart stimulus/functioning machines, pacemaker, etc
- 73 Ostomy appliances/Stoma appliances, etc (excluding colostomy bag)
- 77 Wound care products/dressing packs, etc
- 78 Other aids for medical care NEC

Car modifications

- 80 Car modifications-hand accelerator/brake/controls
- 81 Car modifications-handles/lifter/rails/ramps
- 82 Car modifications-mirrors/steering/windows
- 88 Other car modifications NEC (eg, automatic transmission, room for wheelchair, etc)

Other goods/equipment

- 98 Other goods/equipment NEC

Guide for use: The type of assistance provided should be recorded for any Service Event where the Primary type of assistance received has been recorded as:

90 Provision of goods and equipment

It is important to record this data element for **each type** of assistance with goods and equipment provided (by purchase or loan) during a Service Event.

All goods and equipment that your agency loans to the Client and/or their Carer (including equipment loaned by Area Health Service or Community Health Service ELPS) and consumables provided (eg, dressing packs that your agency pays for) during a Service Event are to be recorded.

Goods and equipment purchased by the Client and/or Carer or hired from an equipment supply company are not to be recorded.

The provisioning of goods and equipment funded in whole under, and reported against a minimum data set specific to, another Health Funding Program (eg, PADP) are not required, however, to be also recorded against the NSW Health HACC MDS.

The Department of Ageing, Disability and Home Care has agreed that wound care products may be counted under goods and equipment and recorded as '77' – 'Wound care products/dressing packs, etc'.

Where assistance is provided to a Client and/or their Carer on more than one occasion on the same day, each occasion should be recorded separately against the same date and the relevant amount of assistance recorded for each occasion.

Where assistance is provided to a Client and their Carer at the same time on the same day, a Service Event for each person should be recorded separately against the same date and the relevant amount of assistance recorded for each person.

Where assistance is provided to a Client and/or their Carer by more than one service provider at the same time on the same day, a Service Event for each service provider should be recorded separately against the same date and the relevant amount of assistance recorded for each service provider.

Where more than one type of assistance with goods and equipment is provided to a Client and/or their Carer during a Service Event, each type of assistance with goods and equipment should be recorded separately against the same Service Event and the relevant amount of assistance recorded for each type of assistance with goods and equipment.

HACC Goods and equipment data elements

Amount of assistance with goods and equipment received

- Recorded for a Service Event where the primary type of assistance has been recorded as '90' – 'Provision of goods and equipment'.
- The amount of each type of goods and equipment received by the Client during a Service Event.

Activity 10 – HACC Goods and equipment

PEDRO	Pedro recently had a fall and is a little unsteady on his feet. He receives a variety of services under the HACC Program from your Agency, which lent him a walking stick for several weeks, commencing on 30 July 2008.		
DATE OF SERVICE EVENT			
TYPES OF GOODS AND EQUIPMENT RECEIVED			
QUANTITY OF GOODS AND EQUIPMENT RECEIVED			
QUENTIN	Your Agency arranged the purchase and fitting of a shower rail for Quentin on 14 August 2008. Quentin subsequently reimbursed you for the cost of the shower rail and its installation.		
DATE OF SERVICE EVENT			
TYPES OF GOODS AND EQUIPMENT RECEIVED			
QUANTITY OF GOODS AND EQUIPMENT RECEIVED			
STUART	Whilst Stuart's arm was in a plaster cast, your HACC-funded community nursing Agency lent him a reading frame for six weeks to help him read books more comfortably. This frame was provided on 16 September 2008.		
DATE OF SERVICE EVENT			
TYPES OF GOODS AND EQUIPMENT RECEIVED			
QUANTITY OF GOODS AND EQUIPMENT RECEIVED			
ROSEMARY	Rosemary required assistance from your Agency. You provided a walking frame on 14 October for a few weeks. Two days later, your Agency also provided Rosemary with a toilet chair and dressing aids (button hook and zip pull) to make it easier for her to dress.		
DATE OF SERVICE EVENT			
TYPES OF GOODS AND EQUIPMENT RECEIVED			
QUANTITY OF GOODS AND EQUIPMENT RECEIVED			
ANTOINETTE	Your HACC-funded Agency provides wound management and continence care to Antoinette each week. During your last visit on 26 November 2008, your Agency used two dressing packs and provided five packs each of 25 incontinence pads.		
DATE OF SERVICE EVENT			
TYPES OF GOODS AND EQUIPMENT RECEIVED			
QUANTITY OF GOODS AND EQUIPMENT RECEIVED			

Refer to page 170 for the answers to Activity 10.

HACC Functional Assessment

Records the extent to which the Client:

- is able to perform selected activities of daily living;
- has memory or behavioural problems;
- requires transport assistance.



The HACC Functional assessment aims to identify areas in which the Client requires assistance with daily living and quantify their level of need.



The Functional Assessment data elements introduced by the Commonwealth into HACC MDSv2 are a significant change from HACC MDSv1.

Assessment of functional dependency identifies areas in which a person requires assistance with daily living and quantifies the extent to which the person needs assistance from other people to enable them to carry out normal activities of daily living in their home and in the community.

The Functional Assessment records the Client's capabilities in the respective activities. The rating for each item should be based on information from the Client as well as other relevant sources (eg. Carer(s), family, and other Agencies).

A common approach to the measurement of dependency is desirable if HACC clients are to receive the services appropriate to their needs. These items were taken from the National HACC Functional Screening Instrument that was developed to identify those clients who require further assessment to determine their level of dependency. Identification of the dependency level of clients facilitates the analysis of need for assistance commonly provided by other government programs. The functional status items recorded in the NSW Health HACC MDS enable comparisons of levels of dependency of HACC clients with population data, such as that obtained through the ABS Disability, Ageing and Carers Survey and the Census.

HACC Functional Assessment

- Rate what the Client is capable of doing rather than what they do.
- Rate the person's functional status with current aids and appliances in place.
- The Client's functional status should be rated at the start of a Service Episode (either at intake, as part of or immediately following initial assessment) and re-assessed either when the Client's circumstances change or when there is an indication that the Client's need for assistance has changed.



Rate what the Client is capable of doing, rather than what they do.

Phrase questions as 'Can you?', rather than 'Do you?', since some persons may not, for example, do the housework because their Carer does it for them, yet be quite capable of undertaking it themselves.

In rating an item that is irrelevant (for example, the Client has no shops in the vicinity or does not use any medication), rate the response based on what the Client would be capable of doing if the item was relevant to their situation.

In assessing capability, take into account not only physical function but also cognition (such as problems caused by dementia or an intellectual disability) and behaviour (such as unpredictable or challenging behaviour).

Clients able to complete a task with verbal prompting should not be rated as independent.

Rate the person's functional status with current aids and appliances in place.

Note that the HACC Functional Assessment is not meant to limit the assessment and screening tools used by the HACC Agency, except to the extent that the 16 HACC Functional Assessment questions which are required for MDS reporting will need to be incorporated into the tools used.

It is recommended that the Client's functional status be rated at the start of a Service Episode either at intake or following initial assessment, and reassessed when the Client's circumstances change or when there is some reason to believe the Client's need for assistance has changed.

HACC Functional Assessment data elements

- Date of Client functional assessment
- Client functional status – housework
- Client functional status – transport
- Client functional status – shopping
- Client functional status – medication
- Client functional status – money
- Client functional status – communication
- Client functional status – dressing
- Client functional status – eating
- Client functional status – toileting
- Client functional status – getting out of bed/moving around
- Client functional status – walking
- Client functional status – bathing/showering
- Client functional status – memory problems/confusion
- Client functional status – behavioural problems
- Client functional status – transport classification

HACC Functional Assessment data elements

Date of Client functional assessment

- The date on which the functional assessment/re-assessment was performed.
- A corresponding Service Event record must exist for the same date as the functional assessment/re-assessment. The primary type of assistance for the Service Event will be recorded as '01' – 'Assessment (including screening)-Client'.
- A functional assessment/re-assessment of the Client may be performed face-to-face, by telephone or by Telehealth service delivery mode.

HACC Functional Assessment data elements

Client functional status – housework
 Client functional status – transport
 Client functional status – shopping
 Client functional status – medication
 Client functional status – money

- Not relevant for children or adolescents (persons aged <18 years) and should have the response defaulted to '0' – 'Not collected'.

Code	Description
0	Not collected
1	No
2	Yes, sometimes
3	Yes, always
9	Not stated/not known/inadequately described

Examples of possible questions asked:

'Can you perform your housework without help (clean floors, etc)?'

'Can you get to places out of walking distance without help (drive your own car, travel alone on buses/trains/taxis, etc)?'

'Can you go out shopping for groceries or clothes (assuming you have transportation) without help (taking care of all shopping needs, yourself)?'

'Can you take your own medicine without help (in the right doses and at the right time)?'

'Can you handle your own money without help (write cheques, pay bills, etc)?'

HACC Functional Assessment data elements

Client functional status – communication

Client functional status – dressing

Client functional status – eating

Client functional status – toileting

Client functional status – getting out of bed/moving around

Client functional status – walking

Client functional status – bathing/showering

Code	Description
1	No
2	Yes, sometimes
3	Yes, always
9	Not stated/not known/inadequately described

Sample questions to ask the Client:

'Do you ever need help to communicate (to understand or be understood by others)?'

'Can you dress yourself without help?'

'Can you eat without help?'

'Can you manage the toilet without help?'

'Can you get out of bed or move around at home (or at places away from home) without help?'

'Can you walk without help (except for a cane or similar)?'

Rate the person's functional status with current aids and appliances in place.

When assessing walking, clients who are in a wheelchair should be rated as:

'3' – 'Yes, always' if they are independent (including corners, etc) or

'2' – 'Yes, sometimes' if they are not wheelchair independent.

'Can you take a bath or shower without help?'

HACC Functional Assessment data elements

Client functional status – memory problems/confusion
Client functional status – behavioural problems

- Not to be asked directly of the Client.
- Ratings should be based on other information, including interview/observation of the Client, clinical notes, referral letter and information from a Carer, friends, relatives and referring services.

Code	Description
1	Yes
2	No
9	Not stated/not known/inadequately described

Ratings to be ascertained by the interviewer:

'Does the Client have memory problems and/or confusion (such as problems caused by dementia or an intellectual disability)?'

'Does the Client have behavioural problems (such as unpredictable or challenging behaviour)?'

HACC Functional Assessment data elements

Client functional status – transport classification

- The transport assistance requirements of the Client.
- Not to be asked directly of the Client.
- Ratings should be based on other information, including interview/observation of the Client, clinical notes, referral letter and information from a Carer, friends, relatives and referring services.



Code	Description
1	Very High level Transport for Health services required
2	High level Transport for Health services required
3	Medium level Transport for Health services required
4	Low level Transport for Health services required
5	No Transport for Health services required
9	Not stated/not known/inadequately described

This data element has been taken from the NSW Health Policy Directive Transport for Health (PD 2006_068). Identification of the functional ability of the Client and their transport assistance requirements will be used in assigning appropriate Transport for Health services, as required.

Rating to be ascertained by the interviewer:

Very High level Transport for Health services required

To be used where the Client requires: - a stretcher and appropriate clinical and/or behavioural management.

High level Transport for Health services required

To be used where the Client requires: - door-to-door transport
 - empathy and reassurance
 - significant (weight bearing) assistance to enter/exit vehicle or destination
 - trained staff to deal with care needs
 - observation for post-procedural complications (if applicable)
 - management of challenging behaviour or formal supervision (if applicable).

Medium level Transport for Health services required

To be used where the Client requires: - door-to-door transport
 - empathy and reassurance
 - some limited (non-weight bearing) assistance to enter/exit vehicle or destination
 - some awareness of care needs related to their condition.

Low level Transport for Health services required

To be used where the Client requires: - door-to-door transport
 - empathy and reassurance.

Activity 11 – HACC Functional Assessment

	SCENARIO	FUNCTIONAL STATUS ITEM	ANSWER
SUE	Sue has bipolar disorder and has recurrent bouts of severe depression. Her daughter advises you that she is not doing any housework, her mood is very low and all she does is sit in a chair all day. There is no physical reason for Sue not doing the housework. Sue's history indicates this will likely last for several months.	Behavioural problems	
		Housework	
CLARA	Clara lives with her "mob" in the outer suburbs. She has severe arthritis and diabetes. When asked if she manages her shopping she says there are no problems with this. You have a concern about this response and wonder if Clara may be misunderstanding what it is being asked, so you rephrase. "Clara, how do you do your shopping?" Clara responds with – "My husband takes me. He gets the food from the list I give him, while I wait on the chair outside – I can't walk too much with my arthritis – moving around is quite difficult without my husband."	Shopping	
		Getting out of bed/moving around	
HELEN	Helen has dementia, which has progressed quite significantly in the last few months. Helen now cannot identify what shopping is needed, or undertake the task of shopping herself.	Memory problems /confusion	
		Shopping	
PAMELA	Pamela lives in the local park. She has schizophrenia with associated concentration and motivation issues. Each Wednesday Pamela goes to the drop-in centre where she uses the shower and other amenities, and takes the opportunity to use the washing machine.	Housework	
		Bathing/showering	
STEVEN	Steven is 124kg, has diabetes and has recently returned home from hospital after having his left leg amputated. He is able to move around using a wheelchair, but has difficulty negotiating corners and corridors, and needs assistance getting in and out of his chair.	Walking	
		Transport classification	
CONSTANCE	Constance lives with her 80 year-old sister, Daisy. Constance has Parkinson's Disease and often finds it difficult to eat or dress without the assistance of Daisy.	Dressing	
		Eating	
LEONORA	Leonora speaks and understands a little English. Service intake is done with the assistance of an interpreter. Leonora takes Warfarin tablets, her dosage fluctuates and she is unable to read labels on the bottles and identify the correct medication dosage. Someone helps Leonora with this.	Communication	
		Medication	
PAUL	Paul has emphysema and lives alone in public rental accommodation. Until 2 months ago, he used to be able to go for walks and do his own shopping without help, but he now can't move around anymore without an oxygen bottle. The recent acquisition of an electric motor chair, however, has allowed Paul to go to the shops and get out of the house.	Shopping	
		Getting out of bed/moving around	

	SCENARIO	FUNCTIONAL STATUS ITEM	ANSWER
KAREN	Karen is 36 years old and has Multiple Sclerosis. Most days Karen can walk, but her condition is fluctuating and on bad days has to use a wheelchair to get around. When using the wheelchair Karen needs help to negotiate entering and exiting rooms in her house.	Transport	
		Transport classification	
SUSAN	Susan has very limited vision and has difficulty reading and paying her bills without assistance. Susan's medication is prepared by the pharmacist in a Webster pack. Susan is independent with managing her Webster pack.	Money	
		Medication	
MARIO	Mario has no physical or mental limitations that will impact on his ability to conduct household chores. Mario's cultural belief is that housework is women's work. Mario chooses not to do any of this work and his wife does all of the domestic chores required. He acknowledges he could do it if he had to.	Behavioural problems	
		Housework	
BILL	Bill lives alone and suffers from early-stage Alzheimer's. He no longer cooks food himself, relying on Meals-on-Wheels. Bill has a Webster pack and his daughter rings him each morning and visits him each evening to prompt Bill to take his medication.	Memory problems /confusion	
		Medication	
MARY	Mary has severe arthritis and has right-sided immobility following a stroke. Mary's husband, Jack, helps Mary dress and eat. Mary moves around using her electric wheel chair.	Dressing	
		Eating	
JOSEPH	Joseph has a brain tumour affecting his memory and functional capability. Joseph's wife Mary prepares and provides him with his medication and assists him with toileting.	Medication	
		Toileting	
JIM	Jim has a history of Parkinson's disease and has recently become widowed. His wife used to do the heavy housework like vaccuming and cleaning the toilets and bathroom, because he was unable to. He can shower himself using a shower chair and do his own washing, clean the kitchen dishes, etc.	Housework	
		Bathing/ showering	
HENRY	Henry is 18 years old. He has Spina Bifida and has never been able to walk but can transfer independently to his wheelchair. When out and about Henry is able to negotiate corners himself.	Transport	
		Transport classification	

Refer to pages 171 to 172 for the answers to Activity 11.

HACC Outward referral

HACC Outward referral



Any outward referral of the Client and/or their Carer from your Agency during or at cessation of the Service Episode.

A Client/Carer may have multiple outward referrals – each outward referral should be registered.

It is important to collect information about each outward referral of the Client and/or their Carer. Outward referrals are an important indicator of:

- the pathway that Clients and their Carers follow during or after receiving HACC services;
- the patterns of interaction and relationships between the HACC Program and other related programs and sectors in the health and community care fields; and
- any gaps that may exist in their local or regional networks.

It is important to collect information about each outward referral of the Client and/or their Carer.

HACC Outward referral data elements

- Target of referral
- Date of referral out

HACC Outward referral data elements

Target of referral

- The individual or organisation to which the Client and/or their Carer was referred (out) by the Agency.
- The referral may be interpreted informally (ie. not requiring a written or phone referral).
- If the Client and/or their Carer was not referred (out) by the Agency during or at cessation of the Service Episode, record that there was no referral made – '99' – 'No referral'.

Excerpt from Data Dictionary and collection Guidelines for the NSW Health Home and Community Care (HACC) Minimum Data Set Version 2

TARGET OF REFERRAL DATA DOMAIN:

01 Public hospital	55 Community/domiciliary nursing service
07 Private hospital	56 Community/domiciliary allied health service
10 Psychiatric hospital	58 Other non-residential community health service
12 Multi-Purpose Service	61 Comprehensive HACC assessment authority
18 Other hospital or day procedure centre	62 DVA home care service
21 Community mental health service (residential)	63 Carelink Centre
22 Palliative care facility/hospice (residential)	67 Law enforcement/criminal justice
25 Extended care/rehabilitation facility	68 Other community-based non-health government service agency
26 Residential aged care facility (government)	71 Other Aboriginal and Torres Strait Islander community-based service agency (eg, LALC/AHO)
27 Residential aged care facility (non-government)	78 Other community-based non-government service agency
28 Other residential care service	91 Community transport service
31 Emergency services	92 Home maintenance/modifications service
35 Day care centre/respite care centre	93 Meals service
41 Professional personal carer	94 Community Options Program service (COPS)
45 Private practice, medical general practice	95 Community/Aged Care Package service
48 Private practice, other	98 Other target of referral
51 Community mental health service (non-residential)	99 No referral
52 Community palliative care service (non-residential)	
53 Specialist aged or disability assessment team/service	
54 Aboriginal and Torres Strait Islander Health Service	

Guide for use: The Target of referral should be recorded for each Client and, if there is one, each Carer. If a Client and/or a Carer is referred (out) by the Agency to multiple sources, then a Target of referral should be recorded for each referral. If a Client and a Carer is referred (out) by the Agency to a source, then a Target of referral should be recorded against both the Client and the Carer. If a Client and/or a Carer was not referred (out) by the Agency, the Target of referral should be recorded as '99' – 'No referral'. The referral may be interpreted informally (ie, not requiring a written or phone referral).

Code 01: Public hospital – excludes Mental Health admitted patient units – code to '10' - 'Psychiatric hospital' and excludes Palliative Care admitted patient units – code to '22' - 'Palliative care facility/hospice (residential)'.

Code 07: Private hospital – excludes Mental Health admitted patient units – code to '10' - 'Psychiatric hospital' and excludes Palliative Care admitted patient units – code to '22' - 'Palliative care facility/hospice (residential)'.

Code 10: Psychiatric hospital – includes Mental Health admitted patient units within a Multi-Purpose Service, acute and non-acute inpatient facilities.

Code 12: Multi-Purpose Service – includes residential aged care settings and admitted patient units within a Multi-Purpose Service.

Code 18: Other hospital or day procedure centre – includes Same Day Surgery centres, specialised dialysis centres, standalone endoscopy clinics, etc.

Code 21: Community mental health service (residential) – includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems.

- Code 22:** Palliative care facility/hospice (residential) – a service or facility specifically structured to provide palliative care in either community residential or institutional settings. Includes Palliative Care admitted patient units within a Multi-Purpose Service, acute and non-acute inpatient facilities.
- Code 26:** Residential aged care facility (government) – includes government owned/operated high care (nursing home) and low care (hostel). Excludes residential aged care settings in a Multi-Purpose Service – code to '12' - 'Multi-Purpose Service'.
- Code 27:** Residential aged care facility (non-government) – includes non-government high care (nursing home) and low care (hostel).
- Code 31:** Emergency services – includes ambulance service, flying doctor service, rescue service, Mental Health Crisis Team and other emergency service provider.
- Code 45:** Private practice, medical general practice – includes vocationally registered general practitioners, vocationally registered general practitioner trainees and GP services co-located within an acute care hospital.
- Code 48:** Private practice, other – health professionals operating in private practice. Excludes medical general practitioners – code to '45' - 'Private practice, medical general practice', community/domiciliary nursing services – code to '55' - 'Community/domiciliary nursing service' and community/domiciliary allied health services – code to '56' - 'Community/domiciliary allied health service'.
- Code 51:** Community mental health service (non-residential) – includes non-residential services providing support, non-acute care and other services to people with particular personal, social or behavioural problems.
- Code 52:** Community palliative care service (non-residential) – a service specifically structured to provide palliative care in the community (non-residential).
- Code 53:** Specialist aged or disability assessment team/service – includes Aged Care assessment Team (ACAT).
- Code 61:** Comprehensive HACC assessment authority – includes DADHC Home Care Service Referral and Assessment Centre and DADHC HACC Assessment Centre.
- Code 67:** Law enforcement/criminal justice – includes police cells, law courts, correctional settings/prisons, Periodic Detention centres, and Diversion initiatives such as Cannabis Cautioning Scheme, Home Detention, Magistrates Early Referral Into Treatment (MERIT).
- Code 68:** Other community-based non-health government service agency – includes public schools, universities and colleges.
- Code 78:** Other community-based non-government service agency –includes private schools and colleges.
- Code 93:** Meals service – includes Meals on Wheels.
- Code 95:** Community/Aged Care Package service – includes Community Package (ComPack), Transitional Aged Care Package (TACP) and Community Aged Care Package (CACP). Excludes Community Options Program service (COPS).
- Code 98:** Other target of referral – to be used where the Client and/or their Carer was referred to a source not listed above.
- Code 99:** No referral – to be used where the Client and/or their Carer was/were not referred (out) by the Agency either during or at the cessation of the Service Episode.

HACC Outward referral data elements

Date of referral out

- The date on which the Client and/or their Carer was referred (out) by the Agency.
- For written referrals, the date on the referral letter should be recorded.
- For informal and verbal referrals, the date on which information was provided to the Client and/or their Carer about the Agency to which they were referred should be recorded.
- If the Client and/or their Carer was not referred (out) by the Agency during or at cessation of the Service Episode, the date on which the Client/Carer last presented for service should be recorded.

HACC Useful information

HACC Useful information

Your AHS HACC Co-ordinator

Name

- Phone:
- E-mail:



NSW Health HACC Data Collection Co-ordinator

John Hallett

- Phone: 9391 9308
- E-mail: HACCDATA@doh.health.nsw.gov.au



NSW Health HACC web site

- Intranet: <http://internal.health.nsw.gov.au/im/ims/hacc>
- Internet: <http://www.health.nsw.gov.au/data/hacc>