



# Home and Community Care Minimum Data Set (MDS) Version 2 Implementation

## Bulletin No. 5—December 2006

These quarterly bulletins will keep you informed about the implementation of the new version of the HACC minimum data set in Victoria.

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### Next transmission: due 15 January 2007

As usual, agencies in Victoria should transmit their HACC MDS data to the email address [haccmds.data@dhs.vic.gov.au](mailto:haccmds.data@dhs.vic.gov.au). Use the same address for both version 1 and version 2 files. Due date is 15 January 2007.

### Over 72,000 v2 records already received!

We were pleased to find that more than 72,000 of the client records received in November were MDS Version 2. That's about 41 percent of all 176,000 HACC records received. The records were submitted by 180 agencies or their outlets.

In other words, 30 percent of all HACC providers have now successfully converted to MDS Version 2.

These records were submitted by a range of agencies, particularly local councils, community health centres and non-metropolitan district nursing agencies. Our congratulations to them.

### Choice of software

The MDS Version 2 files were collected by a variety of software systems. So far, and in rank order of the number of valid records received, the systems generating them were as follows:—

SWITCH	Carelink Plus	Carelink	ComSacc AT&S
Sharikat Khoo	PJB Data Manager	Agedcare 6.0.6	DataManager+
BDNH-CCP	City Manager	HACCPAC	MSL
Agedcare 6.1.1	DAISY	Jade	

Other systems are currently being tested by their developers, and will doubtless be rolled out in time for the January 2007 collection.

In the next few weeks we will be updating the Guide to HACC software products in Victoria. This may assist agencies to choose a system that best meets their business needs.

## Testing your v2 software

Once you have acquired software upgraded to HACC MDS version 2, you can check whether the extract from your client records is being correctly formatted. Simply send your test files to the help desk, [haccmds@dhs.vic.gov.au](mailto:haccmds@dhs.vic.gov.au)

## On the help desk: Kathleen Taylor

We are happy to welcome Kathleen, who recently arrived at the HACC Data Help Desk from South Australia. She has replaced Adrienne Campbell, who has taken a position as a 'PASA' (program and service advisor) in the Geelong office of DHS. Great work, Adrienne.

## New data repository

On arrival at DHS, your de-identified HACC MDS files are being processed by a new data repository, which appears to be working well. Copies of all files are later transmitted to the national HACC data repository managed by the Commonwealth, for inclusion in the national HACC collection.

We have overhauled the feedback reports on data quality that are sent to agencies when they transmit their MDS files. In the next few weeks, we will analyse the uptake of MDS v2 in more detail, and give advice to agencies and software developers.

## V2 User Guide—on the Web

All documentation about the v2 data set can be downloaded from Victoria's HACC Web site: [http://www.health.vic.gov.au/hacc/data\\_collection/index.htm](http://www.health.vic.gov.au/hacc/data_collection/index.htm)

## FAQs on HACC and SCTT 2006

A set of Frequently Asked Questions has been posted on Victoria's HACC Web site, discussing the relationship between the HACC MDS v2 and SCTT 2006. It answers questions on such issues as how to collect Client Functional Status and how to report client assessments. See the pdf document HACC MDS FAQ Sept 2006 at [http://www.health.vic.gov.au/hacc/data\\_collection/index.htm](http://www.health.vic.gov.au/hacc/data_collection/index.htm)

## View your data on the DHS Funded Agency Channel

Most agencies are now aware that their HACC MDS files can be viewed on the DHS Funded Agency Channel, a Website, soon after it has been received. Allow two working days from the date of transmission to DHS.

For free registration, call the FAC Helpdesk on 9096 2742. If the HACC data looks wrong, please contact the HACC MDS Help Desk on 9096 7255. The FAC Web site is: <https://fac.dhs.vic.gov.au/>

A revised suite of reports will be appearing soon.

## HACC Fees report

We are pleased to report that 96 percent of HACC service providers sent in their annual data on client fees collected. About \$44.5 million was collected from HACC clients during 2005-06. The funds were used by each service provider either to expand the quantity of services delivered or to improve quality.

## CRISSP and HealthSmart

The HACC MDS v2 is being embedded in two new client management systems that are under development by DHS: CRISSP, and the HealthSmart Patient & Client Management System. One version of the HealthSmart system (TrakHealth) is being designed for stand-alone community health centres. It will be progressively rolled out from 2007. See <http://www.health.vic.gov.au/healthsmart/pcms/patmen.htm>

CRISSP Release 2A is scheduled for roll-out from January 2007. It is intended to suit agencies that receive funds from both the HACC Program and Victoria's Disability Services Program.

## E-Form—still usable

People currently using the HACC E-Form should continue using it until they have an alternative system for collecting MDS v2. DHS will continue to support the E-Form for some time yet.

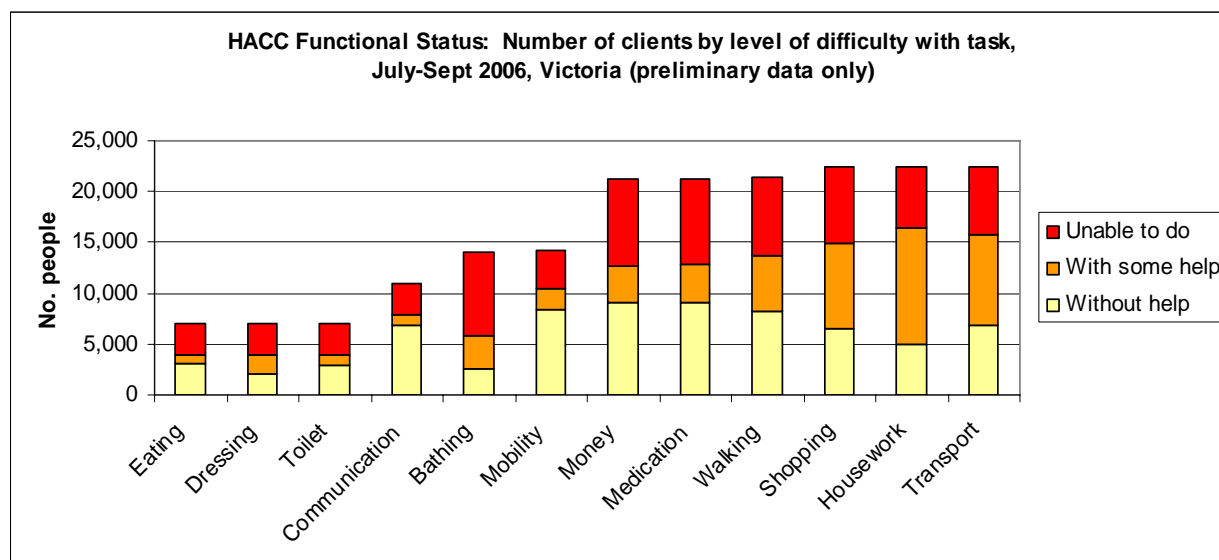
### Upgrading your HACC software? Checklist of useful features

If you are comparing products, the following points may be helpful:

- Customer service to solve day to day problems and manage upgrades.
- Ease of creating and modifying HACC client records.
- Ease of updating the hours of service to any client, with links between staff rosters, client care plans, and billing systems.
- Ease of extracting and transmitting the HACC MDS.
- Inbuilt error-checking and ability to generate useful reports.
- Ease of making and updating a client care plan, given your agency's team structure and the staff who have access to the client record.
- Ease of handling different service types and client categories, especially if your clients are funded from more than one government program.
- Ability to generate the Service Coordination Tool Templates 2006, populated with client information already held in your agency's data base; ability to save, print or email selected material for the purpose of referral.
- Ability to send and receive e-referrals, integrated into the system to avoid duplicated data entry.
- Ease of generating multiple referrals for one client.
- Ability to plug into Web-based service directories when making client referrals.
- Ability to link computers in a network. Ability for staff to do data entry in the field.
- Software that supports data sharing between mobile computers and a head-office server.
- Compliance with HL-7 messaging standards.
- Ability to migrate existing HACC v1 client records to an upgraded v2 system.

## Client Functional Status: sneak preview

Around 22,500 records were received with information on client functional status. This is a major new area of data in the HACC MDS Version 2. Given the level of interest, we have presented some preliminary results below.



### Notes to the graph

**Amount of data:** The graph shows data from around 22,500 client records.

**Most dependent:** The tasks with the greatest number of people scored as unable to do it were managing money and managing medications, and bathing.

**Least dependent:** The tasks with the greatest number of people scored as **able** to do the task without help were managing money, managing medication, and mobility (getting in and out of bed and around the house). Handling money and medications appear to be black-and-white; most people can either do it unaided or can't do it at all.

**Fewest dependent people:** The tasks with the smallest number of people scored as **unable** to do it were eating, dressing and using the toilet. This is interesting, because these are three of the four self-care tasks; the fourth is bathing, which shows a rather higher number of people unable to bathe unassisted.

**Data quality:** This is preliminary data from around 13 percent of Victoria's HACC clients, and may not be accurate. It is not likely to be a statistically representative sample. More work needs to be done on quality and interpretation. On the four self-care items, there is supposed to be a screening question, 'Do you need assistance with any areas of self care, such as bathing, dressing, eating or toileting?'. If the answer is No, then the other questions on each of these areas should not be asked; the scores should be entered as 'no assistance required'.

### Have you changed your email address?

The HACC data repository in DHS now holds a list of registered email addresses so that we can generate automatic feedback. Please let us know if you change your email address. Your agency or outlet can nominate more than one email address.

## Overview of MDS version 2

HACC MDS Version 2 is essentially an expansion of Version 1. It has three main areas of difference from Version 1:

**Carers:** Information about the carer (if any) is recorded on the care recipient's record. That is, for the purposes of the MDS v2, a HACC client is defined as a frail aged or younger disabled person. (In MDS version 1, a carer could be defined as a client in their own right, when the service received was respite; alternatively, carer details could be recorded on the care recipient's record. This ambiguity led to confusion and poor quality data.) **A few extra items** about carers are also collected, in order to produce a more complete picture of the contribution made by family carers in supporting older and disabled people.

**Dependency items:** A set of 14 items measuring the client's functional status or level of dependency are to be collected. These items are quite similar to the items currently found in the Functional Screen in Victoria's Service Coordination Tool Templates. Collecting the dependency data is regarded as a by-product of a broad needs-based HACC assessment, carried out by assessment officers in HACC agencies.

**Other changes:** A few new data elements are collected (Need for an Interpreter, Date of birth estimate flag, DVA entitlement card, Date of entry into HACC service episode, and Date of exit from HACC service episode). Definitions of service types have been revised, and minor changes to some existing code sets have also been made. The data elements have been made consistent with the DHS Common Client Data Set, for the convenience of agencies also required to report data to the Community & Women's Health Program, the Alcohol & Drug Treatment Program or the Aged Care Assessment Program.

**Community Connections and Aged Care Support for Carers:** Agencies with funding from these sources will now use the HACC MDS v2 to report to DHS. This is explained in the HACC MDS User Guide. For more information, contact the HACC data help desk on 9096-7255.

## About the HACC Program

The HACC Program is jointly funded by the Commonwealth Government and the Victorian Government. It is a major provider of essential community care services to frail aged people and younger people with disabilities and their carers. Services include domestic assistance (home care), personal care, home nursing, delivered meals, property maintenance, planned activity groups, assessment and care management, and allied health services. The budget for 2006–07 in Victoria was \$440.1 million, of which \$384.3 million was cost-shared in a 60:40 ratio by the Commonwealth and Victorian governments, and \$55.7 million was an additional Victorian Government contribution. Local government authorities in Victoria are also significant contributors to expenditure (as well as being major providers). Fees collected from consumers of HACC services are re-invested in extra service provision.

### HACC Data Help Desk in Victoria Now at 50 Lonsdale Street

(on the 12<sup>th</sup> floor)

Phone (03) 9096 7255

Email [haccmds@dhs.vic.gov.au](mailto:haccmds@dhs.vic.gov.au)

Fax (03) 9096 9162

Email your data to: [haccmds.data@dhs.vic.gov.au](mailto:haccmds.data@dhs.vic.gov.au)

Post diskettes to:  
HACC Data Collection  
Coordinated & Home Care  
Department of Human Services  
GPO 4057  
Melbourne Vic 3001