



Home and Community Care Minimum Data Set (MDS)

Bulletin No. 7—June 2008

Next transmission: due 15 July 2008

As usual, agencies in Victoria should transmit their HACC MDS data to the email address haccmds.data@dhs.vic.gov.au. Please use the same address for both version 1 and version 2 files. Due date is 15 July 2008.

95% compliance rate!

For two consecutive quarters we have achieved a compliance rate of 95% in our data collection for the December 2007 and March 2008 quarters. This is a great result by all and a big thank you to all participating agencies.

From compliance to data quality

Now that compliance rates are consistently high, we need to put the focus on data quality. We recently analysed the HACC data submitted between July and December 2007. Here are the things that agencies need to watch out for:

Internal inconsistencies in the client record

Type of discrepancy	Cases found in July–Dec 2007 data
Carer status and other carer information	3,786 records described the care recipient as not having a carer, but had carer service hours such as respite
Need for an interpreter and preferred language	35,209 records described the person as needing an interpreter but had 'English' as the preferred language
Pension and client age	1,552 records described the person as having an Age Pension but aged less than 60 years
DVA Pension	894 records described the person as a DVA Pension recipient but as having 'no DVA card'

Dates that don't make sense

Type of discrepancy	Cases found in July–Dec 2007 data
Date of birth should give a realistic age	228 records had an age less than zero
Reason for cessation needs a date of exit	8,982 records had a reason for cessation, but no date of exit
Dates should be actual dates, not dates planned for the future	2,176 records had a date of update in the future

Keep missing data to a minimum

Too much missing data can compromise its usefulness. For example, 21,434 records had no stated letters of name, a critical item used to create the statistical linkage key. These records cannot be used in data analysis.

Some principles of good practice:

- be familiar with the reporting requirements
- use validation checks (your HACC software should have some automated checks)
- have a routine for updating old client records
- collaborate with other staff to improve data quality
- act on feedback from DHS submission logs

Help available:

- HACC data helpdesk: 9096 7255 or haccmds@dhs.vic.gov.au
- your regional DHS contact
- Victorian HACC website: <http://www.health.vic.gov.au/hacc>
- HACC MDS Version 2 User Guide: www.health.vic.gov.au/hacc/downloads/pdf/mdsv2_userguidemar06.pdf
- your software system's helpdesk
- your software's user group (form one if it doesn't exist already!)
- automated feedback (submission logs, Funded Agency Channel reports).

If you don't have access to the DHS Funded Agency Channel, free registration can be arranged by contacting the FAC Helpdesk on 9096 2742.

Quality presentations by HACC providers

At the recent DHS regional consultations, the following people gave presentations on how they deal with HACC data quality in their own agency:

- Meredith Bryant, Cardinia Care
- Aida Horvath, Frankston City Council
- Wendy Altmann, West Wimmera Health Service
- Wendy Hards & Suzie Taylor, Loddon Mallee Shire Council
- Skye Cook, Golden Plains Shire Council
- Marry-anne Duke, Northern Grampians Shire Council
- Leah McFadzean, Gippsland Lakes Community Health
- Kerryn Ashton, Latrobe City Council
- Alisha McDonald, South Gippsland Shire Council

It was very interesting to hear first-hand how the HACC data collection works at different agencies. There were several tips on solving data problems. [Many thanks to all presenters.](#)

Discrepancies in Allied Health hours

During May we discovered an anomaly in the allied health (AH) data held in the DHS data repository. When the hours of each of the six components of allied health (podiatry, physiotherapy, etc.) are added up, the total can vary from the total reported by any given agency. For example, Agency X reports that Client A got 10.5 hours of physiotherapy at centre and 3 hours of podiatry at centre. But the data item 'Allied Health Totals at Centre' shows that the client got 15 hours.

The total number of hours reported under the aggregated AH sub groups should always add up to the number of hours for AH Totals. Presently this is not the case with a number of agencies.

The problem could be caused by the following factors:

- Problems with the rounding-up rule within the HACCMSDS data repository. We found that AH totals (at centre or at home) were being wrongly rounded up or down for each client when the file was being accepted into the data repository. This affected FAC reports generated from the repository. (Only allied health hours have been affected; all other service hours reported on the FAC are correct.)

An example of the problem:

Client Record	Agency HACCMSDS file			Data on the HACC repository		
	Podiatry at centre	OT at centre	AH Total at centre	Podiatry at centre	OT at centre	AH Total at centre
Client A	4.8	3.4	8.2	4.8	3.4	8.0
Client B	3.4	0	3.4	3.4	0	3.0

As the table shows, the rounding rule has led to discrepancies between the AH totals and the aggregated totals of the AH sub groups.

A fix to the problem has now been implemented on the data repository. We will progressively regenerate the FAC feedback reports (mainly report 17: Service Totals and report 19: Quarterly output against targets) for previous quarters to reflect the corrected information. All service providers will be notified via email once this process is completed.

- Agency software issues – extraction rules. We have identified that on some agency files there are discrepancies between AH totals and the AH sub groups that are not caused by the repository's incorrect rounding-up rule.

Example

Client Record	Agency HACCMSDS file			Data on the HACC repository		
	Podiatry at centre	OT at centre	AH Total at centre	Podiatry at centre	OT at centre	AH Total at centre
Client A	5.0	7.0	15	5.0	7.0	15
Client B	6.0	12.0	20	6.0	12.0	20

Where we detect this problem, we will notify agencies to check with their software vendor to identify if the problem has been caused by the software or data entry errors.

How DVA targets affect FAC Report 19

We periodically receive queries about the accuracy of FAC Report 19 targets for delivered meals and planned activity groups (PAGs). If the target seems too high, this is probably because your agency has an additional target for services for Department of Veteran Affairs (DVA) clients. The additional target (extra meals, hours of PAG or hours of another activity type) will have been negotiated with your DHS Program and Service Agreement Advisor. However, the additional target is not shown in your HACC service plan except in terms of total DVA funding.

FAC Report 19 shows the combined HACC-plus-DVA target, and shows the corresponding total hours or number of meals reported via the MDS.

E-Form replacement

We are trialling a replacement for the DHS HACC E-Form. The software is an adaptation of the ACE system that is presently being used by Aged Care Assessment Teams. If all goes well, the new software will be available later in 2008.

90 percent of client records now in MDS Version 2

We were pleased to find that more than 180,000 of the client records received in the March 2008 quarter collection were in MDS Version 2 format. That's about 90 percent of all 205,000 HACC records received. The records were submitted by 345 agencies or their outlets.

In other words, over 50 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.

Improving data on Aboriginal clients

An analysis of the quality of Victorian HACC Aboriginal and Torres Strait Islander client data has recently been posted on the Victorian HACC website:
www.health.vic.gov.au/hacc/publications/aboriginal_data.htm

HACC agencies that submitted problematic records will be requested to check the accuracy of their records in the near future.

Use of HACC data in regional planning

During May 2008, DHS regional offices organised a series of consultations with funded agencies to discuss planning and growth funding allocations for 2008-09. About 20 consultations were conducted across the State, with representation from the HACC and Assessment Team in DHS Central Office and the State office of the Commonwealth Department of Health and Ageing.

HACC MDS data was the essential foundation for measuring service outputs and performance.

The strategic importance of collecting and improving data quality was emphasized in the consultations. Agencies were encouraged to use the data in their own monitoring of client need, agency performance, and forward planning.

Feedback from the consultations will be used in compiling the Regional plans for HACC growth funds and the annual supplement to the Victorian Plan, which is then forwarded to the State and Commonwealth ministers for approval.

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.

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 2007–08 in Victoria was \$470 million, of which \$411.7 million was cost-shared in a 60:40 ratio by the Commonwealth and Victorian governments, and \$57.9 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

Phone (03) 9096 7255

Email haccmds@dhs.vic.gov.au

Fax (03) 9096 9162

Email your data to: haccmds.data@dhs.vic.gov.au

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