



# Home and Community Care Minimum Data Set (MDS)

Bulletin No. 8—June 2009

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## **Next transmission: due 15 July 2009**

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). Please use the same address for both version 1 and version 2 files. Due date is 15 July 2009.

## **95% compliance rate!**

For the March 2009 quarter we achieved a compliance rate of 95% in our data collection. For the first time every DHS region achieved a compliance rate of over 90%, with one region accomplishing 100% compliance. This is a great result by all and a big thank you to all participating agencies.

## **Over 90 percent of client records now in MDS Version 2**

We were pleased to find that more than 200,000 of the client records received in the March 2009 quarter collection were in MDS Version 2 format. That's about 96 percent of all 209,000 HACC records received. The records were submitted by 403 agencies or their outlets.

In other words, over 85 per cent of all HACC providers have now successfully converted to MDS Version 2.

## **From compliance to data quality**

Now that compliance rates are consistently high, we are putting the focus on data quality. We recently analysed the HACC data submitted between Jan and March 2009. Here are the things that agencies need to watch out for:

## Internal inconsistencies in the client record

Type of discrepancy	Cases found in Jan–March 2009 data
Carer status not consistent with other carer information	1,367 records described the care recipient as not having a carer, but had carer service hours such as respite
Need for an interpreter not consistent with preferred language	11,843 records described the person as needing an interpreter but had 'English' as the preferred language
Pension type not consistent with client age	840 records described the person as having an Age Pension but aged less than 60 years
DVA Pension	59 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 Jan–March 2009 data
Reason for cessation needs a date of exit	16,562 records had a reason for cessation, but no date of exit

## Analysis of Carers information – 2009/1 data

### Inconsistencies in the 'SLK Missing' Flag

In HACC MDS Version 2, there is a data item which indicates that one or both of the Statistical Linkage Keys is missing from the record. This data item is somewhat complicated.

To be valid, each HACC record must have information that generates a Statistical Linkage Key (SLK). The SLK is generated from certain letters of the name, plus date of birth and sex. If the client has a carer, the record should contain two SLKs – one for the care recipient and one for the carer.

If in fact the agency has incomplete information about the carer, but knows that there is a carer, the rule is to populate the Carer SLK with the same string as the Client SLK. The 'SLK Missing' flag is intended to reveal that this is what was done. However, we have found some anomalies:

- There were 6,557 records with the SLK Missing flag set as 1 (meaning that the care recipient SLK is correct and there is no carer) which yet contained information on a carer. But if there was no carer, there should be no data on the carer.
- On the other hand, there were 1,318 records with SLK Missing Flag set at 2 (meaning that both the care recipient SLK and carer SLK are correct) and yet there was no information on the carer.
- Of the 22,398 records with the SLK missing flag set at 3 or 4 (meaning either the care recipient SLK has replaced the missing carer SLK or vice versa) there were 992 records with either the care recipient or carer SLK missing.

### Other inconsistencies

- 2,450 records with reported respite hours but with no carer's information
- 7,592 records with no carer flagged but with respite hours reported.

There were also 20,168 records with identical care recipient and carer SLK.

## 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](mailto:haccmds@dhs.vic.gov.au)
- Your regional DHS contact
- Victorian HACC website: [www.health.vic.gov.au/hacc](http://www.health.vic.gov.au/hacc)
- HACC MDS Version 2 User Guide: [www.health.vic.gov.au/hacc/downloads/pdf/mdsv2\\_userguidemar06.pdf](http://www.health.vic.gov.au/hacc/downloads/pdf/mdsv2_userguidemar06.pdf)
- Your software system's helpdesk
- Your software user group (form one if it doesn't exist already!)
- Automated feedback from DHS (submission logs, Funded Agency Channel reports).

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

## E-Form replacement—it's ACE

Following a successful trial of the ACE software to replace the DHS E-Form, ACE has now been rolled out to the majority of all our service providers who were users of the DHS HACC E-Form. It is expected that by the end of June 2009 all E-Form users will have made the transfer to ACE, and will be reporting their MDS data in version 2.

Any service providers who are still reporting their MDS on version 1 and who do not have the capacity to acquire their own third party software should contact the Help Desk to investigate the possibility of using the ACE software.

## Service Coordination Tool Templates 2009

Late last year DHS held an open forum with vendors of client application systems and e-referral systems. The forum was an opportunity:

- for vendors to learn about the changes that have been made to the SCTT, the Victorian Statewide Referral Form (VSRF), and the PAV; and
- for the department to release to vendors the specifications needed to implement the revised SCTT, the VSRF, and the PAV in client applications and e-referral systems.

Vendors are now implementing the revised SCTT, the VSRF, and the PAV; the updates will be available in client application systems and e-referral systems from 1 July 2009.

Agencies are strongly encouraged to familiarize themselves with the revised SCTT, and where appropriate the revised VSRF. You should be working with the vendors of your client application systems and e-referral systems to ensure that the revised tools are implemented well.

More information, including the SCTT 2009 Functional and HL7 Messaging Specification, are available at:

[www.health.vic.gov.au/pcps/publications/vendor\\_forum](http://www.health.vic.gov.au/pcps/publications/vendor_forum)

The impact of the changes made in SCTT 2009 to consistency in HACC MDS v2 reporting has been minimal. Third party software vendors have been made aware of these changes and can easily accommodate the changes via simple mapping. HACC service providers choosing to incorporate the SCTT 2009 template into their client management systems should be mindful of this mapping procedure.

## **Staff Movements**

Over the last 12 months, there has been a number of staff changes in our team.

Kathleen Taylor (Help Desk) has left the department to be closer to home and is now working with the Ballarat City Council.

Francis Kung is now in the Work Cover Authority, and Adina Hamilton has taken a position in the DHS Mental Health Division. Eve Kelly is now working with the KPMG Consultancy group.

**We welcome** Taylan Akay (Senior Policy/Program Advisor) and Henry Cao (Senior Data Analyst).

## **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](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