

National Healthcare Agreement: PI 30-Elapsed time for aged care services, 2016 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	600120
Registration status:	<ul style="list-style-type: none">• Health, Superseded 31/01/2017

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: PI 30-Elapsed time for aged care services, 2016 Health , Superseded 31/01/2017
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Data quality

Quality statement summary:	<ul style="list-style-type: none">• The measure of 'elapsed time' is used as a proxy for demand for aged care services, however there are many factors that cannot be categorised as time spent 'waiting' and not all 'waiting' time is included in this measure• Remoteness data for 2011–12 are not directly comparable to remoteness data for 2012–13 and subsequent years• Socio-Economic Indexes for Areas (SEIFA) data for 2012–13 and subsequent years are not directly comparable with SEIFA data for 2011–12.
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Institutional environment:	Approved service providers submit data to the Department of Human Services (DHS) to claim subsidies from the Australian Government for services delivered under the <i>Aged Care Act 1997</i> and <i>Aged Care Principles</i> . These data are provided to the Department of Social Services (DSS) and are stored in the Ageing and Aged Care data warehouse.
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The tables for this indicator were prepared by the DSS and quality-assessed by the Australian Institute of Health and Welfare (AIHW). The data quality statement was developed by DoHA and includes comments from the AIHW. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.

Timeliness:	The reference period for this data set is the previous financial year.
Accessibility:	The data for this indicator are also used to report in the <i>Report on Government Services</i> .
Interpretability:	The <i>Report on Government Services</i> includes footnotes and explanations on this measure.

Relevance:

The measure of 'elapsed time' is utilised because the period of time between the Aged Care Assessment Team (ACAT) approval and entry into residential care or commencement of community care may be influenced by factors that cannot be categorised as time spent 'waiting' and not all 'waiting' time is included. Factors that influence this indicator are:

- care placement offers that are not accepted
- the availability of alternative community care, informal care and respite services
- variations in care fee regimes that influence client choice of preferred service
- building quality and perceptions about quality of care that influence client choice of preferred service.

Accuracy:

The elapsed time between an ACAT approval and entry into an aged care service is retrospective, i.e. the elapsed time is calculated once a person has obtained entry into an aged care service.

The data for elapsed time by State and Territory, and by Indigenous status, are derived from the location of the aged care service.

The data for elapsed time by Remoteness are derived from the recipient's postcode at time of assessment and exclude some postcodes which cannot be matched to a Remoteness area.

Socio-Economic Indexes for Area (SEIFA) quintiles and deciles are derived from the recipient's postcode at time of assessment. Recipient's postcodes not found in the ABS's SEIFA data are excluded.

The data for elapsed time by remoteness and SEIFA were sourced at a later date than the data for elapsed time by state/territory resulting in slightly different total numbers of admissions. The variance across the different breakdowns of this indicator is less than 0.4 per cent.

Coherence:

The state/territory level data items used to construct this performance indicator are consistent and comparable over time. As noted in the Accuracy section above, there is variance between the state/territory level data items and the data for remoteness and SEIFA. This occurs for 2011-12 and subsequent years.

For 2011–12 and subsequent years, cells have been suppressed to protect confidentiality where the presentation could identify an aged care recipient or where rates are likely to be highly volatile, for example where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 10
- Counts were suppressed when the number was less than 5
- Consequential suppression was applied.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing.

The new remoteness areas will be referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2011–12 were reported for RA 2006. Data for 2012–13 and subsequent years are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011–12 are not directly comparable to remoteness data for 2012–13 and subsequent years.

Data for 2011–12 for SEIFA quintiles and deciles were reported using SEIFA 2006. Data for 2012–13 and subsequent years for SEIFA quintiles and deciles are reported using SEIFA 2011. The AIHW considers the change from SEIFA 2006 to SEIFA 2011 to be a series break when applied to data supplied for this indicator, therefore SEIFA data for 2012–13 and subsequent years are not directly comparable with SEIFA data for 2011–12.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 30-Elapsed time for aged care services, 2015 QS](#)

- [Health](#), Superseded 08/07/2016

Has been superseded by [National Healthcare Agreement: PI 30-Elapsed time for aged care services, 2017 QS](#)

- [Health](#), Standard 31/01/2017

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