



Australian Government
Department of Health and Aged Care



Department of Health and Aged Care

Pilot for the establishment of a Quality Indicator Program for in- home aged care services

Data Entry How-to guide

11 November 2024

How to use the Data Collection template

This document provides supplementary information on how to use the Data Collection template. It provides information and examples for completing the **service information** and **participant information** requested in the template. It covers some common issues that have been raised and what data should be entered into each column.

You should use this guide alongside the Pilot Provider Pack (available [here](#)).

Figure 1: Data Collection template

The screenshot shows the 'INSTRUCTIONS FOR COMPLETING THIS DATA RECORDING TEMPLATE' page. It includes a teal header with the title, a grey content area with detailed instructions, and a white footer with the HealthConsult logo and contact information. The instructions section lists five parts: Service Information, Participant Information, Missed Visits, Care Plan Review, and Participant Survey, each with a brief description. A note at the bottom states that the participant ID must be the same across sections 2-5. The footer contains the HealthConsult logo, a contact email (QI@healthconsult.com.au), and a navigation bar with tabs for Instructions, Service Information, Participant Information, Missed Visits, Care Plan Review, and Participant Survey.


INSTRUCTIONS FOR COMPLETING THIS DATA RECORDING TEMPLATE

This template is for recording data related to service information, administrative data for individual participants, and individual participant responses to the participant survey. This template should be completed regularly during the data collection period and checked for accuracy and quality. Each participant should have 1 unique ID that is used consistently across all tabs of the template. For example, if you have a participant named John Doe and he is assigned the participant ID: 3000657 in the 'participant information' tab, the same ID must be used for John Doe's data in subsequent tabs.

The template has five sections:

- 1. SERVICE INFORMATION**
The service information section requires information about the provider.
- 2. PARTICIPANT INFORMATION**
In this section enter the service recorded information regarding each individual care recipient. The majority of values in this section can be selected from a dropdown list and are not able to be edited.
- 3. MISSED VISITS**
Enter administrative data relating to missed visits for all individual participants. The values in this section can be selected from a dropdown list and are not able to be edited. There is a comments section for any necessary additional information.
- 4. CARE PLAN REVIEW**
Enter administrative data related to care plan review for each individual care recipient. The values in this section can be selected from a dropdown list and are not able to be edited. There is a comments section for any necessary additional information.
- 5. PARTICIPANT SURVEY**
Enter participant survey responses from individual participants. Participant survey results must be entered into the data collection template regardless of survey distribution method.

PLEASE NOTE: THE PARTICIPANT ID IN SECTIONS 2-5 MUST BE THE SAME FOR ALL INDIVIDUAL PARTICIPANTS

 **HealthConsult**

If you have questions about this data recording template please contact the HealthConsult team

QI@healthconsult.com.au

< > **Instructions** | Service Information | Participant Information | Missed Visits | Care Plan Review | Participant Survey

1. Service and outlet information

Information about service and service outlets needs to be entered on the **following two tabs**:

1. **Service Information** including service details for all service outlets included in the pilot.
2. **Participant Information** including high level demographic and service details.

Service Information tab

Service Information including service details as outlined in **Table 1**. Note this may be a single service or require multiple lines of information for all the services/service outlets as outlined in the initial EOI. Please clarify with your RM if the services included differ from those detailed in the EOI.

Important Notes:

- Ensure all provider information is current and accurate.
- Enter all provider data into the designated section of the Data Collection Template.
- Ensure consistency in data entry across all services if you're a multi-service provider.
- If any provider information changes during the pilot study period, update the Data Collection Template and notify your RM.
- While provider data is not anonymised, it will be treated confidentially and used only for the purposes of the pilot study.
- A designated person within your organisation should verify the accuracy of all provider data before submission.

Table 1: Service information details

Data collection	Description
Provider ID	This is the provider's (your) NAPS ID
Ownership model	Select the ownership model for your organisation.
NAPS Service ID	The NAPS Service ID of the service Note: if you do not have a service ID for some service types then please enter the service type here e.g. STRC or CHSP
Service Outlet ID	An identifier for the geographical location being piloted (enter only if applicable). As outlined in Figure 2. Note: If you do not have a Service Outlet ID for your outlet: <ul style="list-style-type: none">• You can use a name that is meaningful to you e.g. Metro West, Dubbo as outlined in

Data collection	Description
	<ul style="list-style-type: none"> Figure 3. OR use the service type and outlet postcode (e.g. CHSP2852) <p>If you provide multiple services from an outlet, please include all as shown in Figure 4.</p> <p>This field can be left blank if you have only 1 service/service outlet in the pilot.</p>
Service Outlet name	The name associated with the NAPS Service ID or the Outlet ID if you are collecting data by Outlet
State	Add state that is related to your NAPS Service ID
Postcode	Add the postcode that is related to your NAPS Service ID. This may be different from where the service is provided.
Service size	<p>Small is under 61 clients</p> <p>Medium is 61 to 100 clients</p> <p>Large is 101 to 500 clients</p> <p>Extra-large is over 500 clients</p>
Ownership model	<p>e.g. for-profit, not-for-profit, government etc.</p> <p>If your organisation doesn't fit neatly into a category, consult with your RM for guidance.</p>

Figure 2: Example where an individual outlet ID exists for a service

Provider ID	Ownership model	NAPS Service ID	Service outlet ID	Service outlet name	State	Postcode	Service size
Enter the Provider Identification number for your service. This will be the same for all rows. This field must not be left blank.	Select the Ownership Model of your organisation. This is a drop down response and cannot be edited.	Enter your services' NAPS Service ID . This field must not be left blank.	Enter your services' Service Outlet ID , <u>only if applicable</u> . This field can be left blank.	Enter your Service Name . This field must not be left blank.	Select the State where your service outlet delivers care. This is a drop down response and cannot be edited.	Enter the Postcode associated with your service outlet. This field must not be left blank.	Select the Size of your service outlet. This is a drop down response and cannot be edited.
639	Not-for-profit	24156	1-XYTCY	Dubbo	NSW	2852	Small (≤60 clients)
639	Not-for-profit	8754	1-98CYT	Metro West	NSW	2124	Large (101 to 500 clients)

Figure 3: Example where an outlet name is used the outlet ID

Provider ID	Ownership model	NAPS Service ID	Service outlet ID	Service outlet name	State	Postcode	Service size
Enter the Provider Identification number for your service. This will be the same for all rows. This field must not be left blank.	Select the Ownership Model of your organisation. This is a drop down response and cannot be edited.	Enter your services' NAPS Service ID . This field must not be left blank.	Enter your services' Service Outlet ID , <u>only if applicable</u> . This field can be left blank.	Enter your Service Name . This field must not be left blank.	Select the State where your service outlet delivers care. This is a drop down response and cannot be edited.	Enter the Postcode associated with your service outlet. This field must not be left blank.	Select the Size of your service outlet. This is a drop down response and cannot be edited.
639	Not-for-profit	24156	Dubbo	Dubbo	NSW	2852	Small (≤60 clients)
639	Not-for-profit	8754	Metro West	Metro West	NSW	2124	Large (101 to 500 clients)

Figure 4: Examples of a provider with multiple services

Provider ID	Ownership model	NAPS Service ID	Service outlet ID	Service outlet name	State	Postcode	Service size
Enter the Provider Identification number for your service. This will be the same for all rows. This field must not be left blank.	Select the Ownership Model of your organisation. This is a drop down response and cannot be edited.	Enter your services' NAPS Service ID . This field must not be left blank.	Enter your services' Service Outlet ID, <u>only if applicable</u> . This field can be left blank.	Enter your Service Name . This field must not be left blank.	Select the State where your service outlet delivers care. This is a drop down response and cannot be edited.	Enter the Postcode associated with your service outlet. This field must not be left blank.	Select the Size of your service outlet. This is a drop down response and cannot be edited.
639	Not-for-profit	24156	1-XYTCY	Dubbo	NSW	2852	Small (≤60 clients)
639	Not-for-profit	21893	1-XYTCY	Dubbo	NSW	2852	Small (≤60 clients)
639	Not-for-profit	24156	1-98CYT	Metro West	NSW	2124	Large (101 to 500 clients)
639	Not-for-profit	21893	1-98CYT	Metro West	NSW	2124	Large (101 to 500 clients)

Provider ID	Ownership model	NAPS Service ID	Service outlet ID	Service outlet name	State	Postcode	Service size
Enter the Provider Identification number for your service. This will be the same for all rows. This field must not be left blank.	Select the Ownership Model of your organisation. This is a drop down response and cannot be edited.	Enter your services' NAPS Service ID . This field must not be left blank.	Enter your services' Service Outlet ID, <u>only if applicable</u> . This field can be left blank.	Enter your Service Name . This field must not be left blank.	Select the State where your service outlet delivers care. This is a drop down response and cannot be edited.	Enter the Postcode associated with your service outlet. This field must not be left blank.	Select the Size of your service outlet. This is a drop down response and cannot be edited.
639	Not-for-profit	24156	1-XYTCY	Dubbo	NSW	2852	Small (≤60 clients)
639	Not-for-profit	STRC	1-XYTCY	Dubbo	NSW	2852	Small (≤60 clients)
639	Not-for-profit	CHSP	1-XYTCY	Dubbo	NSW	2852	Large (101 to 500 clients)
639	Not-for-profit	24156	1-98CYT	Metro West	NSW	2124	Large (101 to 500 clients)
639	Not-for-profit	CHSP	1-98CYT	Metro West	NSW	2124	Large (101 to 500 clients)

2. Participant information

Participant Information including demographic and service detail is outlined in **Table 2**.

Only record participant details if they received one or more services during the observation period **(1 July 2024 to 30 September 2024)**.

Important Notes:

- Ensure participant ID in sections 2–5 of the data collection template is the same for an individual participant across all the tabs.
- Ensure all participant information is up-to-date and accurate as at the end of the reporting period.
- Complete all fields **for each participant of the service (care recipient) who received services during the observation period. Even if they are no longer enrolled in the service or do not submit a survey.**
- Enter all participant data into the designated section of the Data Collection Template.
- Have a second staff member verify the accuracy and completeness of the data before submission.
- If any data points are unable to be captured, or you have any difficulty, reach out to your Relationship Manager.
- **Figures 5 to 8** show examples of how the Participant information tab may be completed.

Table 2: Participant information tab details

Data collection	Description
Participant ID	The provider system identifier (Care recipient ID). This can be unique to your system or can be a MyAgedCare (MAC) ID.
NAPS Service ID	The NAPS Service ID as in the 'Service Information' tab that the participant receives services from. Note: if you do not have a service ID for some service types then please enter the service type here e.g. STRC or CHSP
Service Outlet ID	If applicable enter the Service Outlet ID that you entered in the 'Service Information' tab that relates to the service outlet the participant receives services from. Reminder that this could be the name of the outlet or the service type and postcode if a Service Outlet ID does not exist.
Date first ever service received	DD/MM/YYYY

Data collection	Description
	<p>This may be a date outside of the observation period. This should relate to the date they first received their current service type (e.g., if they previously were receiving CHSP but now have a HCP, enter the start date of the HCP).</p> <p>Note: If you have updated your CRM/management system in the past and this data is inaccessible/archived for some participants please use the date 01/01/1900 as a stand-in for those participants.</p>
Was the participant still enrolled with service at 28/10/24?	<p>Enter options:</p> <ul style="list-style-type: none"> - YES - NO
If no, what was the participant's last day enrolled with the service?	<p>Enter the last date the participant received a service from you</p> <p>DD/MM/YYYY</p>
If no, reason the participant is no longer enrolled in the service	<p>Enter option:</p> <ul style="list-style-type: none"> - Participant moved to residential care - Participant deceased - Other-please specify
If other, please specify:	<p>Free text</p>
At any point during the observation period was the participant in receipt of a HCP?	<p>Enter option:</p> <ul style="list-style-type: none"> - YES - NO
If YES, what was their HCP level as of 30 September 2024 or the last day of enrolment with service?	<p>Level 1 – 4</p>
At any point during the observation period was the participant in receipt of CHSP?	<p>Enter option:</p> <ul style="list-style-type: none"> -YES -NO
If CHSP, how many different services were received during the observation period? (e.g., domestic help, personal care, meals)	<p>Select a number</p> <p>Dropdown response</p> <p>Note: This should be the number of distinct service types accessed by the participant under the CHSP plan, not the number of times a service of any particular type was accessed.</p>
At any point during the observation period was the participant in receipt of STRC?	<p>Enter option</p> <ul style="list-style-type: none"> -YES -NO
Participant gender	<p>Enter option:</p> <ul style="list-style-type: none"> - Male

Data collection	Description
	<ul style="list-style-type: none"> - Female - Non-binary - Another/ or different identity -Prefer not to say
Participant Year of birth	YYYY
Does the participant have a confirmed dementia diagnosis from a geriatrician or neurologist?	Enter option: <ul style="list-style-type: none"> - Yes - No - Unknown
Is the participant receiving help from a carer, family member, friend or someone else?	Enter option: <ul style="list-style-type: none"> - Has a carer(s) - Has no carer - Unknown
Does the participant identify as being Aboriginal and/or Torres Strait Islander?	Enter option: <ul style="list-style-type: none"> - No, neither - Yes -Aboriginal - Yes -Torres Strait Islander origin - Yes - both - Not stated/inadequately described
Participant preferred language	Enter option: <ul style="list-style-type: none"> - English - Other - Unknown
Participant postcode	Postcode of residency. Note this may be different to where the service is provided

Participant information tab examples

Figure 5: Example of one NAPS Service ID and multiple Service Outlet IDs

Enter the Participant ID number for the person receiving care/services. This field must not be left blank.	Enter your services' NAPS Service ID that the participant receives services from. This field must not be left blank.	If applicable, enter your services' Service Outlet ID that the participant receives services from. This field can be left blank.	Enter the first date The date must be e
431527	24156	1-XYTCY	
9862763	24156	1-XYTCY	
5628303	24156	1-XYTCY	
973820	24156	1-XYTCY	
8739022	24156	1-98CYT	
384040984	24156	1-98CYT	
2874398740	24156	1-98CYT	
6287938	24156	1-98CYT	

Figure 6: Multiple Service IDs and multiple Service Outlet IDs

Enter the Participant ID number for the person receiving care/services. This field must not be left blank.	Enter your services' NAPS Service ID that the participant receives services from. This field must not be left blank.	If applicable, enter your services' Service Outlet ID that the participant receives services from. This field can be left blank.	Enter the first date The date must be entered
431527	24156	1-XYTCY	
9862763	24156	1-XYTCY	
5628303	STRC	1-XYTCY	
973820	CHSP	1-XYTCY	
7498570w	CHSP	1-XYTCY	
87498734	21456	1-XYTCY	
8739022	24156	1-98CYT	
384040984	24156	1-98CYT	
2874398740	STRC	1-98CYT	
6287938	CHSP	1-98CYT	
165376	CHSP	1-98CYT	
48938702	21456	1-98CYT	

Figure 7: Multiple Service Outlet IDs and name used as the Service Outlet ID

Enter the Participant ID number for the person receiving care/services. This field must not be left blank.	Enter your services' NAPS Service ID that the participant receives services from. This field must not be left blank.	If applicable, enter your services' Service Outlet ID that the participant receives services from. This field can be left blank.	Enter The c
431527	24156	Dubbo	
9862763	24156	Dubbo	
5628303	STRC	Dubbo	
973820	CHSP	Dubbo	
7498570w	CHSP	Dubbo	
87498734	21456	Dubbo	
8739022	24156	Dubbo	
384040984	24156	Metro West	
2874398740	STRC	Metro West	
6287938	CHSP	Metro West	
165376	CHSP	Metro West	
48938702	21456	Metro West	

Figure 8: Multiple Service IDs without distinct service outlets

Enter the Participant ID number for the person receiving care/services. This field must not be left blank.	Enter your services' NAPS Service ID that the participant receives services from. This field must not be left blank.	If applicable, enter your services' Service Outlet ID that the participant receives services from. This field can be left blank.	Enter the first The date must b
431527	24156		
9862763	24156		
5628303	STRC		
973820	CHSP		
7498570w	CHSP		
87498734	21456		
8739022	24156		
384040984	24156		
2874398740	STRC		
6287938	CHSP		
165376	CHSP		
48938702	21456		