

**Documentation of statistics for  
Elderly - Indicators 2013**

## 1 Introduction

With the arrangement about the economy for 2006 for the municipalities a cross-public co-operation started, which has to ensure a coherent documentation on important areas of municipal services. Firstly the government and Local Government Denmark has made an agreement about national documentation on the elderly area. Statistics Denmark is responsible for working out and publish the statistics. There has been more attached importance to secure a more valid documentation on the elderly area than earlier. This is achieved by collection the information directly from the care systems, which is currently updated together with the case work in the municipalities.

## 2 Statistical presentation

The municipal service indicators on the elderly area consist of 19 indicators so far, which are developed together with Local Government Denmark and the Ministry for Social Affairs. The indicators consist of referral and provided home care, rehabilitation, preventative home visits, qualitative indicators, clinical pathways and readmissions and ratio of direct contact. Primarily the indicators are focused on the elderly area, but home care and rehabilitation also includes data for citizens less than 67.

### 2.1 Data description

**Referral home care:** Consist of indicators on the number of referral hours consistent home care and the number of recipients of personal help and practical care in own home and in nursing homes/nursing dwellings, number of recipients referral to home care, who change contractor and first-time referred recipients, who use private contractor. The indicators are based on the municipalities referrals concerning home care and consist of the referral help, which the municipality offers under the law of Social Service § 83. The officer from the municipality pays the citizen a visit to cover to which duties there help is needed. When the officer has mad an estimate about the duties, there will, according to the law, the quality standard in the municipality and a concrete individual estimate be made a decision about the size of the help. The statistics illustrate the number of people that are referred to home care and the number of average weekly hours in a given month, to which the referral concerns. The indicators can be divided in service, personal care and practical help and type of supplier.

**Provided home care:** Consist of the indicators on the number of provided hours permanent home care and number of recipients of personal care and practical help in own home and number of home visits implemented as planned. The indicator is based on the reported start and stop hours for each visit and consist of the permanent personal help the citizen is provided from the municipality under the Law of Social Service § 83. Each time the citizen is paid a visit from a home help the visit is reported in the hardware. For some municipalities it is the planned start and stop hours for the visit that is reported and for others it is the actual provided hours. This depends on which IT supplier the municipality uses. The provided home care is based on these records. The indicators can be divided in the service personal care and practical help and type of supplier.

**Free choice of dwelling and average waiting time for nursing homes:** Consist of indicators about the average waiting time for nursing homes/nursing dwellings and the number of elderly that uses free choice of dwelling for nursing homes/nursing dwellings and who either wish to use the free choice of dwelling or is referred to the general waiting list. The general waiting list consist of citizens that have not expressed any specific wishes to the municipalities free choice of dwelling. Furthermore the average waiting time in days is illustrated. Elderly that choose the free choice is not included in the calculation of waiting time, as well as younger people with varying reduced physical and mental capacity are not included in the calculation.

**Preventative home visits:** Consists of the indicator preventative home visits. The indicator illustrated number of recipients of preventative home visits, under the Law of Social Service § 79a, where the municipality as a minimum must offer citizens aged 75 and older a visit.

**Rehabilitation and Maintenance Rehabilitation:** Consist of the indicator recipients of rehabilitation and maintenance rehabilitation. The indicator illustrate recipients that have received rehabilitation or maintenance rehabilitation under the Law of Social Service § 86, part 1 and 2. Thus the indicator does not include rehabilitation under the Law of Health § 140.

**Clinical pathways and readmissions:** Consist of the indicators clinical pathways and readmissions plus discharges and length of stay for persons aged 67 and older at selected groups of diagnoses.

**Ratio of Direct Contact:** The ratio of direct contact is a term for, how much of the total paid time for employees in the home help system is spent in the citizens home. The ratio only concerns the time that are used in connection with the service included in the free choice of supplier. Municipalities are recommended to use the ratio-model as a method to calculate the ratio according to [www.brugertidsprocent.dk](http://www.brugertidsprocent.dk). The Ministry of Social Affairs has changes the guide to calculate the ratio of Direct Contact in 2010. There are still debate on the area and until there will be a clarification, it is chosen not to publish the ratio.

**Quality of service:** Every second year the Ministry of Social Affairs is responsible for a qualitative survey is made. The qualitative service indicators include 5 indicators about user satisfaction. The survey is a sample, which is representative to the share of home care recipients age 67 and older.

## 2.2 Classification system

Municipality, region and total country. If there are many municipalities that lack to report region for the indicator is not calculated. This concerns these indicators: *preventative home visits*, *referral hours at nursing homes* and *rehabilitation*. Furthermore there are not calculated figures for region and the whole country for these indicators: *home visits implemented as planned* and *free choice of dwelling*. For *ratio of direct contact* there has not been received data on region. There are data for region and the whole country for *quality of service*.

## 2.3 Sector coverage

Covers the municipal sector.

## 2.4 Statistical concepts and definitions

**Recipients:** The number of citizens that get more home care and/or rehabilitation and/or preventative visits is reported to Statistics Denmark each month for every municipality. However some month can be missing for the individual municipality for more care or rehabilitation.

**Service:** The service for rehabilitation and maintenance rehabilitation shows, if a citizen has been rehabilitated. The service for preventative visits is if the recipient has been paid a visit.

**Share:** First-time referred that choose a private home help, is stated as share in percent of all first-time referred. If a citizen both gets private and municipal help, the citizens are calculated under private home care. Recipients that choose private home care is stated in percent of all recipients. At nursing home/nursing dwellings the share of citizens that has chosen free choice (in contrast to general waiting lists) compared to all places at nursing homes. For the ratio of direct contact it is the share of the total time that is used in the citizens home.

**Time:** For referral and provided home help time is a weekly average hours for two months in question. As months can be missing in the reports a yearly average is calculated for each municipality in the StatBank. Free choice in dwelling is calculated as number of days recipients must wait for a nursing home/nursing dwelling.

## 2.5 Statistical unit

Services, hours with service, recipients divided at sex and age.

## 2.6 Statistical population

- **In general for home care, free choice of dwelling, preventative home visits and rehabilitation:** All recipients of home care, rehabilitation and preventative home visits. Citizens that are referred to a nursing home /nursing dwelling.
- **Clinical pathways and readmissions:** citizens at 67 years and older that have been hospitalized or have been readmitted.
- **Quality of service:** there is made a representative sample in proportion to the share of recipients of home care aged 67 and older. In 2013 Capacent has been in contact with 11.907 persons among citizens aged 67 years and older to the survey in order to make an interview. 80.5 percent of this group has made or partly made an interview on telephone or in person.

## 2.7 Reference area

Denmark.

## 2.8 Time coverage

- **Referral home care:** Data from 2008 and forward. For some of the underlying indicators there are data later than 2008.
- **Provided home care:** Data from 2011 and forward.
- **Rehabilitation and maintenance rehabilitation and preventative home visits:** Data from 2008 and forward.
- **Free choice of dwelling:** Data from 2009 and forward.
- **Clinical pathways and readmissions:** Data from 2007.
- **Ratio of Direct Contact:** Data for 2007-2009 so far. A clarification is expected for further sequence.
- **Quality of service:** Data for 2008, 2009, 2011 and 2013. The survey will be made every second year.

All indicators that Statistics Denmark is responsible for, are published.

## 2.9 Base period

Not relevant for these statistics.

## 2.10 Unit of measure

The unit of measurement is number. Recipients, hours and share are published.

## 2.11 Reference period

- **Home care:** For most indicators there are data from 2008 and forward.
- **Free choice of dwelling:** Data for 2009 and forward.
- **Preventative home visits:** Data for 2008 and forward.
- **Rehabilitation and maintenance rehabilitation:** Data from 2008 and forward.
- **Clinical pathways and readmissions:** Data from 2007 and forward.
- **Ratio of Direct Contact:** Data from 2007-2009 so far.
- **Quality of Service:** Data for 2008, 2009, 2011 and 2013.

## 2.12 Frequency of dissemination

All indicators are yearly.

## 2.13 Legal acts and other agreements

Information from the municipalities care systems is obtained due to the law: "Lov om retssikkerhed og administration på det sociale område", which state that the municipalities are obliged to give the statistical information as the Social Ministry demands. There is no EU-regulation.

### 2.14 Cost and burden

- **Information from the municipalities care system:** Most of the information is already in the municipalities care systems. Though some of the municipalities have to implement specific care system modules to fulfill Statistics Denmark demand of giving the information. In connection with Statistics Denmark's detection for errors the municipalities spent time to correct data and re-sent it. The information is used to create the indicators about home care, average waiting time, readmissions and preventative home visits.
- **Information from Statens Seruminstitut:** The respondent burden is zero, as the information is already collected by Statens Seruminstitut. The information is used to create indicators about clinical pathways and readmissions.
- **Information from the Ministry of Social Affairs:** The respondent burden is zero. The information is used to create indicator about ratio of direct contact and indicators about quality of service.

### 2.15 Comment

At the webpage about elderly you can find further information

[Elderly](#)

## 3 Statistical processing

Before usage of data from the municipal care systems Statistics Denmark makes a thorough error detection. Only data, which is either approved by the municipality or Statistics Denmark is used. In the estimate for the total of the country, data is used for earlier years for the missing municipalities. Age on the citizen is changed to the age of the citizen ultimo the year in question. As not all the municipalities has reported all months, an average is calculated for the whole year for each municipality.

### **3.1 Source data**

The actual published indicators are based on following sources: In general information from the municipalities care systems are used to calculate the indicators. Statistics Denmark receive the data on either monthly or yearly basis. If it is not possible to deliver, electronically manually reporting is done.

*Clinical pathways and readmissions* are based on Register for Patients from the Agency of Health and private hospitals/clinics reports to the Agency of Health.

*Ratio of Direct Contact* is based on the municipal reports of special accounts information to the Ministry of Social Affairs. The municipalities report the patient ratios, which are lying at the root of the municipalities actual prices per hour. The Ministry of Social Affairs has changed guide to calculate the ratio of direct contact in 2010. There are still debate at the area and until a conclusion is made, it is chosen not to publish the ratio.

To calculate a total at referral hours at nursing homes, rehabilitation and maintenance rehabilitation plus preventative home visits the register of population from Statistics Denmark is used. The register includes and describes people that are living in Denmark in details from the available information from the person number register.

To error detection the register of population and the register of dead people are used.

To calculate quality of service a sample is made, which is built on telephone interviews and personal interviews. The Ministry of Social Affairs is responsible for the analysis.

### **3.2 Frequency of data collection**

For referral home care, provided home care and rehabilitation data is collected automatically every month. This frequency is not the same as the frequency of publishing, which is yearly. For preventative home visits, average waiting time for nursing homes/nursing dwellings, clinical pathways and readmissions plus ratio of direct contact data is collected yearly. For the analysis of quality of service every second year data is collected.

### **3.3 Data collection**

Data is collected from the municipalities care systems, where the municipalities have had problems to sent data via the care systems, excel spreadsheet is used, which is received encrypted to Statistics Denmark. Data for clinical pathways and readmissions and ratio of direct contact is received on excel spreadsheet. Average waiting time is summarized data for each municipality and is received on mail. Clinical pathways and readmissions is received from SSI (Statens Serum Institut) on spreadsheet. The ratio of direct contact is received on spreadsheet, and quality of service is received as a SAS dataset from the Ministry of Social Affairs.

### 3.4 Data validation

All data that is received from the municipalities is detected for errors of Statistics Denmark for unmarketable formats of data, personal numbers, company numbers and dead citizens. Some municipalities do not report. It can be due to changes in system or in staff. During the year there are municipalities that do not report for all months. About 25 per cent of all months is not reported. So you do not get the variation over the year that might be there. When you enumerate to the StatBank data is used for earlier years for missing municipalities. For each earlier year that you use the data from the municipality, the age of the citizen is added with one year. Therefore it is not illustrated, if there has been raises/falls in the municipalities in question, plus if the population at home care receivers has changed characteristics, e.g. grown older. As not all municipalities have reported all months an average for the whole year for each municipality is calculated. If a municipality has reported for 10 months, an average is calculated for the 10 months.

### 3.5 Data compilation

**Home care:** Before usage of data from the municipalities care system a thorough error detection is made of Statistics Denmark. All municipalities are asked to confirm their data. Only data, which is either approved by the municipalities or Statistics Denmark is used. There are detected for errors in unmarketable formats of data, personal numbers, company numbers and dead citizens. For statistics where the number of citizens, which have received municipal/private home care is calculated. Citizens, who have received both, are calculated under private home care.

**Referral care in own home:** Where the total for the country is calculated, data from earlier years is used for the missing municipalities. For each earlier year that you use data from the municipality, the age of the citizen is added with one year. The information Statistics Denmark receives is a weekly average every month for referral home care in minutes. When a recipient e.g. is referred to one hour personal help every second week, the number of minutes in average is 30 minutes.

**Provided home care in own home:** Every month each municipality reports registration of referrals and provided visits from the municipalities care systems. At the moment there are 3 suppliers of care systems. This is of importance for the usage of data as the reports is used differently according to which care system the municipality is using. To calculate provided home care 3 reports are used from the care system:

- L1.1 Start and stop hours
- L1.2 Referral home care
- L1.3 Provided home care.

Report L1.1 includes information about the visit for the planned home care visits, where the home helper has registered a start and stop time for the visit.

Report L1.2 is a registration on all citizens in the municipalities, who are referred to permanent home care after the rules about free choice. The referral home care is divided in personal help and practical care.

Report L1.3 includes information about the duration of the provided (actual) visit of the home helper. The report counts the minutes actual spent of home helper. Originally report L1.3 should cover all provided home care. But the quality and the coverage is defective for many municipalities. Therefore it is chosen to use the following method to work out provided home care. All persons, who have received a visit according to report L1.3, and where the municipality or Statistics Denmark has approved the report, are part of the home care receivers. Not all private suppliers are able to report data about provided home care in the municipalities care systems. So visits of the private suppliers of home care are for some municipalities not part of the reporting of L1.3. Therefore persons from

L1.2, which are referred to home care, are drawn in. The referred series is corrected with a factor to calculate the provided help, as the provided help typically is lower than the referred help. The ratio between these is found at a national level and on suppliers type against a background of municipalities. For these municipalities both data about referred and provided help is found valid and approved either by the municipalities or Statistics Denmark. For some municipalities there can be partly information about the private provided help. These services are included and the municipalities other referred services are adjusted with the national ratio and are included in the total provided home care. Above mentioned apply for the municipalities that do not use CSC as a supplier. For the municipalities that have CSC as a supplier report L1.1 is included instead of L1.3. Also for the report L1.1 the private provided help are insufficient. Therefore the same method is used here as for report L1.3. to impute private provided help. When a total for the country is calculated, data for earlier years are used for the missing municipalities. For each earlier year that you use data from the municipality, the age of the citizen is added with one year.

**Free choice of dwelling:** There is not a total for free choice of dwelling.

**Preventative home visits:** When a total for the country is calculated, data for earlier years are used for missing municipalities. For each earlier year that you use data from the municipality, the age of the citizen is added with one year. Where there are not data from earlier years, the register of population is used. For the reporting municipalities and municipalities, where data exist for the year before, a ratio of the population, who has received a preventative home visit is found. This ratio is supplied to the population in the municipalities, which have not reported to find the number of citizens. This is summed up with the known municipalities to a total for the country.

**Rehabilitation:** When a total for the country is calculated, data for earlier years are used for the missing municipalities. For each earlier year that you use data from the municipality, the age of the citizen is added with one year. If there are not data for earlier years the register of population is used. For the reporting municipalities and municipalities, where data exists the year before a ratio is found for the population that get rehabilitation. This ratio is supplied to the population in the municipalities that have not reported, to find out the number of recipients. These are summed up with the known municipalities to a total for the country.

**Clinical pathways and readmissions, ratio of direct contact and quality of service:** These are not made any calculations of Statistics Denmark.

### 3.6 Adjustment

There are not made any corrections, except what is already described under data validation and data processing.

## 4 Relevance

The authorities and public institutions and the population use the indicators for analysis, research, debate etc. Yearly the statistics and development in method etc. is presented at Statistics Denmark's two committees for users: Regions and Municipalities plus Welfare Statistics.

### 4.1 User Needs

**Users:** Ministries, agencies, municipalities, regions, municipal organizations, unions, nongovernmental organizations, consultants, private companies, researchers, journalists, students and citizens. **Scopes of Application:** The scopes of application are for planning, analysis, statements, research, articles, public debate and bills.

## 4.2 User Satisfaction

Yearly the statistics and development in method is presented at Statistics Denmark's two committees for users: Regions and Municipalities and Welfare Statistics.

## 4.3 Data completeness rate

Not relevant for these statistics.

## 5 Accuracy and reliability

**Home care, free choice of dwelling, preventative home visits, rehabilitation, and ratio of direct contact:** here are no calculations of insecurity. This is a total census, but not all municipalities report every year. Clinical pathways and readmissions: there is no sample insecurity, as it is a total census. In general there is not made an estimate of authenticity.

### 5.1 Overall accuracy

- **Home care, preventative home visits and rehabilitation:** The source is the administrative care systems in the municipalities, and in general the reliability of the data is very high though for rehabilitation some of the municipalities have difficulties to distinguish between rehabilitation due to the Law of Service and the Law of Health. Services due to the Law of Health might occur in the statistics. More and more municipalities introduce rehabilitation and therefore it is different, whether the municipalities report this rehabilitation as home care or as rehabilitation or rehabilitation maintenance, or if they for some years report the service under home care and other years under rehabilitation. For provided home care some municipalities have indicated that these services can be included nursing help, but it is not possible to remove these. All information is approved by the municipalities or Statistics Denmark before publishing. It is not all months that are reported by the municipalities, and this might give insecurity.
- **Free choice of dwelling:** As there gradually is statistics for several years, you can compare the years, and this gives a bigger reliability, as the development can be used in the error detection. All information is approved by the municipalities or by Statistics Denmark before publishing. It is not all months that are reported by the municipalities might give uncertainty.
- **Free choice of dwelling:** As there gradually are statistics for several years, you can compare the years, and this gives a bigger reliability, as the development can be used in the error detection. All information is approved by the municipalities before publishing.
- **Clinical pathways and readmissions:** The register of patients (LPR) is validated by the Health Agency and the reliability of the information of the register is considered high. Ratio of direct contact is in general connected with uncertainty, as the municipalities use different methods to calculate the ratio of direct contact. The Ministry of Social Affairs has changed the guide for calculation of the ratio of direct contact in 2010. There are still discussions on the area, and before a clarification is made, it is chosen not to publish the ratio.

### 5.2 Sampling error

The sample insecurity is zero, as it is a total census.

### 5.3 Non-sampling error

Errors in coverage are found very limited, as the census is a total census. Though there are some municipalities that do not report every year.

- **In general for home care, preventative home visits and rehabilitation:** Measure mistakes might be due to unmarketable person numbers or company numbers. Or the municipality might have been reversed personal help and practical care.
- **Free choice of dwelling:** The municipality reverse citizens that are on the list of free choice of dwelling and the general waiting list.

### 5.4 Quality management

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

### 5.5 Quality assurance

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

## 5.6 Quality assessment

- **In general for home care, preventative home visits and rehabilitation:** The quality is estimated to be high but cannot be measure. Most data come from the municipalities care systems. At the moment there are 3 suppliers at the market for care systems. There might be differences between the 3 systems, which can be seen if the municipality changes supplier, as there might be small data breaks. In the total for the country, where missing municipalities are included from the year before, there might be uncertainty as we do not get raises/falls from these municipalities. Where municipalities are missing and there is enumerated from the other municipalities and the register of population, there might be uncertainty. There is not missing data from the big municipalities.
- **Home care:** The reports involved are monthly. Not all municipalities are covered with adequate data. So there are varying coverage of the month for the municipalities, which is a source for uncertainty. Some few municipalities are missing, which gives an uncertainty in proportion to the total country. There might be variations over the year that might not be seen. E.g. if there has been a fall from January to December, and the municipality only report in January, the fall will not be part of the statistics. Some municipalities have claimed that there might be nursing care in the reported data, but it is not possible to separate these. Some municipalities report rehabilitation under permanent home care, while other municipalities report this under rehabilitation.
- **Free choice of dwelling:** The latest years 97 or 98 municipalities have reported, and it is possible to compare several years.
- **Preventative home visits:** Not all municipalities have reported data, which gives an uncertainty compared to the total country.
- **Rehabilitation and maintenance rehabilitation:** From 2010 Statistics Denmark started to receive encrypted data in excel from the municipalities that had not been reported before. This has caused that Statistics Denmark now have so many municipalities that a total for the country can be calculated. Though there is an uncertainty for the whole country as there are still municipalities that have not reported. It is uncertain to which extent rehabilitation due to the Law of Health is in the Statistics.
- **Clinical pathways and readmissions:** The register of patients (LPR) is made on basis of the reports from the individual hospitals. Data is reported to LPR, when the hospitalization has finished. This is estimated to be done for almost 100 per cent.
- **Ratio of user contact:** The reported ratio percentages for personal help, practical care during the day and personal help on other times are uncertain and might be encumbered with errors. Furthermore the method for the weighting of the 3 ratio percentages to a total is a source to uncertainty. How to calculate the ratio is under consideration.
- **Quality of service:** A sample is made every second year, which is representative compared to the share of home help recipients aged 67 and older. In 2013 Capacent has contacted 11.907 people among citizens age 67 and older for an interview. 80.5 percent of this group has completely or partly done either a telephone interview or an interview by a visit.

## 5.7 Data revision - policy

Statistics Denmark revises published figures in accordance with the [Revision Policy for Statistics Denmark](#). The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

## 5.8 Data revision practice

- **Home care, free choice of dwelling, preventative home visits and rehabilitation:** In principle there is only published final figures. Subsequently there might be errors and changes. If this happens there will be revised for earlier years at the yearly update. Also changes in method is revised at the yearly update. At the moment it is discussed, how far back there should be revisions. So far data has been revised back to 2008, where the statistics started, if there has been errors in the reports. Revision is done once yearly in connection with publishing of new yearly data.
- **Clinical pathways and readmissions and ratio of user contact and quality of service:** Only final data is published.

## 6 Timeliness and punctuality

The StatBank is updated between 3-6 months after, data is received from the municipalities.

### 6.1 Timeliness and time lag - final results

- **Home care, preventative home visits and rehabilitation:** There are no temporarily figures. The statistics comes out yearly the first time in 2008 and is published in spring the year after the year of reference.
- **Free choice of dwelling:** There are no temporarily figures. The statistics came out the first time for the year 2009 and is published once yearly in April/May.
- **Clinical pathways and readmission:** There are no temporarily figures. The statistics comes out typically in August. From the time, where Statistics Denmark has received the needed information from the Health Agency normally there will be two days.
- **Ratio of user contact:** There are no temporarily figures. The statistics comes out yearly in August. The Ministry of Social Affairs has changed the guide to calculate the ratio in 2010. There might be break in data. There are still discussions at the area and before there is clarification, it is chosen not to publish the ratio.
- **Quality of Service:** There are no temporarily figures. Statistics Denmark receives information from the Ministry of Social Affairs and publish statistics shortly after. The quality of service 2013 was published January 2014.

### 6.2 Punctuality

**Home care, free choice of dwelling, preventative home visits and rehabilitation:** It is expected that the statistics is published without delay. This depends on that Statistics Denmark has received the reports from the municipalities without delay. There can be different reasons, why the municipalities do not respond. It can be due to changes in system or staff. **Ratio of Direct Contact:** Ministry of Social Affairs has changed the guide to calculate the ratio in 2010. There are still discussions at the area, so it is chosen not to publish the ratio, before a clarification is made. **Quality of Service:** When the analysis is received from the Ministry of Social Affairs, it is published without delay.

## 7 Comparability

- **In general for home care, free choice of dwelling, preventative home visits and rehabilitation:** Every fifth year the municipalities care systems must be invited to tender. For some municipalities does this mean that they change supplier. At the moment there are three suppliers on the market. This can give minor data break.
- **Clinical pathways and readmissions:** There is not made any correction for the degree of difficulty of the diseases, why comparison between the municipalities has to be done carefully.
- **Ratio of direct contact:** There will be developed a new method to calculate the ratio for 2010 and forward. There might be data break.

### 7.1 Comparability - geographical

There are no international standards or statistics published of international organizations, which at first can be compared with this statistics.

### 7.2 Comparability over time

Working out the indicators it is attached importance that the statistics can be compared among the municipalities and over time.

- **Home care, preventative home visits and rehabilitation:** The indicators for the year in question can be compared with earlier years though municipalities that have not reported for one or more years has to be considered. Also it must be considered that municipalities change care system. In 2011 provided home care was published for the first time. As individual municipalities might be missing, data for these is used the year before. This can give uncertainty in region and the total for the country.
- **Free choice of dwelling:** The indicator came out first time in 2009 and will for the next years be comparable with former years.
- **Clinical pathways and readmissions:** Data are comparable over time.
- **Ratio of direct contact:** Due to the different ways of collection in the calculation of the ratio in the municipalities a direct comparison between the individual municipalities and the development between individual years must be expressed carefully.

### 7.3 Coherence - cross domain

- **Home care:** Statistics for referred home care free choice is based on information about people, who are referred to receive home care and the service of home care that is covered by the referral. The municipalities reported data with referred and provided home care is compared in the error detection and in the contact with the municipalities.
- **Free choice of dwelling, preventative home visits, rehabilitation, ratio of direct contact and quality of service:** There are no other statistics about the subject.
- **Clinical pathways and readmissions:** Statistics Denmark and the Agency of Health publish other yearly statistics that are also built on the register of patients, and they contain information about clinical pathways. The indicator for length of stay cannot be compared with these statistics as the indicator only covers some chose diagnosis groups for persons age 67 and older. Furthermore a comparison is difficult as the number of clinical pathways per discharges is calculation after a sex and age standardization. Information about readmissions cannot be found in other statistics.

#### 7.4 Coherence - internal

- **In general for home care, preventative home visits and rehabilitation:** For the municipalities that cannot report via their care system etc., data is received in excel spreadsheet. It is not always that the spreadsheet is adequate. E. g. date for first-time referral can be missing, where the municipality has sent in excel spreadsheet for referred time.
- **Clinical pathways and readmissions:** It is provided that the underlying population are comparable, e.g. in the occurrence of the individual diseases. In Denmark the occurrence of the individual disease differs considerable from municipality to municipality. A certain variation in age and sex distribution is seen. To handle the differences in population between the municipality the material is standardized for age and sex differences and stratified in satisfactory diagnosis groups. There is not made correction for the severity in the diseases or the incidence of competitive diseases, as there is not the necessary data to make such corrections. Because of the missing corrections direct comparison between the municipalities must be considered carefully.

#### 8 Accessibility and clarity

- [Site for area of elderly](#)
- [StatBank](#)

##### 8.1 Release calendar

The publication date appears in the release calendar. The date is confirmed in the weeks before.

##### 8.2 Release calendar access

The Release Calendar can be accessed on our English website: [Release Calendar](#).

##### 8.3 User access

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

##### 8.4 News release

There are published two NYT articles: provided home care and average waiting time for nursing homes/nursing dwellings. Furthermore an analysis in a NYT article is published, where the subject varies.

[Nyt](#)

##### 8.5 Publications

[Statistical Yearbook](#)

### **8.6 On-line database**

- [AED14 Recipients referral to home care, free choice , who changes contractor](#)
- [AED17 Home visits implemented as planned](#)
- [AED022 Home care, free choice \(referral hours per week\)](#)
- [AED021 Home care, free choice \(referral hours average per week\)](#)
- [\[AED01 Home care, free choice \(provided hours per week\) \(<http://www.statistikbanken.dk/AED01>\)](#)
- [AED02 Home care, free choice \(provided hours average per week\)](#)
- [AED023 Recipients of home care, free choice](#)
- [AED06 Recipients referral to home care, free choice](#)
- [AED12 Recipients referral to home care, free choice](#)
- [AED13 First-time referred recipients, free choice](#)
- [VH33 Leverandører af privat hjælp](#)
- [AED10 Recipients of preventative home visits](#)
- [AED03 Home care, nursing homes/nursing dwellings \(referral hours per week\)](#)
- [AED04 Home care, nursing homes/nursing dwellings \(referral hours average per week\)](#)
- [AED05 Recipients referral to home care, nursing homes/nursing dwellings\)](#)
- [AED16 Free choice of dwelling and average waiting time for nursing homes/nursing dwellings](#)
- [AED08 Recipients of rehabilitation and maintenance rehabilitation](#)
- [AED20 Clinical pathways and readmissions](#)
- [AED18 Ratio of Direct Contact](#)
- [AED19 Discharges and length of stay \(days\)](#)
- [RESPO1 Places in social measures](#)

### **8.7 Micro-data access**

The data material is stored i Statistics Denmark. It is possible to receive basis data at fictive person numbers from Statistics Denmark's Division of Research Services

### **8.8 Other**

It is possible to have special analysis done against payment. It can be done through the special division, Division of Research Services or Customer Centre. There are no data sent to Eurostat or other institution.

### **8.9 Confidentiality - policy**

There is not made any legislative measures or other formal procedures.

### **8.10 Confidentiality - data treatment**

No measures are supplied for treating the data with regard to statistical confidentiality.

### **8.11 Documentation on methodology**

Documentation for how total for the country is calculated can be seen of the note 'Imputering af borgere på plejehjem/-bolig'.

[Elderly](#). See under Documentation.

Description inclusive example how first-time referred receivers, who use a private supplier is calculated.

[Elderly](#). See under Documentation.

### **8.12 Quality documentation**

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

## **9 Contact**

The administrative placement of this statistic is in the division of Welfare. The person responsible is Anne Vibeke Jacobsen, tel. +45 3917 3018, e-mail: avj@dst.dk

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- Responsible for Indicator about Clinical Pathways and Readmissions is Anders Rud Svenning, e-mail: anrs@sum.dk

### **9.1 Contact organisation**

Statistics Denmark

### **9.2 Contact organisation unit**

Welfare

### **9.3 Contact name**

Anne Vibeke Jacobsen

### **9.4 Contact person function**

Responsible for the statistics

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