

National Healthcare Agreement: P35-Waiting times for emergency department care, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	393037
Registration status:	Health! , Superseded 08/06/2011

Data quality

Data quality statement summary:

- Coverage of the data collection is almost complete for public hospitals in peer groups A and B. Hospitals in these peer groups provided approximately 69% of all Emergency Department services.
- The quality of the data reported for Indigenous status in Emergency Departments has not been formally assessed, therefore caution should be exercised when interpreting these data.
- As coverage is limited to hospitals in peer groups A and B, disaggregation by remoteness area and Indigenous status should be interpreted with caution.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The data were supplied to the Institute by state and territory health authorities. The state and territory health authorities received these data from public hospitals. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories use these data for service planning, monitoring and internal and public reporting.

The Institute is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Timeliness: The reference period for this data set is 2007–08.

Accessibility: The AIHW provides a variety of products that draw upon the National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD) data. Published products available on the AIHW website include *Australian hospital statistics*, and associated Excel tables.

Interpretability: Supporting information on the quality and use of the NNAPEDCD are published annually in *Australian hospital statistics* (Chapter 5 and technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage that might affect interpretation of the published data. Metadata information for the Non-Admitted Patient Emergency Department Care National Minimum Data Set (NAPEDC NMDS) are published in the AIHW's online metadata repository — METeOR, and the *National health data dictionary*.

Relevance: The purpose of this NMDS is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). Hospitals in these peer groups provided approximately 69% of all Emergency Department services.

Accuracy: For peer groups A and B, the coverage of this NMDS was almost 100% in all jurisdictions in 2007–08. The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

Inaccurate responses may occur in all data provided to the Institute, and the Institute does not have direct access to hospital records to determine the accuracy of the data provided. However, the Institute undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors (including waiting time outliers) are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries.

The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals which were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the coverage may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Similarly, disaggregations by socioeconomic status and remoteness should be interpreted with caution.

Remoteness and socioeconomic status are based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status are at the national level, not at the individual state/territory level. Some data have been suppressed to protect confidentiality, or where data quality is known to be of insufficient quality.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (i.e. the denominator is small), or data quality is known to be of insufficient quality.

Coherence: The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics 2007–08*.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: PI 35: Waiting times for Emergency department care, 2011 QS](#)
[Health!](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement: [National Healthcare Agreement: P35-Waiting times for emergency department care, 2010](#)
[Health!](#), Superseded 08/06/2011