National Healthcare Agreement: P47-Rates of services: Non-acute care separations, 2010 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 393051

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Data quality

Data quality statement summary:

- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- There is some variation among jurisdictions in the assignment of care type categories.
- The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because there is variation in admission practices and policies, which mainly lead to variation in the number of same-day admissions among providers.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of residence. Hence there are mismatches between numerators and denominators that affect interpretation of rates.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

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 and private hospitals. 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.

Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
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 Hospital Morbidity Database. Published products available on the AIHW website include:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cubes for Admitted patient care (for Principal diagnoses, procedures and Diagnosis Related Groups).

Interpretability:

Supporting information on the quality and use of the NHMD are published annually in *Australian hospital statistics* (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, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for Admitted patient care are published in the AIHW's online metadata repository — METeOR, and the *National health data dictionary.*

Relevance:

The purpose of the NMDS for Admitted patient care is to guide collection of standardised information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. Therefore, there will be mismatches between the numerators and denominators for separation rates. Mismatches are particularly relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Accuracy:

For 2007–08, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, except for private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and a small private hospital in Victoria.

Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to jurisdictional records to determine the accuracy of the data provided. However, routine data quality checks are conducted by states and territories prior to submission to the AIHW. The AIHW then undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors 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.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

There is some variation among jurisdictions in the assignment of care type categories.
The number of overnight separations is considered to be more comparable than the total number of separations among jurisdictions and between the public and private sectors. This is because there is variation in admission practices and policies, which mainly lead to variation in the number of same-day admissions among providers. The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (NT public hospitals only).

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 (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence:

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics2007–08*, except that for the Indigenous disaggregation age standardisation is to 64 years here, rather than to 74 years as in *Australian hospital statistics*.

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 47: Rates of services: Non-acute care separations, 2011 QS
Health!, Superseded 04/12/2012

Indicators linked to this Data Quality statement: National Healthcare Agreement: P47-Rates of services: Non-acute care separations, 2010
Health!, Superseded 08/06/2011