

National Indigenous Reform Agreement: P11-Child under 5 hospitalisation rates by prinpal diagnosis, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	396263
Registration status:	Community Services (retired) , Superseded 04/04/2011

Data quality

Data quality statement summary:	<ul style="list-style-type: none">• The National Hospital Morbidity Database (NHMD) has high coverage of hospital separations. It holds records for separations from all public hospitals for 2007-08, with the exception of a small mothercraft hospital in the ACT. Almost all private hospitals also provided data, with the exception of a few free-standing day hospital facilities in the ACT and the NT, and a small private hospital in Victoria.• Identification of Indigenous people in hospital separations in the NHMD is not complete and varies by state/territory. Currently data for NSW, Victoria, Queensland, WA, SA and the NT are considered to have adequate levels of Indigenous identification for reporting purposes.• Data for Tasmania and the ACT are not reported.
Institutional environment:	<p>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.</p> <p>For information on the institutional environment of the AIHW, please see the AIHW Institutional Environment.</p>
Timeliness:	<p>The reference period for the data is the financial years 2006-07 to 2007-08. Data are collected on an ongoing basis and are compiled by the AIHW annually.</p>
Accessibility:	<p>The AIHW provides a variety of products that draw upon the Admitted Patient Care National Minimum Data Set (NMDS). Published products available on the AIHW website are:</p> <ul style="list-style-type: none">• Australian hospital statistics with associated Excel tables.• On-line interactive data cubes for Admitted patient care (for Principal diagnoses, procedures and Diagnosis Related Groups). <p>Data for this indicator are published biennially in the <i>Overcoming Indigenous Disadvantage</i> Report.</p>
Interpretability:	<p>Supporting information on the quality and use of the Admitted Patient Care NMDS are published annually in <i>Australian hospital statistics</i> (technical appendices), 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. Information on the Australian Bureau of Statistics (ABS) data is available on the ABS website.</p> <p>Principal diagnoses reported for this indicator were classified, coded and reported to the National Hospital Morbidity Database (NHMD) using the fifth edition of the <i>International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM)</i> (NCCCH 2006).</p>

Relevance:

The purpose of the NMDS for Admitted patient care is to collect 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.

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), where rates are highly volatile (i.e. the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low). Separations with care types of Newborn episodes that did not include qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded as these activities are not considered to be admitted patient care. This is consistent with the publication of all hospital separation data by the AIHW.

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay beginning or ending in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

While the NHMD is appropriate for the information being gathered and provides all relevant data elements of interest for this indicator, identification of Indigenous separations in the NHMD is not complete and varies by state/territory. Therefore jurisdictional comparisons of Indigenous separation rates should not be made for this indicator. Data are analysed by state/territory of usual residence of the patient. The numerator and denominator for the calculation of rates for this indicator come from different sources (numerator from the NHMD and denominator from ABS population data). While population data are adjusted for undercount and missing responses to the Indigenous status question, data from the NHMD are not. This, along with changing levels of Indigenous identification over time and across jurisdictions in both the numerator and denominator may affect the accuracy of compiling a consistent time series.

Hospital separations with a 'not stated/inadequately described' Indigenous status have been combined with hospital separations for 'non-Indigenous Australians' and have been reported under the category 'Other Australians'. This is because data systems of certain jurisdictions do not accommodate a category for 'not stated/inadequately described' and an assessment of patient characteristics indicates that separations with this category of Indigenous status show greater similarities with the non-Indigenous category than with the Indigenous category for most patient characteristics examined (AIHW 2005).

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 the NT, and a small private hospital in Victoria. 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 validation 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 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.

For Admitted patient data, Indigenous status is of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Victoria, Queensland, SA, WA, the NT (public hospitals only). No adjustments have been made for Indigenous under-identification. Approximately 2 per cent of hospital records in the six jurisdictions had missing Indigenous status information. No adjustments have been made for missing Indigenous status information.

Two years of data have been combined to ensure confidentiality of responses. Numbers for some principal diagnoses (Endocrine and musculoskeletal) in Victoria and South Australia for Indigenous children are relatively small (less than 20) and thus the corresponding rates, rate ratios and rate differences should be interpreted with caution. The Estimated Resident Population and Indigenous Experimental Estimates and Projections are provided by the ABS.

Coherence:

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

Relational attributes**Indicators linked to this Data Quality statement:**

[National Indigenous Reform Agreement: P11-Child under 5 hospitalisation rates by principal diagnosis, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011