

National Healthcare Agreement: PI 34: Waiting times for elective surgery, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448272
Registration status:	Health! , Superseded 04/12/2012

Data quality

Data quality statement summary:

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) contains records for patients removed from waiting lists for elective surgery which are managed by public acute hospitals. For 2008-09, coverage of the NESWTDC was about 91 per cent of elective surgery in Australian public hospitals. It is estimated that 2009-10 data has similar coverage, although final coverage cannot be calculated until the 2009-10 National Hospital Morbidity Database (NHMD) is finalised.
- 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.
- Caution should be used when interpreting the 2009-10 data as they have not been subjected to the usual level of confirmation with patient data provided in the NHMD.
- For 2008-09, records from the NESWTDC and the NHMD were linked to produce this indicator. Approximately 97 per cent of NESWTDC records were linked to the NHMD.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. 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.

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. States and territories use these data for service planning, monitoring and internal and public reporting. 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 performance indicator is 2008-09 and 2009 10.

Accessibility:

The AIHW provides a variety of products that draw upon the NESWTDC and NHMD data. Published products available on the AIHW website are:

- Australian hospital statistics with associated Excel tables.
- Interactive data cube for Elective surgery waiting times.

Data are also included on the MyHospitals website.

Interpretability:

Supporting information on the quality and use of the NESWTDC and 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 Elective Surgery Waiting Times and 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 Elective Surgery Waiting Times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The scope of the NMDs is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This will include private patients treated in public hospitals, and may include public patients treated in private hospitals.

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 are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

Remoteness and socioeconomic status are based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting time for each remoteness area or SEIFA population group (regardless of where they reside) in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Accuracy:

For 2008-09, coverage of the NESWTDC was about 91 per cent. Coverage was 100 per cent for the Principal referral and Specialist women's and children's hospitals peer group (peer group A) and was progressively lower for the Large hospitals (peer group B) and Medium hospitals groups (peer group C). Coverage also varied by jurisdiction, ranging from 100 per cent in NSW, Tas, the ACT and the NT, to 70 per cent in SA. Coverage of the NESWTDC in 2009-10 is estimated to be similar to 2008-09, although final coverage cannot be calculated until the 2009-10 NHMD is finalised.

For 2008-09, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.

For 2008-09, records from the NESWTDC and the NHMD were linked to assign remoteness areas, SEIFA categories and Indigenous status from the admitted patient record to the corresponding elective surgery waiting times record. Approximately 97 per cent of NESWTDC records were linked to the NHMD.

For 2009-10, Indigenous status data were sourced from the NESWTDC. Data on socioeconomic status and remoteness area are not available until the NHMD is finalised and the NESWTDC and NHMD can be linked.

Caution should be used when interpreting 2009-10 data as they have not been subjected to the usual level of confirmation with patient level data in the NHMD.

For 2009-10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's waiting times.

States and territories are primarily responsible for the quality of the data they provide. 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 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 Indigenous status data for 2008-09 are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

For 2009-10, the quality of Indigenous identification is not known. Indigenous status information was not reported for New South Wales.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (for example, where the denominator is very small).

Coherence:

The information presented for this indicator is based on the same data as published in Australian hospital statistics 2008-09, the National Healthcare Agreement: Baseline Performance Report 2008-09 and Australian hospital statistics 2009-10: emergency department care and elective surgery waiting times. However, 2009-10 data has not been linked to the NHMD to access demographic details used in disaggregation by Indigenous status, remoteness and socioeconomic status.

Analyses presented in Australian Hospital Statistics differ slightly depending on whether the NESWT or linked NESWT/NHMD was used.

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: P34-Waiting times for elective surgery, 2010 QS](#)

[Health!](#), Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2012 QS](#)

[Health!](#), Superseded 14/01/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2011](#)

[Health!](#), Superseded 31/10/2011