

National Elective Surgery Waiting Times Data Collection, 2012–13 Data Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary: This data quality statement contains information relevant to interpreting the National Elective Surgery Waiting Times Data Collection for 2012-13.

Summary of key data quality issues

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals.
- For 2012–13, the NESWTDC covered most hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with other hospitals.
- Between 2010–11 and 2012–13, the number of hospitals reporting data for the NESWTDC increased from 193 to 246. However for 2011–12, data was missing for 3 hospitals that had reported in previous years, and were able to provide some data for 2012–13. These changes in coverage should be taken into account when interpreting changes over time.
- For 2012–13, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 93%. This estimate will be finalised when the total number of elective surgery separations for public hospitals is available in the National Hospital Morbidity Database (NHMD), early in 2014.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions, which may result in statistics that are not meaningful or comparable between jurisdictions.

Description

The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. This includes private patients treated in public hospitals, and may include public patients treated in private hospitals. 'Public hospitals' may include hospitals that are set up to provide services for public patients (as public hospitals do), but are managed privately.

The data supplied for 1 July 2012 to 30 June 2013 are based on the Elective surgery waiting times (removals data) National Minimum Data Set (ESWT NMDS).

Removals are counted for patients who have been removed for admission or for another reason.

The NESWTDC includes data for each year from 1999–2000 to 2012–13.

Institutional environment: The AIHW is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 (Cwth) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The AIHW also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act, in conjunction with compliance to the Privacy Act 1988 (Cwth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Data for the NESWTDC were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

<http://www.aihw.gov.au/nhissc/>
[/content/index.phtml/itemId/182135](http://www.aihw.gov.au/content/index.phtml/itemId/182135).

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.

Timeliness: Data for the NESWTDC are reported annually. The reference period for this data set is 2012–13. This includes records for additions and removals from elective surgery waiting lists between 1 July 2012 and 30 June 2013.

States and territories provided a first version of the data to the AIHW during July 2013. These data were reported in early October 2013, originally planned for late September 2013. Data provision was in accordance with agreed timetables.

Accessibility: The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the Australian hospital statistics suite of products, with associated Excel tables.

These products may be accessed on the AIHW website at www.aihw.gov.au/hospitals/.

Interpretability: Metadata information for the ESWT NMDS is published in the AIHW's Metadata Online Registry (METeOR) and the National health data dictionary.

METeOR and the National health data dictionary can be accessed on the AIHW websites, respectively:

[/content/index.phtml/itemId/472497](http://www.aihw.gov.au/content/index.phtml/itemId/472497)
<http://www.aihw.gov.au/publication-detail?id=10737422826>.

Relevance:**Scope and coverage**

The NESWTDC provides information on waiting times for elective surgery in public hospitals. The scope of the data collection is patients on waiting lists for elective surgery that are managed by public hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.

For 2012–13, the NESWTDC covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared with those of other hospitals. For 2012–13, a preliminary estimate of the proportion of elective surgical separations reported to the NESWTDC was 93%. This estimate of coverage nationally and by state and territory will be finalised in early 2014 when data are reported for the NHMD for 2012–13.

The following changes in coverage should be taken into account when interpreting changes over time:

- Between 2010–11 and 2012–13, the number of hospitals reporting data for the NESWTDC increased from 193 to 246. However for 2011–12, data was missing for 3 hospitals that had reported in previous years, and were able to provide data for 2012–13. Over the same period, the estimated proportion of public hospital elective surgery that was reported to the NESWTDC increased from 88% to 93%.
- For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. One small hospital that provided data in 2011–12 did not perform any elective surgery in 2012–13. Coverage for South Australia increased from 71% in 2010–11 to 97% in 2012–13.
- For 2012–13 and 2011–12, Western Australia provided data for 22 small hospitals that were not included in the data for previous years. Coverage for Western Australia increased from 82% in 2010–11 to 100% in 2011–12.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that reported almost 10,000 admissions from elective surgery waiting lists in 2010–11. These hospitals were able to provide data for three of the four quarterly periods in 2012–13.
- For 2008–09, elective surgery activity for the Albury Base Hospital was reported for New South Wales. For 2009–10, the data for Albury Base Hospital were included in statistics for Victoria. From 2010–11, the data for Albury Base Hospital have not been available.
- The increase in number of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory.

The NESWTDC is the source of information for a performance indicator for the NHA and other national performance reporting.

Reference period

The reference period for this data set is 2012–13. This includes records for additions and removals from elective surgery waiting lists between 1 July 2012 and 30 June 2013.

Accuracy:**Potential sources of variation**

Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.

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

There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions.

Data validation

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW 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.

Non-response adjustment

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

Coherence:

The data reported for the 2012–13 NESWTDC are consistent with data reported for previous years for individual hospitals.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage (see 'Relevance').

Time series analyses may also be affected by changes in quality and coverage for individual data items. For example, data for Indigenous status was first included in the collection in 2009–10. New South Wales first provided Indigenous status for the NESWTDC in 2010–11.

Source and reference attributes

Submitting organisation: AIHW

Relational attributes**Related metadata references:**

Has been superseded by [National Elective Surgery Waiting Times Data Collection, 2013–14 Data Quality Statement](#)
[AIHW Data Quality Statements](#), Standard 19/11/2014