National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2015 QS

Exported from METEOR (AIHW's Metadata Online Registry)

National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2015 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	559086
Registration status:	Health!, Superseded 08/07/2016

Data quality

Data quality statement summary:

Institutional environment:

Data Collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment on the ABS website at www.abs.gov.au.

Collection authority: The *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*.

Data Compiler(s): Data is compiled by the Health section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. The ABS notifies the public through a note on the website when an error in data has been identified. The data is withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Timeliness:

Collection interval/s: Patient Experience data is collected annually.

Data available: The 2013–14 data used for this indicator became available from 28 November 2014.

Referenced Period: July 2013 to June 2014.

There are not likely to be revisions to this data after its release.

Accessibility:

Data publicly available. Tables showing patients experiences with health professionals are available in *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001), *Patient Experiences in Australia: Summary of Findings, 2010-11*, *Patient Experiences in Australia: Summary of Findings, 2011-12*, *Patient Experiences in Australia: Summary of Findings, 2012-13* and *Patient Experiences in Australia: Summary of Findings, 2013-14* (cat. no. 4839.0).

Data for this indicator is shown by age, sex, Socio-Economic Indexes for Areas (SEIFA) and remoteness. Jurisdictional data is not currently publicly available but may be made available in the future.

Data is not available prior to public access.

Supplementary data is available. Additional data from the Patient Experience Survey is available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the ABS National Information and Referral Service on 1300 135 070.

Interpretability:

Context: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. The data was collected over a twelve month period and therefore should minimise any seasonality effects in the data.

Other Supporting information: The ABS Patient Experience data is published in *Patient Experiences in Australia: Summary of Findings, 2013-14* (cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The 2011 SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100.The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10% of CDs, Decile 2 contains the next 10% of CDs and so on. Further information on SEIFA can be found in the ABS Technical paper *Socio-Economic Indexes for Areas 2011* (cat. No. 2033.0.55.001).

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in *Patient Experiences in Australia: Summary of Findings, 2013-14* (cat. no. 4839.0).

Relevance:

Level of Geography: Data is available by State/Territory, Sex, 2011 SEIFA (Index of Relative Socio-economic Disadvantage) and 2011 Remoteness (major cities, inner and outer regional, remote and very remote Australia).

Data Completeness: All data is available for this indicator from this source.

Numerator/Denominator Source: Same data source.

Data for this indicator was collected for all persons in Australia aged 15 years and over, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia members of non-Australian defence forces (and their dependents) people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons
- people living in discrete indigenous communities

The 2011–12 iteration of the Patient Experience survey was the first to include households in very remote areas, (although it still excluded discrete indigenous communities). The 2013–14 iteration continues to include data from very remote areas. The inclusion of very remote areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the NT estimates between 2010–11 and 2011–12 may in part be due to the inclusion of households in very remote areas.

Data was self-reported for this indicator. Persons who were interviewed by proxy were excluded.

Accuracy:

Method of Collection: For this iteration of the Patient Experience Survey, an additional sample was selected in particular areas using a separate survey called the Health Services Survey (HSS). The HSS collected the same information as the Patient Experience Survey, with enumeration taking place between September 2013 and December 2013. The additional sample was collected to improve the quality of estimates at the Medicare Local catchment level. Sample from the Patient Experience Survey and HSS were combined to produce output.

The data was predominantly collected by computer assisted telephone interview, although the HSS interviews were predominantly conducted face-to-face. MPHS PEx included one person aged 15 years and over from each household, while the HSS included two persons aged 15 and over from each household.

Analysis was conducted to determine whether there was any difference between the estimates which would have been obtained using the MPHS PEx sample only and estimates obtained using the combined MPHS PEx and HSS sample. This was particularly important given the predominantly different modes used between the two surveys (The majority of MPHS PEx interviews were conducted over the telephone while a larger proportion of HSS interviews were conducted face-to-face and included up to two persons per household). This analysis showed that combining the sample from the two surveys did not produce significantly different estimates. Therefore, estimates can be compared over time with other iterations of the Patient Experience Survey

Response rate and sample size: The response rate in 2013–14 to the MPHS PEx was 77% (27,327 fully responding persons) while the response rate to HSS was 83% (8,541 fully responding persons) resulting in a total sample size of 35,868 fully responding persons. This included 629 proxy interviews for people aged 15 to 17 where permission was not given by a parent or guardian for a personal interview.

Note this is a substantial increase from the 2012–13 sample size of 30,749. This increase will improve the reliability of the data, particularly at finer levels of disaggregation.

Data Adjustments: Data was weighted to represent the total in scope Australian population, and was adjusted to account for confidentiality and non-response. Data for MPHS PEx and HSS were weighted separately.

Confidentiality:

For the first time in 2013–14, the data has been perturbed. This has been footnoted in the tables. Perturbation is used to minimise the risk of identifying individuals in aggregate statistics. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics.

After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.

As data is drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with a relative standard error between 25% and 50% should be used with caution, and estimates with a relative standard error over 50% are considered too unreliable for general use.

This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, RSEs for remote/very remote breakdowns are mostly greater than 25% and should either be used with caution or are considered too unreliable for general use. Similarly, data for the “other” remoteness category has high RSEs when cross classified by State. Caution should be used when interpreting these data.

The data for this indicator is attitudinal, as it collects whether people felt they waited too long to get an appointment with a GP, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the ‘patient satisfaction’ questions).

Data is used from personal interviews only (i.e. excluding proxy interviews).

Explanatory footnotes are provided for each table.

Coherence:

Consistency over time: 2009 was the first year data was collected for this indicator.

Time series issues for unacceptable waiting times for GPs: Data for 2013–14 is comparable to 2012–13, but not prior to this (i.e. not comparable to 2011–12 or 2010–11). While the question wording itself did not change, the position in the survey (i.e. where the question was asked) changed in 2011–12 and again in 2012–13. There has been a noticeable contextual effect with this change in question ordering, and ABS recommends that this data item is not comparable over time. This has been footnoted in the relevant tables.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete indigenous communities in the sample will affect the NT more than it affects other jurisdictions.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data is collected the same way across all jurisdictions.

The Patient Experience survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Due to differences in survey scope, collection methodology and question wording, these data are not comparable to data from the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS).

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: PI 32-Patient satisfaction/experience (Patient Experience Survey), 2014 QS Health!, Superseded 14/01/2015 Has been superseded by National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2016 QS Health!, Superseded 31/01/2017
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2015 Health!, Superseded 08/07/2016