National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2015 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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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 (as either an elective or emergency case) which are managed by public acute hospitals.
- For 2012–13, coverage of the NESWTDC was about 93 per cent of elective surgery in Australian public hospitals. For 2013–14, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC is 93%.
- The National Hospital Morbidity Database (NHMD) is a comprehensive data set that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- For 2012–13 records from the NESWTDC and the NHMD were linked to produce disaggregations by remoteness and socioeconomic status (all jurisdictions). Approximately 96 per cent of NESWTDC records for removals for elective surgery were linked to the NHMD.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, for individual surgical specialties and indicator procedures, influencing the overall total. For example, for 2012–13, the proportion of patients admitted from waiting lists who were assigned to Category 3 treatment clinically recommended within 365 days) was 44% for New South Wales and 16% for Queensland (Table A.1 from Australian hospital statistics 2012–13: elective surgery waiting times, Appendix A p 40 http://www.aihw.gov.au/publication-detail/?id=60129544692

Table A.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2012–13 (per cent)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Per	cent				
Category 1	24	31	40	25	26	40	31	29	29
Category 2	32	47	44	35	36	41	45	49	39
Category 3	44	22	16	40	38	20	24	22	32
Total	100	100	100	100	100	100	100	100	100

Source: AIHW 2013. Australian hospital Statistics 2012–13: elective surgery waiting times. Health service series No.51. Cat. no. HSE 140. pp 40.

- Interpretation of waiting times for jurisdictions should take into consideration these differences. For example, a state could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state as being in Category 3. Conversely, a state in which a relatively high proportion of patients are assessed by clinicians as being in Category 1 or 2 (treatment clinically recommended within 30 days and 90 days, respectively) could have relatively short median waiting times.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness: caution should be exercised when interpreting these data.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.
- Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.
- SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity governed by a management board, and accountable to the Australian Parliament through the Health 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 Institute 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 datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* 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

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: The reference period for these data is 2012–13 and 2013–14.

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 http://www.aihw.gov.au/hospitals/.

Interpretability:

Metadata information for the Elective Surgery Waiting Times (ESWT) NMDS and the Admitted patient care NMDS is published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at:

/content/index.phtml/itemId/268110

The Data Quality Statement for the 2012–13 NESWTDC can be accessed on the AIHW website at:

/content/index.phtml/itemId/543809

The Data Quality Statement for the 2012–13 NHMD can be accessed on the AIHW website at:

/content/index.phtml/itemId/568730

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 this NMDS is patients removed from waiting lists for elective surgery (as either an elective or emergency case) which are managed by public acute hospitals. This includes 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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in ophthalmic aids and other specialised acute medical or surgical care are included.

Analyses by remoteness and socioeconomic status are based on the Statistical Area level 2 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). The SEIFA scores for each SA2 are derived from 2011 Census data and represent the attributes of the population in that SLA in 2011.

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

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

Accuracy:

For 2012–13 and 2013–14:

- Coverage of the NESWTDC was over 90 per cent. Coverage was 100 per cent for *Principal referral and Specialist women's and children's hospitals* (peer group A) and was progressively lower for *Large hospitals* (peer group B) and *Medium hospitals* (peer group C). In 2012–13, coverage also varied by jurisdiction, ranging from 100 per cent in New South Wales, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory, to 80 per cent in Victoria. For 2013–14, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93%.
- Almost all public hospitals provided data for the NHMD in 2012–13, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory.
- Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2012–13 approximately 96 per cent of NESWTDC records for removals were linked to the NHMD.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions.
- For 2009–10, the data for Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. From 2010–11, the data for Albury Base Hospital have not been available.
- From 2011–12, South Australia and Western Australia provided data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.
- For 2011–12, Queensland was not able to provide data for 3 hospitals that had reported almost 10,000 admissions in 2010–11.
- The increase in 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.

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

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual datasets are checked against data from other datasets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Cells have been suppressed to protect confidentiality where the presentation could identify a patient or a service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Cells based on fewer than 10 elective surgery admissions were suppressed.

Cells based on data from one public hospital only were suppressed.

Coherence:

Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see *Australian hospital statistics 2012–13: elective surgery waiting times*, Appendix A p 40 http://www.aihw.gov.au/publication-detail/?id=60129544692).

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation. Caution should be used in comparing data by peer groups across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

The information presented for this indicator is based on the same data as published in, *Australian hospital statistics 2012–13,Australian hospital statistics: elective surgery waiting times* (report series) and the *National Healthcare Agreement: performance report 2012–13*.

The data reported for the 2012–13 and 2013–14 NEWSTDC are consistent with data reported for previous years for individual hospitals.

In addition, some 2012–13 data reported previously in these publications are different from the equivalent data published here because the hospitals peer groups were based on 2011–12, rather than 2012–13 peer groups.

Caution should be exercised when interpreting the 2013–14 data as potential revisions to the 2013–14 NESWTDC data could occur following linking to the 2013–14 NHMD.

Analyses presented in *Australian hospital statistics* and previous *National Healthcare Agreement performance* reports may also differ slightly depending on whether the NESWTDC or linked NESWTDC/NHMD was used.

National level data disaggregated by Indigenous status for 2007–08 included data from NSW, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from NSW, Victoria, Qld, WA, SA and NT. National level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 is not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

When comparing data over time, linked data should not be compared with unlinked data. For example, the 2012–13 linked data supplied cannot be directly compared to the 2013–14 unlinked data supplied in this reporting cycle.

In 2011, the ABS updated the Socio-Economic Indices for Areas (SEIFA), based on the 2011 ABS Census of Population and Housing. The new SEIFA will be referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2007-08 through to 2010-11 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011-12 are reported using SEIFA 2011 at the SLA level and data for 2012–13 are reported using SEIFA 2011 at the SA2 level. The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2014 QS Health!, Superseded 14/01/2015 Has been superseded by National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2016 QS Health!, Superseded 31/01/2017
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting times in days, 2015 Health!, Superseded 08/07/2016