

# National Non-admitted Patient Emergency Department Care Database, 2013-14; Data Quality Statement

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# National Non-admitted Patient Emergency Department Care Database, 2013-14; Data Quality Statement

## Identifying and definitional attributes

**Metadata item type:** Data Quality Statement  
**METEOR identifier:** 592264  
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## Data quality

## Data quality statement summary:

## Summary of key data quality issues

- The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for presentations to selected emergency departments in Australian public hospitals.
- The NNAPEDCD is based on the Non-admitted patient emergency department care national minimum data set (NAPEDC NMDS).
- The scope of the NAPEDC NMDS changed between 2012-13 and 2013-14.

– Between 2003-04 and 2012-13, the scope of the NAPEDC NMDS was:

· non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's Australian hospital statistics publication from the preceding financial year.

– For 2013-14, the scope of the NAPEDC NMDS was:

Patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being triaged and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or videoconferencing is not in scope.

- although there are national standards for data on non-admitted patient emergency department services, there are some variations in how those services are defined and counted across states and territories and over time.
- the quality of the data reported for Indigenous status has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- due to changes in the classifications used to determine remoteness areas and socioeconomic state (SES) groups of area of usual residence, time series presenting these data should be interpreted with caution.

### Description

The NNAPEDCD includes episode-level data on patients presenting to selected emergency departments in Australian public hospitals. The data supplied are based on the Non-Admitted Patient Emergency Department Care National Minimum Data Set (NAPEDC NMDS) and include demographic information, administrative information, information on triage category as well as information on waiting times for treatment and length of time to the completion of the presentation.

The NNAPEDCD includes data for each year from 2003–04 to 2013–14.

**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 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](http://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 NNAPEDCD are reported annually. The most recent reference period for this data set is 1 July 2013 to 30 June 2014.

States and territories provided a first version of the 2013–14 data to the AIHW during July 2014. This report was published in October 2014. Data provision and publication were in accordance with agreed timetables.

**Accessibility:** The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are:

- Australian hospital statistics series of products with associated Excel tables.

These products may be accessed on the AIHW website at:

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

**Interpretability:**

Metadata information for the Non-admitted patient emergency department care (NAPEDC) NMDS and the NAPEDC data set specification are 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 website at:

</content/index.phtml/itemId/181162>

<http://www.aihw.gov.au/publication-detail/?id=10737422826>.

**Relevance:****Scope and coverage***Scope of the NAPEDC NMDS*

The scope of the NAPEDC NMDS changed between 2012-13 and 2013-14.

Between 2003-04 and 2012-13, the scope of the NAPEDC NMDS was:

- non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's Australian hospital statistics publication from the preceding financial year.

In 2013-14, the scope of the NAPEDC NMDS was:

Patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.

Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being triaged and then advised of alternative treatment options are in scope.

The scope includes only physical presentations to emergency departments. Advice provided by telephone or videoconferencing is not in scope, although it is recognised that advice received by telehealth may form part of the care provided to patients physically receiving care in the emergency department.

*Coverage of the NNAPEDCD*

Data coverage is estimated by comparing the number of emergency department presentations in the NNAPEDCD to the number of non-admitted patient emergency occasions of service reported to the NPHEd, which includes data for all public hospitals, regardless of whether they have an emergency department. The coverage estimate is only indicative, as not all emergency occasions of service are provided through formal emergency departments. Between 2003-04 and 2013-14, the estimated proportion of emergency occasions of service reported to the NNAPEDCD increased from 73% to 88%. The coverage estimate for 2013-14 is preliminary and will be finalised when the total numbers of emergency occasions of service are available early in 2015 in the NPHEd for 2013-14. Some Western Australian hospitals only provided presentations for which the type of visit was Emergency presentation, and hence may have under-reported other emergency department activity.

*Overlap between the NNAPEDCD and the National Hospital Morbidity Database (NHMD)*

The care provided to patients in emergency departments is, in most instances, recognised as being provided to non-admitted patients. Patients being treated in emergency departments may subsequently become admitted (including admission

to a short stay unit, admission to elsewhere in the emergency department, admission to another hospital ward, or admission to hospital-in-the-home). All patients remain in-scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason there is an overlap in the scope of this NNAPEDCD and the admitted patient care data held in the NHMD.

### **Limitations of the NNAPEDCD**

Although the NNAPEDCD is a valuable source of information on emergency department care, the data have limitations. For example, sick or injured people who do not present to emergency departments are not included. Persons who present to an emergency department more than once in a reference year are counted on each occasion. Non-admitted patients who are treated in outpatient clinics are not included in the NNAPEDCD.

Because the scope of the NAPEDC NMDS is limited to emergency departments that meet the nationally agreed criteria above, most of the data provided to the 2013–14 NNAPEDCD relates to hospitals within major cities. Consequently the NNAPEDCD may not include areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Similarly, disaggregations by socioeconomic status and remoteness should be interpreted with caution.

### **Performance indicator reporting using the NNAPEDCD**

The NNAPEDCD is the source of information for four performance indicators for the NHA and other national performance reporting.

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

**Quality of Indigenous identification**

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

**Incomplete responses**

For 2013–14, approximately 114,000 records did not have a valid waiting time recorded. For about 356,000 records, the length of treatment time could not be calculated as the date and time of episode end were missing.

**Geography***Area of usual residence*

The NAPEDC NMDS for the 2013–14 period specified that states and territories should provide the Statistical Area Level 2 (SA2) of usual residence of patient. The SA2 is a geographical unit under the Australian Statistical Geography Standard (ASGS). The ASGS was introduced in 2011 by the Australian Bureau of Statistics (ABS).

Not all states provided information on the area of usual residence of the patient in the form of a Statistical Area Level 2 (SA2) code for all presentations. Where necessary, the AIHW mapped the supplied area of residence data for each separation to an SA2 and then to a remoteness area category based on Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS) correspondences and Remoteness Structures for 2011. These mappings were done on a probabilistic basis. Because of the probabilistic nature of the mappings, the SA2 and remoteness areas data for individual records may not be accurate; however, the overall distribution of records by geographical area is considered useful.

*Socioeconomic status (SES) of area of residence*

SES is based on the SA2 area of usual residence of the patient, mapped to Socio-Economic Indexes for Areas (SEIFA) 2011. For the purpose of this report, the SEIFA categories (quintiles) were assigned on the basis of ranking within the nation, not within the individual state/territory.

**Coherence:**

Changes in scope between 2012–13 and 2013–14 NAPEDC NMDS affect the comparability of 2013–14 data with data for other reporting periods (see 'Scope and coverage').

Changes in coverage may affect the comparability of 2013–14 data with data for other reporting periods (see 'Scope and coverage').

For 2012–13 and 2013–14, remoteness area of usual residence was based on the ASGS. Before 2012–13, remoteness area of usual residence was based on the ABS's ASGC Remoteness Structures for 2006. Therefore comparisons of remoteness area of usual residence over time should therefore be interpreted with caution.

For 2012–13 and 2013–14, SES of area of usual residence was based on the SEIFA 2011. For the reference years prior to 2012–13, SES of the area of usual residence was based on the SEIFA 2006. Therefore, comparisons of SES of area of usual residence over time should be interpreted with caution.

Before 2012–13, New South Wales did not report against the episode end status Died in emergency department as a non-admitted patient. Therefore, caution should be used when making comparisons over time.

The waiting times data for the Australian Capital Territory for the period 2008–09 to 2010–11 presented in this report, Australian hospital statistics 2012–13: emergency department care (AIHW 2013a) and in Australian hospital statistics 2011–12: emergency department care (AIHW 2012b) differ from the information presented in Australian hospital statistics reports published before October 2012. In 2012, the Australian Capital Territory corrected information used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records for the period 2008–09 to 2011–12, that had been identified as changed contrary to established audit and validation policies. The ACT Health Directorate undertook a manual process to over-write the times recorded in the Australian Capital Territory system with the original times retained in the hospital's emergency department information system. A validation process was undertaken to determine that all records had been amended to reflect the originally recorded times.

## Source and reference attributes

**Submitting organisation:** AIHW

## Relational attributes

**Related metadata references:**

Supersedes [National Non-admitted Patient Emergency Department Care Database, 2012-13; Data Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 22/10/2014

Has been superseded by [Data quality statement: National Non-admitted Patient Emergency Department Care Database 2014–15](#)

[AIHW Data Quality Statements](#), Superseded 30/11/2016