

National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2018 QS

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2018 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement
METEOR identifier: 681619
Registration status: [Health](#), Standard 30/01/2018

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 2015–16, coverage of the NESWTDC was about 94% of elective surgery in Australian public hospitals (excluding data for the Australian Capital Territory). For 2016–17, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC is 95%.
- 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 2015–16 data from the Elective surgery waiting times cluster in the NHMD were used to produce disaggregations by remoteness and socioeconomic status (all jurisdictions) for separations reported for patients admitted from elective surgery waiting lists. Approximately 96% of NESWTDC records for removals for elective surgery were also provided in the Elective surgery waiting times cluster in the NHMD.
- For 2015–16, Australian Capital Territory elective surgery waiting times information was not available at the time of publication.
- 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 2015–16, 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 19% for the Northern Territory. (See Table 4.10 from [Elective surgery waiting times 2015–16: Australian hospital statistics](#) (AIHW 2016)).

Table 4.10: Admissions from public hospital elective surgery waiting lists, by clinical urgency category, states and territories, 2015–16 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (a)
Category 1	22	30	36	25	26	32	n.a.	38	28
Category 2	33	46	40	35	37	42	n.a.	44	39
Category 3	44	24	24	41	38	26	n.a.	19	33
Total	100	100	100	100	100	100	n.a.	100	100

(a) Excludes data for the Australian Capital Territory.

- 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.
- Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.
- Socio-Economic Indexes for Areas (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.
- In 2015, the Australian Institute of Health and Welfare (AIHW) developed a revised peer grouping for analysing and interpreting hospitals statistics and performance information. (See [Australian hospital peer groups](#) (AIHW 2015)). Peer group data calculated for this indicator for reports before 2015 were calculated using the previous AIHW peer group classification. Peer group data for the 2015 and later reports were calculated using the current AIHW peer group classification. Data reported using the previous peer group classification are not directly comparable with data reported using the current AIHW peer group classification.

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](#) 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):

[/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 periods for these data are 2015–16 and 2016–17.

For 2015–16, Australian Capital Territory elective surgery waiting times information was not available at the time of publication.

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 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 2014–15 NESWTDC can be accessed on the AIHW website at:

</content/index.phtml/itemId/620766>

The data quality statement for the 2014–15 NHMD can be accessed on the AIHW website at:

</content/index.phtml/itemId/638202>.

Relevance: The purpose of the NMDS for Elective surgery waiting times 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 dental, 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 (SA2) 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% and 20% 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 SA2 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.
For 2016–17:

- Coverage of the NESWTDC was 95% nationally, and 100% in all states and territories except Victoria, where it was 85% and South Australia, where it was 97%.

For 2015–16:

- the Australian Capital Territory elective surgery waiting times information was not available at the time of publication.
- coverage of the NESWTDC was 94% nationally (excluding data for the Australian Capital Territory), and 100% in all states and territories except

Accuracy:

Victoria, where it was 80% and South Australia, where it was 96%.

- almost all public hospitals provided data for the NHMD in 2015–16, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory. Approximately 96% of NESWTDC records for removals for elective surgery were also provided in the Elective surgery waiting times cluster in 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.

For example, for 2015–16, 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 19% for the Northern Territory. See Table 4.10 from *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016).

Table 4.10: Admissions from public hospital elective surgery waiting lists, by clinical urgency category, states and territories, 2015–16 (%)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total (a)
Category 1	22	30	36	25	26	32	n.a.	38	28
Category 2	33	46	40	35	37	42	n.a.	44	39
Category 3	44	24	24	41	38	26	n.a.	19	33
Total	100	100	100	100	100	100	n.a.	100	100

(a) Excludes data for the Australian Capital Territory.

- The Indigenous status data were sourced from the NHMD in 2015–16 for all jurisdictions.
- For 2009–10, the data for Albury Base Hospital (previously reported in New South Wales hospital statistics) were reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. From 2010–11, elective surgery waiting times data for Albury Base Hospital have not been available.
- From 2011–12, South Australia and Western Australia provided elective surgery waiting times data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.
- For 2014–15, Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported about 3,700 admissions in 2013–14). In 2011–12, Queensland was not able to provide data for the same 3 hospitals and these hospitals reported data for only 3 of the 4 quarterly periods in 2012–13.
- 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.

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 100 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 *Elective surgery waiting times 2015–16: Australian hospital statistics* (AIHW 2016) and *Elective surgery waiting times 2016–17: Australian hospital statistics* (AIHW 2017).

In 2015, the AIHW developed a revised peer grouping for analysing and interpreting hospitals statistics and performance information. (See <http://www.aihw.gov.au/publication-detail/?id=60129553446>). Peer group data calculated for this indicator for reports before 2015 were calculated using the previous AIHW peer group classification. Peer group data for the 2015 and later reports were calculated using the current AIHW peer group classification. Data reported using the previous peer group classification are not comparable with data reported using the current AIHW peer group classification. Data based on the current AIHW peer group classification were backcast to 2011–12 for the 2015 report.

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

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.

Caution should be exercised when interpreting the 2016–17 data as revisions to the 2016–17 elective surgery waiting times data could be included in the jurisdictional provision of elective surgery waiting times cluster data for the NHMD.

Analyses presented in *Australian hospital statistics* reports 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 New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. National-level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. National-level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all 8 states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 are 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.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification to the Australian Statistical Geography Standard. Also updated at this time were remoteness areas and SEIFA, based on the 2011 ABS Census of Population and Housing. The new remoteness areas is referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA is referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007–08 through to 2011–12 reported by remoteness are reported for remoteness area (RA) 2006. Data for 2012–13, 2013–14, 2015–16 and 2016–17 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.

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.

Source and reference attributes

Reference documents:	<p>AIHW (Australian Institute of Health and Welfare) 2017. Elective surgery waiting times 2016–17: Australian hospital statistics. Cat. no. HSE 197. Canberra: AIHW. Viewed 21 December 2017, https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-elective-surgery-waiting-times/contents/table-of-contents.</p> <p>AIHW 2016. Elective surgery waiting times 2015–16: Australian hospital statistics. Cat. no. HSE 183. Canberra: AIHW. Viewed 8 November 2017, https://www.aihw.gov.au/reports/hospitals/elective-surgery-waiting-times-ahs-2015-16/contents/table-of-contents.</p> <p>AIHW 2015. Australian hospital peer groups. Cat. no. HSE 170. Canberra: AIHW. Viewed 26 June 2017, http://www.aihw.gov.au/publication-detail/?id=60129553446.</p>
-----------------------------	--

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2017 QS Health , Standard 31/01/2017
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 20a–Waiting times for elective surgery: waiting times in days, 2018 Health , Superseded 19/06/2019