

National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	392646
Registration status:	Health , Superseded 08/06/2011

Data quality

Data quality statement summary:	<ul style="list-style-type: none">• Coverage of the data collection is almost complete for public hospitals in peer groups A and B. Hospitals in these peer groups provided approximately 69% of all Emergency Department services.• The quality of the data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.• As the indicator is limited to hospitals in peer groups A and B, disaggregation by remoteness and Indigenous status should be interpreted with caution.• Remoteness and socioeconomic status are based on the reported area of usual residence of the patient.
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Institutional environment:	<p>The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The data were supplied to the AIHW by state and territory health authorities. 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.</p>
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The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

http://www.aihw.gov.au/committees/simc/final_nhia_signed.doc

Timeliness:	The reference period for this data set is 2007–08.
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Accessibility:	The AIHW provides a variety of products that draw upon National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) data. Published products available on the AIHW website include <i>Australian hospital statistics</i> , and associated Excel tables.
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Interpretability:	Supporting information on the quality and use of the NNAPEDCD are published annually in <i>Australian hospital statistics</i> (Chapter 5 and technical appendixes), available in hard copy or on the AIHW website. Readers are advised to read caveat information to ensure appropriate interpretation of the performance indicator. Supporting information includes discussion of coverage that might affect interpretation of the published data. Metadata information for the Non-admitted patient emergency department care national minimum data set (NAPEDC NMDS) are published in the AIHW's online metadata repository, METeOR, and the <i>National health data dictionary</i> .
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Relevance: The purpose of the NAPEDC NMDS is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). Hospitals in these peer groups provided approximately 69% of all Emergency Department services.

The definition is considered a reasonable starting approximation of the population that should be receiving service in the primary care sector. The indicator includes only peer group A (Principal referral and Specialist women's and children's hospitals) and peer group B (Large hospitals).

Accuracy: For 2007–08, the coverage of the NAPEDC NMDS was almost 100% in all jurisdictions for public hospitals in peer groups A and B. The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to hospital records to determine the accuracy of the data provided. 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.

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

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

As this indicator is limited to public hospitals which were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the coverage 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 area should be interpreted with caution.

Remoteness area and socioeconomic status are based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status are at the national level, not at the individual state/territory level. Some data have been suppressed to protect confidentiality, or where data quality is known to be of insufficient quality.

Coherence: This indicator is based on the same data and analysis methods used in *Australian hospital statistics*.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: P123: Selected potentially avoidable GP-type presentations to emergency departments, 2011 QS Health](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement: [National Healthcare Agreement: P23-Selected potentially avoidable GP-type presentations to emergency departments, 2010 Health](#), Superseded 08/06/2011