

National Healthcare Agreement: P34-Waiting times for elective surgery, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	393035
Registration status:	<ul style="list-style-type: none">• Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P34-Waiting times for elective surgery, 2010 Health , Superseded 08/06/2011
---	--

Data quality

Quality statement summary:

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) contains records for patients removed from waiting lists for elective surgery which are managed by public acute hospitals. For 2007–08, coverage of the NESWTDC was about 91% of elective surgery in Australian public hospitals.
- The National Hospital Morbidity Database (NHMD) is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Records from the NESWTDC and the NHMD were linked for disaggregations by remoteness areas, SEIFA categories and Indigenous status from the admitted patient record to the corresponding elective surgery waiting times record.
- Approximately 97% of NESWTDC records were linked to the NHMD.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

Institutional environment: 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 and private hospitals. States and territories use these data for service planning, monitoring and internal and public reporting.

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.

Accessibility: The AIHW provides a variety of products that draw upon the NESWTDC and NHMD data. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cube for Elective surgery waiting times.

Interpretability: Supporting information on the quality and use of the NESWTDC and NHMD are published annually in *Australian hospital statistics* (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, completeness of coding, the quality of Indigenous data, and changes in service delivery that might affect interpretation of the published data. Metadata information for the NMDSs for Elective surgery waiting times and Admitted patient care are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

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 the NMDS is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This will include 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 all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area (SLA) of usual residence of the patient. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting time for each remoteness area or SEIFA population group (regardless of where they reside) in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

Accuracy: For 2007–08, coverage of the NESWTDC was about 91%. Coverage was 100% for the *Principal referral and Specialist women’s and children’s hospitals* peer group (peer group A) and was progressively lower for the *Large hospitals* (peer group B) and *Medium hospitals* groups (peer group C). Coverage also varied by jurisdiction and ranged from 100% in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory to 70% in South Australia.

For 2007–08, almost all public hospitals provided data for the NHMD, with the exception of a mothercraft hospital in the ACT.

Records from both the NESWTDC and the NHMD were linked to assign remoteness areas, SEIFA categories and Indigenous status from the admitted patient record to the corresponding elective surgery waiting times record. For 2007–08, approximately 97% of NESWTDC records were linked to the NHMD.

Inaccurate responses may occur in all data provided to the Institute, and the Institute does not have direct access to hospital records to determine the accuracy of the data provided. However, the Institute 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 Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (public hospitals only).

Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider), where rates are likely to be highly volatile (for example, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

Coherence: The information presented for this indicator is based on the same data as published in *Australian hospital statistics* 2007–08. However, as the linked data used for this indicator represents only 97% of records in the NESWTDC, the data presented here differ from that presented in *Australian hospital statistics* 2007–08.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: PI 34: Waiting times for elective surgery, 2011 QS](#)

- [Health](#), Superseded 04/12/2012