National Healthcare Agreement: P43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	393043
Registration status:	• [Health](#), Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	[National Healthcare Agreement: P43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2010](#) [Health](#), Superseded 08/06/2011

Data quality

| **Quality statement summary:** | - 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.
- Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM).
- Calculation of the indicator for Western Australia was not possible using data from the NHMD. Data for WA were supplied by WA Health and total rates and numbers do not include WA.
- The unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD 10-AM diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions, so the indicator is likely to be an under-estimate
- The indicator could only be calculated for public hospitals and for readmissions to the same hospital. This limitation means that the calculated value of the indicator will be an under-estimate.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions. |

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. The data were supplied to the Institute 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 Institute 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 National Hospital Morbidity Database. Published products available on the AIHW website are:

- *Australian hospital statistics* with associated Excel tables.
- Interactive data cube for Admitted patient care (for Principal diagnoses, procedures and Diagnosis Related Groups).

Interpretability:

Supporting information on the quality and use of the National Hospital Morbidity Database 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 variation in service delivery that might affect interpretation of the published data. Metadata information for the NMDS for 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 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 of usual residence of the patient. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

The unplanned and/or unexpected readmissions counted in the computation for this indicator have been limited to those having a principal diagnosis of a post-operative adverse events for which a specified ICD-10-AM diagnosis code has been assigned. Unplanned and/or unexpected readmissions attributable to other causes have not been included.

The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital.

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

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 (NT public hospitals only).

For this indicator, the linkage of separations records is based on the patient identifiers which are reported for public hospitals. As a consequence, only readmissions to the same public hospital are in scope; and readmissions to different public hospitals and readmissions involving private hospitals are not included.

Data to allow calculation of this indicator were not provided to the AIHW by WA.

To calculate this indicator, the readmissions needed to be reported in the 2007–08 financial year. This led to the specification of 19 May as the cut-off date for the initial separations. This cut-off date ensures that about 96% of all eligible readmissions will be reported in 2007–08.

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 calculated using the same methodology as data published 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 43: Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2011 QS](#)

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