# National Healthcare Agreement: P52-Falls resulting in patient harm in residential aged care, 2010 QS

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## Identifying and definitional attributes

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| **Metadata item type:** | Data Quality Statement |
| **METEOR identifier:** | 393057 |
| **Registration status:** | Health, Superseded 08/06/2011 |

## Data quality

**Data quality statement summary:**

- The National Hospital Morbidity Database is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- Data on falls are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- Around 25% of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in an aged care facility may be an under estimate.
- This indicator provides a count of separations involving one or more falls. It does not provide a count of falls.
- This indicator provides a count of patients who experience a fall in a residential aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.
- 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 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.

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. 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 Admitted Patient Care National Minimum Data Set (APC NMDS) are published in the AIHW's online metadata repository, METeOR, and the *National Health Data Dictionary*.

| **Relevance:** | The purpose of the APC NMDS is to collect information about care provided to admitted patients in Australian hospitals. The scope of the APC 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. |
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The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility. The Aged Care Facility as a place of occurrence is broader in scope than residential aged care – it includes other aged care facilities such as retirement villages.

| **Accuracy:** | For 2007–08, almost all public hospitals provided data for the National Hospital Morbidity Database, with the exception of a mothercraft hospital in the ACT. The great majority of private hospitals also provided data. The exceptions were private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and a small private hospital in Victoria. |
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Inaccurate responses may occur in all data provided to the AIHW, and the AIHW does not have direct access to jurisdictional records to determine the accuracy of the data provided. However, routine data quality checks are conducted by states and territories prior to submission to the AIHW. The AIHW then undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. 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.

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).

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility. The Aged Care Facility as a place of occurrence is broader in scope than residential aged care – it includes other aged care facilities such as retirement villages. Hence, the numbers presented could be an over-estimate.
Around 25% of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in an aged care facility could be an under estimate.

Data on falls are recorded uniformly using ICD-10-AM.

The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.

The number of separations in which a fall in an aged care facility results in harm that is treated in hospital may be underestimated because the records for some 25% of all separations involving a fall requiring treatment listed 'unspecified' as the place of occurrence.

The specifications for this indicator only enable the identification of patients who experience a fall in residential aged care and require admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.

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 and Hospitalisations due to falls by older people, Australia 2005–06*. |
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## Source and reference attributes

| **Submitting organisation:** | Australian Institute of Health and Welfare |
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# Relational attributes

**Related metadata references:**

Has been superseded by [National Healthcare Agreement: PI 52: Falls resulting in patient harm in residential aged care, 2011 QS](#)
[Health](#), Superseded 04/12/2012

**Indicators linked to this Data Quality statement:**

[National Healthcare Agreement: P52-Falls resulting in patient harm in residential aged care, 2010](#)
[Health](#), Superseded 08/06/2011