

National Healthcare Agreement: P56-People aged 65 years or over receiving sub-acute services, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	393068
Registration status:	Health , Superseded 08/06/2011

Data quality

Data quality statement summary:	<ul style="list-style-type: none">• 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.• This indicator is a count of separations, not a count of persons. The same person may be hospitalised on more than one occasion during the year. Services other than admitted patient services are not included.• Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.• Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital, hence there are mismatches between numerators and denominators that affect interpretation of rates.• Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly in the ACT.• There is some variation among jurisdictions in the assignment of care type categories.
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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 and private 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:	<p>The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. Published products available on the AIHW website are:</p> <ul style="list-style-type: none">• <i>Australian hospital statistics</i>, with associated Excel tables.• Interactive data cubes for Admitted patient care (for Principal diagnoses, procedures and Diagnosis Related Groups).
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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 changes in service delivery that might affect interpretation of the published data. Metadata information for the Admitted Patient Care National Minimum Data Set (APC NMDS) care 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 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, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. Therefore, there will be mismatches between the numerators and denominators for separation rates. Mismatches are particularly relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

This indicator is a count of separations, not a count of persons. The same person may be hospitalised on more than one occasion during the year. Services other than admitted patient services are not included.

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 being the 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.

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.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

There is some variation among jurisdictions in the assignment of care type categories.

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).

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*, except that for the Indigenous disaggregation age standardisation is to 64 years here, rather than to 74 as 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: PI 56: People aged 65 years or over receiving sub-acute services, 2011 QS](#)
[Health](#), Superseded 04/12/2012

Indicators linked to this Data Quality statement: [National Healthcare Agreement: P56-People aged 65 years or over receiving sub-acute services, 2010](#)
[Health](#), Superseded 08/06/2011