

National Healthcare Agreement: P57-Hospital patient days used by those eligible and waiting for residential aged care, 2010 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	393076
Registration status:	<ul style="list-style-type: none">Health, Superseded 08/06/2011

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: P57-Hospital patient days used by those eligible and waiting for residential aged care, 2010 Health , Superseded 08/06/2011
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Data quality

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.The indicator as presented is not a count of patient days used by those eligible and waiting for residential aged care. The indicator is presented as a proportion of total separations for persons in the older age groups and cannot be interpreted as a volume of activity. In addition, the diagnosis codes are not specific for identifying patients eligible and waiting for residential aged care, and patient days that should be counted could occur in separations that are shorter than 35 days.There is some variation among jurisdictions in the assignment of care type categories.
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Institutional environment:	<p>The Steering Committee for the Review of Government Service Provision has sourced this indicator from the draft <i>Report on Government Services 2010</i>. The indicator was calculated by the Australian Institute of Health and Welfare (AIHW) and provided to the Steering Committee for the Report on Government Services 2010.</p>
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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.
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Accessibility: The AIHW provides a variety of products that draw upon the National Hospital Morbidity Database. Published products available on the AIHW website include:

- *Australian hospital statistics*, with associated Excel tables.
- Interactive data cubes 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 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) 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 indicator as presented is not a count of patient days used by those eligible and waiting for residential aged care. The indicator is presented as a proportion of total separations for persons in the older age groups, and cannot be interpreted as a volume of activity. In addition, the diagnosis codes are not specific for identifying patients eligible and waiting for residential aged care, and patient days that should be counted could occur in separations that are shorter than 35 days.

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, except for 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 validation 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.

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

Although the diagnosis codes reflect a care type, they do not determine a person's eligibility for residential aged care. The code 'need for assistance at home and no other household member able to render care' may also be used for respite care for either residential or community care patients. Diagnosis codes may not be applied consistently across jurisdictions.

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 57: Hospital patient days used by those eligible and waiting for residential aged care, 2011 QS](#)

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