

National Healthcare Agreement: PI 03- Incidence of end-stage kidney disease, 2011 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	447900
Registration status:	<ul style="list-style-type: none">• Health, Superseded 04/12/2012

Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: PI 03-Incidence of end-stage kidney disease, 2011 Health , Superseded 30/10/2011
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Data quality

Quality statement summary:	<ul style="list-style-type: none">• This indicator estimates the incidence of end-stage kidney disease (ESKD) from linked mortality and Australian and New Zealand Dialysis and Transplant Registry (ANZDATA) data. It does not include people with ESKD who were not on the ANZDATA registry and did not die in the reference period.• The coding list used to estimate ESKD from mortality data is conservative.• For disaggregation by state and Indigenous status, data have been reported for four aggregated years to ensure statistical validity. Reporting one year's data only would mean that smaller states could not be reported.
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Institutional environment:	<p>The AIHW has calculated this indicator.</p> <p>The AIHW linked data from the ANZDATA registry, the NDI and NMD to calculate the numerator. Completed ANZDATA records were supplied to the AIHW by ANZDATA.</p> <p>Mortality data was provided by the ABS to the AIHW.</p> <p>The NDI is a national compilation of data on all deaths occurring in Australia. Data are supplied to the AIHW by Registrars of Births Deaths and Marriages (RBDM) from each State and Territory and this results in a database which contains all deaths occurring in Australia since 1980.</p>
Timeliness:	<p>The reference period of the total Australian population is 2007. This is the most recent year for which mortality data are available.</p> <p>Due to small numbers, four years of data (2004, 2005, 2006 and 2007) were combined to provide estimates for the state/territory and Indigenous disaggregations.</p>

Accessibility: Aggregate ANZDATA reports are available free at their website www.anzdata.org.au.

The AIHW provides a variety of products that draw upon the Mortality Database including online data cubes and reports.

Linked data are subject to regulations governing research ethics and are not available publically.

Interpretability: Information on how ANZDATA data are collected can be found at www.anzdata.org.au.

Information on the NMD can be found on the AIHW website and information on the ICD-10 on the World Health Organization's website.

Relevance: This is an interim indicator. The total indicator requires linkage to hospital data to count people with ESKD who were not on the ANZDATA registry and did not die in the reference period.

ANZDATA is a register of all people in Australia receiving dialysis or kidney transplant to survive — that is, people with treated ESKD — and therefore is highly relevant to this indicator. We are confident that we have good counts of treated cases. Treated cases are grouped by state of first treatment. The AIHW is not involved in collecting and validating the data however, ANZDATA report that they employ checks for validity on data received and query possible errors with the renal units who provide the data (ANZDATA 2009).

Mortality data are of high quality, however it is not certain that all untreated cases have been counted because it is possible that some cases have not been included when people die of an unrelated cause or do not have ESKD recorded on their death certificates, even though it contributed to their death (Li et al. 2003).

Data are reported by the State or Territory that delivered treatment (for treated cases) and by the State or Territory of registration of death (for untreated cases). The numerator include people who received treatment or whose death was registered in one jurisdiction, but who reside(d) in another. These cross-border flows are particularly relevant in interpreting ACT data.

Mortality data have incomplete Indigenous identification rates, therefore care should be taken when interpreting the data. Only states where identification is considered to be above 70 per cent are included in the estimate (NSW, Qld, WA, SA and NT).

ANZDATA registry Indigenous identification is based on self-identification in hospital records. However it is believed that Indigenous identification in the Registry is more complete than in general hospital data (Cass et al. 2001).

ANZDATA 2009. Adelaide: Australian and New Zealand Dialysis and Transplant Registry. Viewed 14 September 2010, http://www.anzdata.org.au/v1/data_collection.html#validation.

Cass A, Cunningham J, Wang Z & Hoy W 2001. Regional variation in the incidence of end-stage renal disease in Indigenous Australians. *Medical Journal of Australia* 175:24–7.

Li SQ, Cass A & Cunningham J 2003. Cause of death in patients with end-stage renal disease: assessing concordance of death certificates with registry reports. *Australian and New Zealand Journal of Public Health* 27:419–24.

Accuracy: Each data source used in the construction of this indicator has broad population coverage and local data-checking and validation processes.

Reporting of ESKD incidence, including untreated cases, greatly increases the accuracy of the estimate compared to estimates only including treated cases.

Variability bands were calculated to assess differences between state/territories, males and females, and Indigenous and non-Indigenous populations.

The count of untreated cases is likely to have missed some cases and included other non-cases due to coding issues. On balance, it appears likely that this is an undercount, as indicated by 58 per cent of ANZDATA cases who died having no mention of ESKD as defined in this indicator on their death certificate.

Linkage of ANZDATA to the NDI and then the NMD found some discrepancies between the data sources:

- Matched records may have different dates of birth and dates of death on the ANZDATA and Mortality Database. Where there was a discrepancy the ANZDATA date was taken.

Coherence: The information presented for this indicator is calculated using the same methodology as data published in the National healthcare agreement: baseline performance report 2008-09. The data can be meaningfully compared across reference periods.

Previous estimates of ESKD incidence only included treated cases.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: P03-Incidence of end-stage kidney disease, 2010 QS](#)

- [Health](#), Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: P103-Incidence of end-stage kidney disease, 2012 QS](#)

- [Health](#), Retired 14/01/2015

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