National Healthcare Agreement: PI 35: Waiting times for Emergency department care, 2011 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 448291

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Data quality

Data quality statement summary:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or Peer Group B (Large hospitals). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2008-09, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B. It is estimated that 2009-10 data has similar coverage, although final coverage cannot be calculated until 2009-10 National Public Hospital Establishments Database (NPHED) data are available.
- Caution should be used in interpreting 2009-10 data from the NNAPEDCD as they have not been subjected to the usual level of confirmation with establishment-level data provided in the NPHED.
- As 2009-10 data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group), the results published here may differ to 2009-10 equivalent data published at a later date.
- The quality of the data reported for Indigenous status in Emergency Departments has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group for a hospital, may vary over time.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated this indicator. 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.

The data were supplied to the Institute by State and Territory health authorities. The State and Territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. 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 performance indicator is 2008-09 and 2009 10.

Accessibility: The AIHW provides a variety of products that draw upon the NNAPEDCD data. Published products available on the AIHW website include Australian hospital statistics, and associated Excel tables.
Data are also included on the MyHospitals website.

Interpretability:

Supporting information on the quality and use of the NNAPEDCD are published annually in Australian hospital statistics (Chapter 5 and 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 that might affect interpretation of the published data. Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository — METeOR, and the National health data dictionary.

Relevance:

The purpose of the NNAPED is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals that were classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2008-09, hospitals in peer groups A and B provided approximately 69 per cent of all public hospital accident and emergency occasions of service. It is estimated that in 2009-10, hospitals in peer groups A & B provided a similar proportion of public hospital accident and emergency occasions of service.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, the data represent the waiting times for each remoteness area or SEIFA population group (regardless of where they reside) in the jurisdiction of presentation. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10 per cent and 20 per cent respectively of the national population).

Accuracy:

For 2008-09, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for pubic hospitals in peer groups A and B. It is estimated that 2009-10 data has similar coverage, although final coverage cannot be calculated until 2009-10 NPHED data are available.

In regards to 2009-10 data:

- Caution should be used in interpreting 2009-10 data from the NNAPEDCD as they have not been subjected to the usual level of confirmation with establishment-level data provided in the NPHED. The NPHED data includes information on the number of accident and emergency occasions of service for each public hospital, and comparison of the number of records in NNAPEDCD and NPHED is an important step in data validation.
- In addition, the hospitals classified as peer groups A and B were based on the 2008-09 peer groups. 2009-10 peer groups cannot be assigned until the National Hospital Morbidity Database is finalised and total level of admitted patient activity quantified. Therefore, these data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group).
- For 2009-10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's waiting times data.

States and territories are primarily responsible for the quality of the data they provide. 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 (including waiting time outliers) 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 quality of data reported for Indigenous status in emergency departments has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals which were classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) may be higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.
Cells have been suppressed to protect confidentiality (where the presentation could identify a patient or a single service provider) or where rates are likely to be highly volatile (ie the denominator is small).

Coherence:

The information presented for this indicator are calculated using the same methodology as data published in Australian hospital statistics 2008-09, the National Healthcare Agreement: Baseline performance report 2008-09 and Australian hospital statistics 2009-10: emergency department care and elective surgery waiting times.

As these data may not include hospitals that will be assigned to peer groups A or B for the first time in 2009-10 (and may include hospitals that will be assigned to a lower peer group), the results published here may differ to 2009-10 equivalent data published at a later date.
Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, or the peer group for a hospital, may vary over time.

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: P35-Waiting times for emergency department care, 2010 QS Health, Superseded 08/06/2011 Has been superseded by National Healthcare Agreement: PI 35-Waiting times for Emergency department care, 2012 QS Health, Superseded 14/01/2015
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 35-Waiting times for emergency department care, 2011 Health, Superseded 31/10/2011