National Healthcare Agreement: PI 41: Falls resulting in patient harm in hospitals, 2011 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 448300

Registration status: Health, Superseded 04/12/2012

Data quality

Data quality statement summary:

- The National Hospital Morbidity Database (NHMD) 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).
- The recorded number of falls occurring in hospitals may be an under-estimate (as around 20 percent of the records of separations involving falls did not have a code assigned for the place of occurrence). Under-estimation and over-estimation may also have occurred due to other limitations of the data.
- The indicator provides a count of separations involving one or more falls. It does not provide a count of falls.
- The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

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 and private 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 data set is 2008 09.

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 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. 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 NMDS for Admitted patient care is published in the AIHW's online metadata repository METeOR, and the National health data dictionary.

Relevance:

The purpose of the NMDS for Admitted patient care 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 are not included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.

The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient. 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).

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

Accuracy:

For 2008 09, almost all public hospitals provided data for the NHMD, 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 two private hospitals in Tasmania.

States and territories are primarily responsible for the quality of the data they provide. However, 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.

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). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and ACT should be interpreted with caution until further assessment of Indigenous identification is completed.

The specifications for the indicator defines a fall in hospital as being one for which the place of occurrence is coded as 'health service area'. The 'health service area' as a place of occurrence is broader in scope than hospitals — it includes other health service settings such as day surgery centres and hospices. Hence the numbers presented could be an overestimate as they include falls in health care settings other than hospitals.

Around 20 percent 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 hospitals may be an under-estimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be over-estimated.
To minimise the chance of over-estimation, separations where a person was admitted to hospital with a principal diagnosis of an injury were excluded on the basis that if the injury was the principal diagnosis it was associated with an external cause relating to an event occurring prior to admission. However, these exclusions may result in an underestimation of the indicator as the indicator does not count separations where a person is injured and admitted to hospital and then subsequently experiences a fall in hospital.

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

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

The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

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 (eg the denominator is very small).

Coherence:

The indicator specifications and analysis methodology used for this report are equivalent to the National Healthcare Agreement: Baseline performance report 2008 09. The data can be meaningfully compared across reference periods for all jurisdictions except Tasmania. 2008-09 data for Tasmania does not include two private hospitals that were included in 2007-08 data reported in the baseline report.

The number of separations involving an ICD-10-AM external cause code for a fall has been reported in the AIHW publication Australian hospital statistics 2008 09. However, the methodology used in Australian hospital statistics 2008 09 differs from the NHA indicator, in that there are no exclusion criteria applied for the principal diagnoses.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P41-Falls resulting in patient harm in hospitals, 2010 QS
Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI41-Falls resulting in patient harm in hospitals, 2012 QS
Health, Retired 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI41-Falls resulting in patient harm in hospitals, 2011
Health, Superseded 31/10/2011