National Healthcare Agreement: PI 42: Intentional self-harm in hospitals, 2011 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 448302

Registration status: Health, Superseded 04/12/2012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 self-harm 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 separations involving intentional self-harm may be an under-estimate (as around 34 percent of separations involving intentional self-harm 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 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 are 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 specification for the indicator defines a separation involving self-harm as being one for which the place of occurrence is a ‘health service area’. The ‘health service area’ as a place of occurrence is broader in scope than hospitals – it includes other health care settings such as day surgery centres or hospices. Hence, the numbers presented could be an overestimate as they may include separations involving intentional self-harm occurring in health service areas other than ‘hospitals’. Around 34 percent of all separations involving intentional self harm did not have a code assigned for the place of occurrence. Consequently, the recorded number of separations involving intentional self-harm in hospital may be an under-estimate.

If there is more than one external cause reported, there is uncertainty about whether the place of occurrence ‘health service area’ relates to the self-harm or to the other external cause. As a consequence there may be some over-counting in the calculation of the indicator.

In the calculation of the indicator, separations with a principal diagnosis of an injury or poisoning have been excluded on the assumption that the self-harm occurred prior to admission to hospital. However, it is possible that some of these separations would have additionally involved self-harm that occurred in hospital.

The issue of whether a patient self-harms while on leave from hospital has not been addressed in the specification of the indicator. Data on self-harm are recorded uniformly using the ICD-10-AM. The comparability of the data will be affected by the fact that it has not been adjusted for differences in casemix (eg patient age).

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.

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).

Coherence:

The indicator specifications and analysis methodology used for this report are equivalent to the National Agreement performance information: Baseline performance report for 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.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: P42-Intentional self-harm in hospitals, 2010 QS
Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2012 QS
Health, Retired 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 42-Intentional self-harm in hospitals, 2011
Health, Superseded 31/10/2011