

National Healthcare Agreement: PI 43: Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448304
Registration status:	Health , Superseded 04/12/2012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.
- The indicator is an underestimate of all possible unplanned/unexpected readmissions because:
 - it could only be calculated for public hospitals and for readmissions to the same hospital.
 - episodes of non-admitted patient care provided in outpatient clinics or emergency departments which may have been related to a previous admission are not included.
 - the unplanned and/or unexpected readmissions are limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD-10-AM diagnosis code has been assigned. This does not include all possible unplanned/unexpected readmissions.
- Calculation of the indicator for Western Australia was not possible using data from the NHMD. Data for WA were supplied by WA Health and Australian rates and numbers do not include WA.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

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).

Data are also included on the MyHospitals website.

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 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.

Remoteness and socioeconomic status are based on the reported 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.

The unplanned and/or unexpected readmissions counted in the computation for this indicator have been limited to those having a principal diagnosis of a post-operative adverse event for which a specified ICD 10 AM diagnosis code has been assigned. Unplanned and/or unexpected readmissions attributable to other causes have not been included.

The calculation of the indicator is limited to public hospitals and to readmissions to the same hospital.

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, the 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 are reported for Tasmania and ACT with caveats until further audits of the quality of data in these jurisdictions are completed.

For this indicator, the linkage of separations records is based on the patient identifiers which are reported for public hospitals. As a consequence, only readmissions to the same public hospital are in scope; and readmissions to different public hospitals and readmissions involving private hospitals are not included.

For WA, the indicator was calculated and supplied by WA Health.

To calculate this indicator, the readmissions needed to be reported in the 2008-09 financial year. This led to the specification of 19 May as the cut off date for the initial separations. This cut-off date ensures that about 98 per cent of all eligible readmissions will be reported in 2008-09.

Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the ICD 10 AM.

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 (for example, the denominator is very small).

Coherence:

The information presented for this indicator is calculated using the same methodology as data published in Australian hospital statistics 2008-09 and the National healthcare agreement: baseline performance report 2008-09.

The data can be meaningfully compared across reference periods.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: P43-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2010 QS](#)
Health, Superseded 08/06/2011

Has been superseded by [National Healthcare Agreement: P143-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2012 QS](#)
Health, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: P143-Unplanned/unexpected readmissions within 28 days of selected surgical admissions, 2011](#)
Health, Superseded 31/10/2011