National Healthcare Agreement: PI 52: Falls resulting in patient harm in residential aged care, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448593
Registration status:	Health, Superseded 04/12/2012

Data quality

Data quality statement summary:

- The National Hospital Morbidity Database is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- This indicator provides a count of patients who experience a fall in an aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in aged care facilities that do not require hospitalisation.
- The Australian Government Department of Health and Ageing's (DoHA) Aged Care Data Warehouse is an administrative data collection that has data on the number of days residents occupy aged care facilities that are subsidised by the Australian Government.
- 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 specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility.
- Around 28 per cent 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 aged care facilities may be an under-estimate.
- The indicator provides a count of hospital separations involving one or more falls. It does not provide a count of falls.
- 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 the numerator for 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 hospital separations 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 are 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

The Australian Government Department of Health and Ageing provided the denominator for this indicator to the AIHW. Approved aged care providers submit data to Medicare Australia to claim subsidies from the Australian Government.

Timeliness:

The reference period for this data set is 2007-08 and 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).

Aggregated aged care data items are published in the SCRGSP's Report on Government Services, and in the annual Reports on the Operation of Aged Care Act 1997 prepared by the Department of Health and Ageing.

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.

Further information on aged care definitions is available in the Aged Care Act 1997 and the Aged Care Principles, in The Residential Care Manual.

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 specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility. The Aged Care Facility as a place of occurrence is broader in scope than residential aged care – it includes other facilities such as retirement villages.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area of usual residence of the patient (numerator) and client postcode prior to admission to residential aged care (denominator). 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 Aged Care Data Warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Australian Government Department of Health and Ageing. The Aged Care Data Warehouse collects a number of data items, including resident admissions, discharges, assessments, appraisals and payment details. The Aged Care Data Warehouse does not include details on residents in Australian Government subsidised Multi-purpose Services, Innovative Care Services, nor residents in Australian Government subsidised facilities funded under the National Aboriginal and Torres Strait Islander Aged Care Program. Information relating to retirement villages is not included in the Aged Care Data Warehouse.

These data are provided by Medicare Australia to the Department of Health and Ageing, which uses the data to administer services under the Aged Care Act 1997 and the Aged Care Principles.

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

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as 'Aged Care Facility'. The 'Aged Care Facility' as a place of occurrence is broader in scope than residential aged care — it includes other facilities such as retirement villages. Hence, the numbers presented could be an over-estimate, as they include falls in aged care facilities other than residential aged care.

Around 28 per cent 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 aged care facilities could 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 (for example, a person who falls in hospital after being admitted for a non-fall related cause in an aged care facility). To minimise the chance of over estimation, only separations where a person was admitted to hospital with a principal diagnosis of an injury were included (S00 to T14 inclusive).

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 specifications for this indicator only enable the identification of patients who experience a fall in residential aged care and require admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.

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).

For 2008 09, the number of resident days collected by the Aged Care Data Warehouse was accurate at the time of calculation.

Disaggregation by remoteness and SEIFA is by the client's postcode prior to admission to an aged care facility. In some instances, the postcode was not provided or the input was inaccurate, or in other cases, the SEIFA index may not have been provided. As a consequence, around 0.6 per cent (2007 08) and around 0.5 per cent (2008 09) of the total resident days were excluded from this analysis.

Coherence:
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 falls has been reported in the National Injury Surveillance Unit (NISU) publication Hospitalisations due to falls by older people, Australia 2005 06. It should be noted that the methodology used in this report differs from the NHA indicator, in that all principal diagnoses are included, not just injuries.

The denominator provided from the Aged Care Data Warehouse is consistent with other publicly available information about aged care residency.

Relational attributes

Related metadata references:
Supersedes National Healthcare Agreement: P52-Falls resulting in patient harm in residential aged care, 2010 QS
    Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 52-Falls resulting in patient harm in residential aged care, 2012 QS
    Health, Retired 14/01/2015

Indicators linked to this Data Quality statement:
National Healthcare Agreement: PI 52-Falls in residential aged care resulting in patient harm and treated in hospital, 2011
    Health, Superseded 31/10/2011