

National Healthcare Agreement: PI 58: Patient experience/satisfaction, 2011 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	448911
Registration status:	Health , Superseded 04/12/2012

Data quality

Institutional environment: The Patient Experience Survey is a topic on the Multipurpose Household Survey, collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the Census and Statistics Act 1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see [ABS Institutional Environment](#).

Timeliness: Patient Experience data is collected annually. The 2009 data used for this indicator became available in July 2010. The reference period for the 2009 survey was July to December 2009.

Accessibility: This data was collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey.

The ABS Patient Experience data is published in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001). Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001).

Interpretability: See Health Services: Patient Experiences in Australia, 2009 (cat. no. 4839.0.55.001) for an overview of the results from the Patient Experience Survey. Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available early in 2011. Data must be confidentialised for privacy reasons.

Additional data from the Patient Experience Survey is available upon request.

Relevance: There are a number of elements that can contribute to a person's satisfaction with medical care that they have received. The measures chosen for this indicator represent, in part, people's experiences in relation to access and the provision of information about their treatment. Access to and communication with health professionals, have been shown by many researchers (eg the Picker Institute) to be important elements of patient satisfaction/experience.

Respondents to the Patient Experience Survey were asked whether they had been prescribed medication or referred for a pathology or imaging test in the last 12 months. Those that had been were asked whether the reasons for those actions had been explained to them.

Respondents who reported having seen a GP or being referred to a medical specialist in the last 12 months were asked whether there had been a time in the last 12 months that they had waited longer than they felt acceptable to get an appointment to see a GP or a specialist respectively.

Accuracy: The Patient Experience Survey is conducted in all states and territories excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population.

The 2009 Patient Experience Survey response rate was 88 per cent. Data are weighted to account for non-response.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error occurs because only a portion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the statistical methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

Coherence: 2009 was the first year data was collected for this indicator. At this stage, there are no other comparable data sources.

The numerators and denominators are directly comparable, one being a sub-population of the other. The numerators and denominators are compiled from a single source.

Jurisdiction estimates are calculated the same way, although the exclusion of very remote communities in the sample will affect the NT more than it affects other jurisdictions as people usually resident in very remote areas account for about 2 per cent of the population in all States and Territories except for the NT, where they account for 24 per cent.

Relational attributes

Related metadata references: Has been superseded by [National Healthcare Agreement: PI 58-Patient experience/satisfaction, 2012 QS](#)
[Health](#), Superseded 14/01/2015

Indicators linked to this Data Quality statement: [National Healthcare Agreement: PI 58-Patient satisfaction/experience, 2011](#)
[Health](#), Superseded 31/10/2011