National Healthcare Agreement: PI 62: Hospitalisation for injury and poisoning, 2011 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 448962

Registration status: Health, Superseded 04/12/2012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 diagnoses are recorded uniformly using the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM 6th edition).
- The hospital separations data do not include injuries that are treated in the emergency department and do not require admission to hospital.
- Multiple separations may arise from a single injury or poisoning event.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Numerators for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of hospital. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- Interpretation of rates for jurisdictions should take into consideration cross-border flows, particularly for the ACT.

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 NHMD. 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 NHMD 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 changes 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.

Hospital separations data do not include injuries that are treated in the emergency department that do not require admission to hospital. The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics.

Multiple separations may arise from a single injury or poisoning event.

Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Separations are reported by jurisdiction of hospitalisation. The injury event will not necessarily have occurred in the state or territory of hospitalisation.

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. Hence, rates represent the number of separations for each remoteness area or SEIFA population group (regardless of the jurisdiction in which the patient resides) divided by the number of people in that remoteness or SEIFA population group in the jurisdiction of hospitalisation. This may be relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (eg ACT).

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 Institute 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 or missing or incorrect values.

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

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) or where rates are likely to be highly volatile (for example, where 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 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: P62-Hospitalisation for injury and poisoning, 2010 QS
Health, Superseded 08/06/2011

Has been superseded by National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012 QS
Health, Retired 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2011
Health, Superseded 31/10/2011