

National Indigenous Reform Agreement: PI 11-Child under 5 hospitalisation rates by principal diagnosis, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	480373
Registration status:	Indigenous , Superseded 13/06/2013

Data quality

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated this indicator.

The AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister for Health and Ageing. For further information see the AIHW website.

The data were supplied to the AIHW 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 administrative arrangements, contractual requirements or legislation.

States and territories supplied these data under the terms of the National Health Information Agreement (see link).

www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442472807&libID=6442472788

Timeliness: The reference period for the data is the financial years 2008-09 to 2009-10. Single year data for 2009-10 are also reported for time series. Data are collected on an ongoing basis and are compiled by the AIHW annually.

Accessibility: The AIHW provides a variety of products that draw upon the Admitted Patient Care NMDS. Published products available on the AIHW website are:

- Australian hospital statistics with associated Excel tables.
- On-line interactive data cubes for Admitted patient care (for Principal diagnoses, Procedures and Diagnosis Related Groups).

Data for this indicator are published biennially in the Overcoming Indigenous Disadvantage Report.

Interpretability: Supporting information on the quality and use of the Admitted Patient Care NMDS are published annually in *Australian hospital statistics* (technical appendices), 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 this indicator are published in the AIHW's online metadata repository- METeOR. Metadata information for the NMDS for Admitted patient care are also published in METeOR and the *National health data dictionary*.

Information on ABS data is available on the ABS website.

Principal diagnoses reported for this indicator were classified, coded and reported to the National Hospital Morbidity Database (NHMD) using the sixth edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) (NCCH 2008)*.

Relevance:

The purpose of the Admitted patient care NMDS 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 essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not included. Hospitals specialising in 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.

Separations with care types of *Newborn* episodes that did not include qualified days, and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded as these activities are not considered to be admitted patient care. Separations in private hospitals in Tas, ACT and NT have also been excluded from analyses for data quality and confidentiality reasons. Private hospitals account for approximately 40 per cent, 31 per cent and 13 per cent of total hospital separations for people usually residing in these three jurisdictions respectively (the respective proportions for Indigenous hospital separations are 10 per cent, 7 per cent and 0.03 per cent). Separations per person for Tasmania, the ACT and the Northern Territory are therefore lower than would otherwise be the case and should not be directly compared with other jurisdictions. Furthermore, because Indigenous persons typically have higher separation rates in public hospitals, the rate ratios in Tas/ACT/NT that compare Indigenous persons with other persons may be higher than would otherwise be the case.

Data are a count of hospital separations (episodes of admitted patient care, which can be a total hospital stay or a portion of a hospital stay beginning or ending in a change of type of care) and not patients. Patients who separated from hospital more than once in the year will be counted more than once in the data set.

While the NHMD is appropriate for the information being gathered and provides all relevant data elements of interest for this indicator, identification of Indigenous separations in the NHMD is not complete and varies by State/Territory. Therefore jurisdictional comparisons of Indigenous separation rates should not be made for this indicator. Data are analysed by State/Territory of usual residence of the patient.

The numerator and denominator for the calculation of rates for this indicator come from different sources (the numerator is from the NHMD and the denominator is from ABS population data). While population data are adjusted for undercount and missing responses to the Indigenous status question, data from the NHMD are not. This, along with changing levels of Indigenous identification over time and across jurisdictions in both the numerator and denominator may affect the accuracy of compiling a consistent time series.

Hospital separations with a 'not stated/inadequately described' Indigenous status have been combined with hospital separations for 'non-Indigenous Australians' and have been reported under the category 'Other Australians'. This is because data systems of certain jurisdictions do not accommodate a category for 'not stated/inadequately described' and an assessment of patient characteristics indicates that separations with this category of Indigenous status show greater similarities with the non-Indigenous category than with the Indigenous category for most patient characteristics examined (AIHW 2005).

Accuracy:

For 2009–10 almost all public hospitals provided data for the NHMD, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory and about 2,400 separations for one public hospital in Western Australia.

The majority of private hospitals provided data, with the exception of the private day hospital facilities in the Australian Capital Territory and the Northern Territory. In addition, Western Australia was not able to provide about 10,600 separations for one private hospital.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

For Admitted patient data, Indigenous status is of sufficient quality for statistical reporting purposes for the following jurisdictions: NSW, Vic, Qld, SA, WA, NT (public hospitals only). National totals include separations for people resident in these six jurisdictions only and are not necessarily representative of the jurisdictions not included. Indigenous status data are reported for Tasmania and ACT (public hospitals only) with caveats until further audits of the quality of data in these jurisdictions are completed.

Approximately 2 per cent of hospital records in the six jurisdictions had missing Indigenous status information. No adjustments have been made for missing Indigenous status information.

Cells have been suppressed to protect confidentiality (where the numerator is less than 5 or would identify a single service provider), or where rates are highly volatile (i.e. the denominator is very small).

For the current reporting period, two years of data have been combined to ensure confidentiality of responses. In the Australian Capital Territory, numbers of separations for Indigenous children for some principal diagnoses (diseases of the nervous system, and diseases of the genitourinary system, certain infectious and parasitic diseases and symptoms, and signs and abnormal clinical and laboratory findings) are extremely small (i.e. less than 5) and thus the corresponding rates, rate ratios and rate differences have been suppressed. For a number of other principal diagnoses in these two jurisdictions, numbers for Indigenous children are relatively small (less than 20) and thus the corresponding rates, rate ratios and rate differences should be interpreted with caution.

For time series, single year data are reported, and hospital separation rates are presented for the top 6 leading principal diagnoses only due to small numbers for the remaining diagnoses in some states and territories. In the ACT, numbers for 'certain infectious and parasitic diseases' for Indigenous children are less than five and thus the corresponding rates, rate ratios and rate differences have been suppressed.

Caution should be exercised in time series analysis, due to the possible contribution of changes in ascertainment of Indigenous status for Indigenous patients to changes in hospitalisation rates for Indigenous people over time.

The Estimated Resident Population and Indigenous Experimental Estimates and Projections are provided by the ABS.

Coherence:

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics 2009–10*, and the *National Indigenous Reform Agreement: performance report 2009–10*.

No changes have been made to the data elements for this indicator over reporting periods. Care should be taken in comparing data over reference periods for Tasmania and the ACT due to volatility in the rates as a result of small numbers of separations for Indigenous children aged 0–4 years.

Relational attributes

**Indicators linked to this
Data Quality statement:**

[National Indigenous Reform Agreement: PI 11-Child under 5 hospitalisation rates
by principal diagnosis, 2012](#)
[Indigenous](#), Superseded 13/06/2013