National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 500073

Registration status: Health, Retired 14/01/2015

Data quality

Data quality statement summary:

- The National Hospital Morbidity Database (NHMD) is a comprehensive data set 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 is 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 Australian Capital Territory.

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 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 below).

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

Timeliness: The reference period for this data set is 2009–10.

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)

Some data are also included on the MyHospitals website.

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 note 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 is 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 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.

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.

Analyses by remoteness and socioeconomic status are based on the Statistical Local 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). The SEIFA scores for each SLA are derived from 2006 Census data and represent the attributes of the population in that SLA in 2006. To allocate a 2006 SEIFA score to 2009 SLAs (used for 2009–10 data), 2009 SLA boundaries are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2009 due to changes in the socioeconomic status of the existing population, or changes to population size, thus potentially diminishing the accuracy of that area's SEIFA score over time. This is likely to impact most those quintiles in jurisdictions with a greater number of areas experiencing substantial population movement or renewal.

Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, rates represent the number of separations for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) divided by the total number of people living in that remoteness area or SEIFA population group in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction (for example, the Australian Capital Territory).

Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.

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.

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

The Indigenous status data are of sufficient quality for statistical reporting for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia and Western Australia (public and private hospitals) and Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and Australian Capital Territory (public and private hospitals) 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 service provider or where rates are likely to be highly volatile, for example, where the denominator is very small. The following rules were applied:

- Rates were suppressed where the numerator was less than 5 and/or the denominator was less than 1,000.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.

Coherence:

The information presented for this indicator is calculated using the same methodology as data published in *Australian hospital statistics 2009–10* and the *National healthcare agreement: performance report 2009–10*.

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 and 2009–10 data reported in National healthcare agreement reports.

However, caution is required when analysing SEIFA over time for the reasons outlined above (see Relevance section). Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA index used and the approach taken to derive quintiles and deciles.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 62: Hospitalisation for injury and poisoning, 2011 QS
Health, Superseded 04/12/2012

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012
Health, Retired 25/06/2013