

National Healthcare Agreement: PI 58-Patient experience/satisfaction, 2012 QS

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National Healthcare Agreement: PI 58-Patient experience/satisfaction, 2012 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500080
Registration status:	Health , Superseded 14/01/2015

Data quality

Institutional environment: Data Collector(s): 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.

Collection authority: The *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*.

Data Compiler(s): Data are compiled by the Health and Disability section of the Australian Bureau of Statistics (ABS).

Statistical confidentiality is guaranteed under the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*.

The ABS notifies the public through a note on the website when an error in data has been identified. The data are withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Timeliness: Collection interval/s: Patient Experience data are collected annually.

Data available: The 2010-11 data used for this indicator became available in November 2011.

Referenced Period: July 2010 to June 2011.

There are not likely to be revisions to this data after its release.

Accessibility: Data are publicly available in *Health Services: Patient Experiences in Australia, 2009* (Cat. no. 4839.0.55.001) and *Patient Experiences in Australia: Summary of Findings, 2010-11* (Cat. no. 4839.0). Data for this indicator are shown by age, sex, remoteness and disadvantage.

Data are not available prior to public access.

Supplementary data are available. Additional data from the Patient Experience Survey are available upon request.

Access permission/Restrictions: Customised data requests may incur a charge.

Contact Details: For more information, please call the Health and Disability section of the ABS on (02) 6252 5000.

Spreadsheets can be downloaded from the ABS website and a confidentialised unit record file will be available in 2012. Data must be confidentialised for privacy reasons.

Interpretability:

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

Other Supporting information: The ABS Patient Experience data are published in *Patient Experiences in Australia: Summary of Findings, 2010-11* (Cat. no. 4839.0). This publication includes explanatory and technical notes.

Socioeconomic status definition: The Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The SEIFA index of relative socio-economic disadvantage is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1,000 and roughly two-thirds of the scores lie between 900 and 1,100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10% of CDs, Decile 2 contains the next 10% of CDs and so on.

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in *Patient Experiences in Australia: Summary of Findings, 2010-11* (Cat. no. 4839.0).

Relevance:

Level of Geography: Data are available by State/Territory, and by remoteness (major cities, inner and outer regional and remote Australia).

Data Completeness: All data are available for this indicator from this source.

Indigenous Statistics: There are no indigenous data able to be published for this indicator.

Socioeconomic status data: Data are available by the SEIFA index of disadvantage.

Numerator/Denominator Source: Same data source.

Data for this indicator were collected for all persons in Australia, excluding persons in very remote communities, as well as the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons.

The exclusion of persons usually resident in very remote communities only has a small impact on estimates, except for the Northern Territory, where such persons represent 24% of the population. Patient Experience data are weighted to account for non-response.

As data are drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with a relative standard error between 25% and 50% should be used with caution, and estimates with a relative standard error over 50% are considered too unreliable for general use.

Data were self-reported for this indicator.

Accuracy: Method of Collection: The data were collected by computer assisted telephone interview.

Data Adjustments: Data were weighted to represent the total Australian population, and were adjusted to account for confidentiality, non-response and partial response.

Sample/Collection size: the sample for the 2010-11 patient experience data was 26,423 fully-responding households.

Response rate: Response rate for the survey was 81.4%

Standard Errors: The standard errors for the key data items in this indicator are relatively low and provide reliable state and territory data.

Known Issues: Data were self-reported, and as questions are attitudinal, data is only reported for people who gave personal interviews (i.e. excludes proxy interviews). There is also an issue with the population of people who saw a medical specialist in the last 12 months (affecting measure 58(d)), as there was a sequencing error which meant that 868,000 people (14%) were not correctly sequenced to the 'patient satisfaction' questions for medical specialists (spent enough time, listened carefully and showed respect). These people were those who had not seen the medical specialist from their most recent referral. Measure 58b does not have this issue as the population are those who were referred to a medical specialist in the last 12 months, who were all asked the question about acceptable waiting times (excluding proxy interviews).

Year to year change: As the sample for 2010-11 and future patient experience surveys is around 27,000 the data should be sensitive to small year to year changes.

The data for this indicator are attitudinal, as they collect information on whether people felt they waited too long to get an appointment with a GP or specialist, and whether the person felt the health professional in question spent enough time with them, listened carefully and showed them respect (the 'patient satisfaction' questions). Data are used from personal interviews only (i.e. excluding proxy interviews).

Coherence: Consistency over time: 2009 was the first year data was collected for the first two measures for this indicator, and data from 2010-11 were the first data collected for the patient satisfaction questions.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: 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 24% of people in NT.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data are collected the same way across all jurisdictions.

The 2009 and 2010-11 PEx provide the only national data available for this indicator. At this stage, there are no other comparable data sources.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 58: Patient experience/satisfaction, 2011 QS](#)
Health, Superseded 04/12/2012

Has been superseded by [National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2013 QS](#)
Health, Superseded 14/01/2015

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

[National Healthcare Agreement: PI 58-Patient satisfaction/experience, 2012
Health](#), Superseded 25/06/2013