National Healthcare Agreement: PI 52-Falls resulting in patient harm in residential aged care, 2012 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

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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.
- This indicator provides a count of patients who experience a fall in an aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in aged care facilities that do not require hospitalisation.
- The Australian Government Department of Health and Ageing's (DoHA) Ageing and Aged Care Data Warehouse is an administrative data collection that has data on the number of days residents occupy aged care facilities that are subsidised by the Australian Government.
- Data on falls are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).
- The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged Care Facility.
- Around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities may be an under-estimate.
- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) has calculated the numerator for 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 hospital separations 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 are 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 below).

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

The Australian Government Department of Health and Ageing provided the denominator for this indicator to the AIHW. Approved providers submit data to Medicare Australia to claim subsidies from the Australian Government. This data is provided to the Department of Health and Ageing to administer services under the *Aged Care Act 1997* and the Aged Care Principles.

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.

Aggregated aged care data items are published in the Steering Committee for the Review of Government Service Provision (SCRGSP) *Report on Government Services*, and in the annual *Report on the Operation of Aged Care Act 1997* prepared by DoHA.

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*.

Further information on aged care definitions is available in the *Aged Care Act 1997* and the aged care principles in the *Residential Care Manual*.

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, freestanding day hospital facilities and alcohol and drug treatment centres and dental hospitals in Australia. 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.

This indicator is a proxy indicator. This indicator provides a count of patients who experience a fall in an aged care facility and required admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in aged care facilities that do not require hospitalisation.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as "Aged care facility". The Aged care facility as a place of occurrence is broader in scope than residential aged care—it includes other facilities such as retirement villages.

The analyses by remoteness and socioeconomic status are based on Statistical Local Area (SLA) of usual residence of the patient (numerator) and client postcode prior to admission to residential aged care (denominator).

The Australian Bureau of Statistics (ABS) Socio-Economic Indexes For Areas (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 usual residence) divided by the total number of resident occupied place days for clients resident in aged care facilities in the reporting jurisdiction and living in that remoteness area or SEIFA population group prior to admission to the aged care facility.

The DoHA Ageing and Aged Care Data Warehouse is a consolidated data warehouse of service provider and service recipient data held by the Ageing and Aged Care Division and the Office of Aged Care Quality and Compliance of the Department of Health and Ageing.

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

Accuracy:

For 2009–10, almost all public hospitals provided data for the NHMD. The exception was 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. 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 receipt of 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 edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia, Western Australia and Northern Territory (Northern Territory public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and the Australian Capital Territory (public and private hospitals) should be interpreted with caution until further assessment of Indigenous identification is completed.

The specification for the indicator defines a fall in residential aged care as being one for which the place of occurrence assigned to the fall is coded as Aged care facility. The Aged care facility as a place of occurrence is broader in scope than residential aged care—it includes other facilities such as retirement villages. Hence, the numbers presented could be an overestimate, as they include falls in aged care facilities other than residential aged care.

Around 24 per cent of the records of separations involving falls did not have a code assigned for the place of occurrence. Consequently, the recorded number of falls occurring in aged care facilities could be an underestimate.

For separations having multiple external causes, it is not possible to establish (from the NHMD) whether the nominated place of occurrence is associated with the fall or with some other external cause. As a consequence, the count of separations may also be overestimated (for example, a person who falls in hospital after being admitted for a non-fall related cause in an aged care facility). To minimise overestimation, only separations where a person was admitted to hospital with a principal diagnosis of an injury were included (S00 to T14 inclusive).

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

The specification for this indicator only enable the identification of patients who experience a fall in residential aged care and require admission to hospital as a result of the fall. It does not provide an indication of the falls which occur in residential aged care facilities that do not require hospitalisation.

For 2009–10, the number of resident days collected by the Aged Care Data Warehouse was accurate at the time of calculation.

Disaggregation by remoteness and SEIFA is by the client's postcode prior to admission to an aged care facility. In some instances, the postcode was not provided or the input was inaccurate, or in other cases, the SEIFA may not have been provided. As a consequence, around 0.5 per cent of the total resident days were excluded from the analysis by SEIFA.

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.
- Counts less than 3 were suppressed.
- Rates which appear misleading (for example, because of cross border flows) were also suppressed.

Coherence:

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 performance 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.

The number of separations involving an ICD-10-AM external cause code for falls has been reported in the National Injury Surveillance Unit (NISU) publication *Hospitalisations due to falls by older people, Australia 2005–06*. It should be noted that the methodology used in that report differs from the National Healthcare Agreement indicator, in that a broader set of principal diagnoses are used to specify separations involving a fall.

The denominator provided from the Aged Care Data Warehouse is consistent with other publicly available information about aged care residency.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 52: Falls resulting in patient harm in residential aged care, 2011 QS
Health, Superseded 04/12/2012

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 52-Falls in residential aged care resulting in patient harm and treated in hospital, 2012
Health, Retired 25/06/2013