

National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500215
Registration status:	Health , Superseded 14/01/2015

Data quality

Data quality statement summary:

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) contains records for patients removed from waiting lists for elective surgery which are managed by public acute hospitals. For 2009–10, coverage of the NESWTDC was about 91 per cent of elective surgery in Australian public hospitals. For 2010–11, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent.
- 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.
- For 2009–10 records from the NESWTDC and the NHMD were linked to produce disaggregations by remoteness and socioeconomic status (all jurisdictions), and Indigenous status (NSW only). Approximately 85 per cent of NESWTDC records were linked to the NHMD. Data for Tasmania were not able to be linked due to the implementation of a new information system in public hospitals. For 2010–11, an estimate of the proportion of public hospital elective surgery covered by the NESWTDC is not available as the corresponding National Hospital Morbidity Database (NHMD) data were not available as at November 2011.
- Analyses for remoteness and socioeconomic status are based on the reported area of usual residence of the patient, regardless of the jurisdiction of the hospital. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.
- The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness: caution should be exercised when interpreting these data. Indigenous status data from the NHMD (used for NSW data in 2009–10) are of sufficient quality for statistical reporting.
- Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.
- For 2010–11, data for the Albury Base Hospital were not available.

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 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 these data is 2009–10 and 2010–2011.

Accessibility:	<p>The AIHW provides a variety of products that draw upon NESWTDC and NHMD data. Published products available on the AIHW website are:</p> <ul style="list-style-type: none"> • <i>Australian hospital statistics</i> with associated Excel tables. • interactive data cube for elective surgery waiting times. <p>Some data are also included on the MyHospitals website.</p>
Interpretability:	<p>Supporting information on the quality and use of the NESWTDC and NHMD are published annually in <i>Australian hospital statistics</i> (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 NMDSs for Elective Surgery Waiting Times and Admitted Patient Care are published in the AIHW's online metadata repository (METeOR) and the <i>National health data dictionary</i>.</p>
Relevance:	<p>The purpose of the NMDS for Elective surgery waiting times (removals data) is to collect information about patients waiting for elective surgery in public hospitals. The scope of this NMDS is patients removed from waiting lists for elective surgery which are managed by public acute hospitals. This includes private patients treated in public hospitals and may include public patients treated in private hospitals.</p> <p>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.</p> <p>Analyses by remoteness and socioeconomic status are based on the Statistical Local Area (SLA) of usual residence of the patient. The 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) or 2010 SLAs (used for 2010–11 data), the 2009/2010 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 (2010) 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.</p> <p>Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence. Hence, data represent the waiting time for patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) for the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.</p> <p>Other Australians includes separations for non-Indigenous people and those for whom Indigenous status was not stated.</p>

Accuracy:

For 2009–10 and 2010–11:

- For 2009–10, coverage of the NESWTDC was about 91 per cent. Coverage was 100 per cent for the Principal referral and Specialist women's and children's hospitals peer group (peer group A) and was progressively lower for the Large hospitals group (peer group B) and the Medium hospitals group (peer group C). Coverage also varied by jurisdiction, ranging from 100 per cent in New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory, to 69 per cent in South Australia. For 2010–11, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 93 per cent.
- Almost all public hospitals provided data for the NHMD in 2009–10, 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.
- Records from the NESWTDC and the NHMD were linked to assign remoteness areas and SEIFA categories from the admitted patient record to the corresponding elective surgery waiting times record. In 2009–10 approximately 85 per cent of NESWTDC records were linked to the NHMD. Data for Tasmania in 2009–10 were not able to be linked due to the implementation of a new information system in public hospitals.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions, except NSW only in 2009–10. NSW data for Indigenous status were sourced from the NHMD as NSW information on Indigenous status was not reported to the NESWTDC. New South Wales first provided Indigenous status for the NESWTDC in 2010–11. The quality of Indigenous status data in the NESWTDC has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data. Indigenous status data from the NHMD are of sufficient quality for statistical reporting in NSW.
- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting 'staged' procedures (such as follow-up care, cystoscopy or the removal of pins or plates) in some public hospitals, that may result in statistics that are not meaningful or comparable between or within jurisdictions.
- From 2009–10 onwards data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of New South Wales' and Victoria's waiting times. For 2010–11, data for the Albury Base Hospital were not available.

Interpretation of waiting times for jurisdictions should take into consideration cross-border flows, particularly for the Australian Capital Territory.

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 datasets are checked against data from other datasets. 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.

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:

- Cells based on fewer than 10 elective surgery admissions were suppressed.
- Cells based on data from one public hospital only were suppressed.

Coherence:

The data can be meaningfully compared across reference periods, except for the Indigenous disaggregation. Caution should be used in comparing data by peer groups across reference years, as the number of hospitals classified as peer group A or B, or the peer group of a hospital, may vary over time.

Caution is also 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 information presented for this indicator is based on the same data as published in, *Australian hospital statistics 2009–10*, *Australian hospital statistics: emergency department care and elective surgery waiting times* (report series) and the *National Healthcare Agreement: performance report 2009–10*.

However, some 2009–10 data reported previously in these publications are different from the equivalent data published here because the hospitals classified as peer groups A and B were based on 2008–09, rather than 2009–10 peer groups. Caution should be exercised when interpreting the 2011–10 data as potential revisions to the 2011–2010 NESWTDC data could exist once both the availability and linking to the 2011–10 NHMD has occurred.

Analyses presented in *Australian hospital statistics* and previous National Healthcare Agreement performance reports may also differ slightly depending on whether the NESWTDC or linked NESWTDC/NHMD was used.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 34: Waiting times for elective surgery, 2011 QS](#)

[Health](#), Superseded 04/12/2012

Has been superseded by [National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2013 QS](#)

[Health](#), Superseded 14/01/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 34-Waiting times for elective surgery, 2012](#)

[Health](#), Superseded 25/06/2013