National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 500449

Registration status: Health, Superseded 14/01/2015

Data quality

Data quality statement summary:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or peer group B (Large hospitals). Most of the hospitals in peer groups A and B are in major cities. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2009–10, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B. It is estimated that 2010–11 has similar coverage, although final coverage cannot be calculated until the 2010–11 National Public Hospital Establishments Database (NPHED) data are available.
- The definition of potentially avoidable GP type presentations is an interim measure, pending development of new methodology to more closely approximate the population that could be receiving services in the primary care sector.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Caution should be used in comparing these data with earlier years as the number of hospitals classified as peer group A or B, and the peer group classification for a hospital, may vary over time.

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 or 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 2010–11.

Accessibility: The AIHW provides a variety of products that draw upon the NNAPEDCD data. Published products available on the AIHW website include Australian hospital statistics, and associated Excel tables.

Some data are also included on the MyHospitals website.

Interpretability:

Supporting information on the quality and use of the NNAPEDCD are published annually in Australian hospital statistics (Chapter 5 and 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 that might affect interpretation of the published data. Metadata information for the NAPEDC NMDS are published in the AIHW's online metadata repository (METeOR) and the *National health data dictionary*.

Relevance:

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either peer group A (Principal referral and Specialist women's and children's hospitals) or B (Large hospitals). In 2009–10, hospitals in peer groups A and B provided approximately 70 per cent of all public hospital emergency occasions of service.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD. Hospitals not included do not necessarily have emergency departments that are equivalent to those in hospitals in peer groups A and B.

The definition of potentially avoidable GP type presentations is an interim measure, pending development of new methodology to more closely approximate the population that could be receiving services in the primary care sector.

The indicator includes only peer group A (Principal referral and Specialist women's and children's hospitals) and peer group B (Large hospitals).

The analyses by State and Territory, remoteness and socioeconomic status are based on the statistical local area (SLA) of usual residence of the patient. Hence, data represent the number of presentations for patients living in each State or Territory, remoteness area or Socio-Economic Indexes for Areas (SEIFA) population group (regardless of the jurisdiction of the hospital where they presented).

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) 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.

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

Accuracy:

For 2009–10, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2010–11, the preliminary estimates of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B.

From 2009–10, the data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) were reported in Victorian hospital statistics. This change in reporting arrangements should be factored into any analysis of data for New South Wales and Victoria.

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.

The quality of the data reported for Indigenous status in the NNAPEDCD has not been formally assessed for completeness; therefore, caution should be exercised when interpreting these data.

As this indicator is limited to public hospitals classified in peer groups A and B, most of the data relates to hospitals within major cities. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Area of usual residence was not reported, or not mappable to a remoteness area or SEIFA population group, for approximately 70,000 records in 2009–10 and about 78,000 records in 2010–11.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

Coherence:

The information presented for this indicator is calculated using the same methodology as data published in *Australian Hospital Statistics: emergency department care and elective surgery waiting times* (report series) and the *National healthcare agreement: performance report 2009–10*.

However, 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 used in comparing these data with earlier 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 Northern Territory has advised that there are errors in its remoteness data for 2009–10. This affects both the Northern Territory and national remoteness disaggregation for Performance Indicator 23 and 35 for 2009–10. Caution should be exercised when interpreting National and Northern Territory remoteness disaggregation over time.

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: PI 23: Selected potentially avoidable GP-type presentations to emergency departments, 2011 QS Health, Superseded 04/12/2012 Has been superseded by National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013 QS Health, Superseded 14/01/2015
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012 Health, Superseded 25/06/2013