National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	507369
Registration status:	Health, Superseded 14/01/2015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 2010–11, 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 2011–12 has similar coverage, although final coverage cannot be calculated until the 2011–12 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) is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988 (Commonwealth),* ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au

Data for the National Elective Surgery Waiting Times Data Collection (NESWTDC) were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):

<http://www.aihw.gov.au/nhissc/>

</content/index.phtml/itemId/182135>

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 a variety of administrative arrangements, contractual requirements or legislation.

Timeliness: The reference period for these data is 2010–11 and 2011–12.

Accessibility: The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are: Australian hospital statistics suite of products with associated Excel tables. These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/

Interpretability: Metadata information for the NAPEDC NMDS and the NAPEDC DSS are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

METeOR and the *National health data dictionary* can be accessed on the AIHW website at:

</content/index.phtml/itemId/181162>

<http://www.aihw.gov.au/publication-detail/?id=6442468385>

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 2011–12, hospitals in peer groups A and B provided over 80 per cent of all public hospital accident and emergency occasions of service. (review once ED publication released)

From August 2011, the scope of the NNAPEDCD has expanded due to reporting for the National Health Reform Agreement (NPA IPHS), the hospital coverage expands to be Peer Group A, B and Other). For the duration of the agreement, hospitals that have not previously reported to the NNAPEDCD NMDS can come into scope, subject to agreement between the jurisdiction and the Commonwealth.

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/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/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 2010 SLAs (used for 2010–11 data) or 2011 SLAs (used for 2011–12 data), the 2010 or 2011 SLA boundaries (as appropriate) are mapped backed to 2006 SLA boundaries. It is possible that the demographic profile of some areas may have changed between 2006 and 2010 (2011) 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 2010–11, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B. For 2011–12, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B (for review).

In the baseline year (2007–08), the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

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.

Back casting of earlier years for this indicator is provided due to data resupply form 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 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.

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

Coherence:

The data reported for 2011–12 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals.

In addition, the data reported to the NNAPEDCD in previous years has been consistent with the numbers of emergency occasions of services reported to the National Hospital Establishments Database (NPHED) for each hospital for the same reference year.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage.

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 2010–11.

However, 2010–11 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 2009–10, rather than 2010–11 peer groups.

The waiting times data presented in this report for the Australian Capital Territory (ACT) differ from the information presented in previous Australian hospital statistics reports for the period 2008–09 to 2010–11. For the period 2008–09 to 2011–12, the ACT has corrected information that is used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records that were identified as changed contrary to established audit and validation policies.

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.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 23-Selected potentially avoidable GP-type presentations to emergency departments, 2012 QS
Health, Superseded 14/01/2015

Has been superseded by National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2014 QS
Health, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 19-Selected potentially avoidable GP-type presentations to emergency departments, 2013
Health, Superseded 30/04/2014