National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2013 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	507397
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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 2010–11, coverage of the NESWTDC was about 91 per cent of elective surgery in Australian public hospitals. For 2011–12, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC is 92%.
- 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 2010–11 records from the NESWTDC and the NHMD were linked to produce disaggregations by remoteness and socioeconomic status (all jurisdictions). Approximately 97 per cent of NESWTDC records for removals for elective surgery were linked to the NHMD.
- 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.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, for individual surgical specialties and indicator procedures, influencing the overall total. For example, the proportion of patients admitted from waiting lists who were assigned to Category 3 treatment clinically recommended within 365 days) was 43% for New South Wales and 14% for Queensland (Table B3.1 from the Australian hospital statistics 2011–12: elective surgery waiting times, Box 3.1 pp 10–11 http://www.aihw.gov.au/publication-detail/?id=10737423188).
- Table B3.1: Admissions from waiting lists for elective surgery, by clinical urgency category, states and territories, 2011–12 (per cent).

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
				Per	cent				
Category 1	25	30	41	23	27	39	30	39	30
Category 2	32	47	45	35	33	44	49	41	39
Category 3	43	23	14	42	40	17	21	20	32
Total	100	100	100	100	100	100	100	100	100

Source AIHW 2012. Australian Hospital Statistics 2011–12: elective surgery waiting times. Health service series No.46. Cat. no. HSE 127. pp 10–11.

- Interpretation of waiting times for jurisdictions should take into consideration these differences. For example, a state could report relatively long median waiting times in association with a relatively high proportion of patients assessed by clinicians in the state as being in Category 3. Conversely, a state in which a relatively high proportion of patients are assessed by clinicians as being in Category 1 or 2 (treatment clinically recommended within 30 days and 90 days, respectively) could have relatively short median waiting times.

- 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.

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

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 (Cwlth)*, 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 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 2010–2011 and 2011–12.

Accessibility: The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the:

- Australian hospital statistics suite of products with associated Excel tables.

These products may be accessed on the AIHW website http://www.aihw.gov.au/hospitals/.

Interpretability: Metadata information for the Elective Surgery Waiting Times (ESWT) National Minimum Data Set (NMDS) and ESWT Data Set Specification(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:

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

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

Relevance:

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.

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.

Analyses by remoteness and socioeconomic status are based on the Statistical Local Area of usual residence of the patient. 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) 2011 SLAs (used for 2011–12 data), the 2010/(2011) 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 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.

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.

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

Accuracy:

For 2010–11 and 2011–12:

- Coverage of the NESWTDC was over 90 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 71 per cent in South Australia. For 2011–12, the preliminary estimate of the proportion of public elective surgery that was also reported to the NESWTDC was 92%.
- Almost all public hospitals provided data for the NHMD in 2010–11, with the exception of all separations for a mothercraft hospital in the Australian Capital Territory.
- 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 2010–11 approximately 97 per cent of NESWTDC records for removals were linked to the NHMD.
- There is apparent variation in the assignment of clinical urgency categories, both among and within jurisdictions, and for individual surgical specialties and indicator procedures, as well as overall. Interpretation of waiting times for jurisdictions should take into consideration these differences.
- 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.
- The Indigenous status data were sourced from the NESWTDC for all jurisdictions.
- From 2009–10, the data for Albury Base Hospital (previously reported in New South Wales hospital statistics) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. For 2010–11, the data for Albury Base Hospital was not available.
- For 2011–12, South Australia and Western Australia provided data for a large number of smaller hospitals (32 and 22 respectively) that were not included in the data for previous years.

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:

Caution should be exercised when comparing waiting times data between jurisdictions due to differences in the assignment of clinical urgency categories (see *Australian hospital statistics 2011–12: elective surgery waiting times*, Box 3.1 pp 10–11 Text Box 3.1 http://www.aihw.gov.au/publication-detail/?id=10737423188).

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 2010–11*, *Australian hospital statistics: emergency department care and elective surgery waiting times* (report series) and the *National Healthcare Agreement: performance report 2010–11*.

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

In addition, some 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. Caution should be exercised when interpreting the 2011–12 data as potential revisions to the 2011–12 NESWTDC data could occur following linking to the 2011–12 NHMD.

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, 2012 QS
Health, Superseded 14/01/2015

Has been superseded by National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting time in days, 2014 QS
Health, Superseded 14/01/2015

Indicators linked to this Data Quality statement:

National Healthcare Agreement: PI 20a-Waiting times for elective surgery: waiting times in days, 2013
Health, Superseded 30/04/2014