

# National Public Hospital Establishments Database Data Quality Statement: 2010-11

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# National Public Hospital Establishments Database

## Data Quality Statement: 2010-11

### Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>Synonymous names:</b>	NPHEd
<b>METEOR identifier:</b>	511361
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Standard 29/05/2013

### Data quality

#### Data quality statement summary:

The National Public Hospital Establishments Database (NPHEd) is based on the National Minimum Data Set (NMDS) for Public hospital establishments. It holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The NPHEd includes information on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients.

The NPHEd holds data from 1993–94 to 2010–11.

#### Summary of key issues

- In 2010–11, the National Public Hospital Establishments Database (NPHEd) included essentially all public hospitals.
- Differences in accounting, counting and classification practices across jurisdictions and over time, may affect the comparability of these data. There was variation between states and territories in the reporting of expenditure, depreciation, revenue, available beds, staffing categories and outpatient occasions of service.
- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.
- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.
- A small number of establishments in 2010–11 did not report any financial data, or reported incomplete financial data.
- Recurrent expenditure reported to the NPHEd is largely expenditure by hospitals, and may not necessarily include all expenditure spend on hospital services by each state or territory government.
- The collection of data by staffing category is not consistent among states and territories.
- The outsourcing of services with a large labour related component (such as food services and domestic services) can have a substantial impact on estimates of costs.

**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](http://www.aihw.gov.au)>

Data for the NPHED was supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following link).

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

The state and territory health authorities received these data from public and private hospitals as stated below. 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 this data set is 2010–11.

States and territories provided a first version of 2010–11 data to the AIHW at the end of December 2011. These data were reported on 30 April 2012. Data provision and publication were in accordance with agreed timetables.

**Accessibility:** The AIHW provides a variety of products that draw upon the NPHED. These include the Australian hospital statistics suite of products with associated Excel tables, which can be accessed on the AIHW website:

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

**Interpretability:** Metadata information for the National Minimum Data Sets that are the basis for the AIHW National Hospital Databases and for the National Healthcare Agreement Performance Indicator 'Healthcare-associated Staphylococcus aureus (including Methicillin Resistant Staphylococcus aureus (MRSA)) bacteraemia in acute care hospitals' 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 NPHED is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. The scope is public hospitals in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The collection covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The NPHED is the source for two NHA indicators and for other nationally reported statistics on public hospital resources and non-admitted patient activity.

**Accuracy:**

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 with 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, except as stated.

Although there are national standard for public hospital establishments data, differences in financial accounting, counting and classification practices across jurisdictions may affect the comparability of these data.

The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

There was variation between states and territories in the reporting of expenditure, depreciation, available beds, staffing categories and outpatient occasions of service.

A small number of establishments in 2010–11 did not report any financial data, or reported incomplete financial data.

Recurrent expenditure reported to the NPHED is largely expenditure by hospitals, and may not necessarily include all expenditure spend on hospital services by each state or territory government.

The collection of data by staffing category is not consistent among states and territories.

The outsourcing of services with a large labour related component (such as food services and domestic services) can have a substantial impact on estimates of costs.

Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.

States and territories may differ in the extent to which non-admitted services are provided in non-hospital settings that are beyond the scope of the NPHED.

For 2010–11, coverage of the NPHED was essentially complete.

**Coherence:**

The NPHED includes data for each year from 1993–94 to 2010–11.

The data reported for 2010–11 are consistent with data reported for the NPHED for previous years for individual hospitals.

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

Changes in administrative and/or reporting practices for hospitals, changes in accounting practices for financial data, and changes in counting practices can affect comparisons over time.

There is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service are reported to the NPHED. Differing admission practices between the states and territories also lead to variation among jurisdictions in the services provided.

- For 2010–11, some states re-categorised some outpatient clinics to align with the Activity Based Funding Tier 2 Clinics. Therefore, these data are not comparable to data reported in previous years.

- For 2009–10, Tasmania was not able to provide outpatient occasions of service for one Principal referral hospital, which reported about 180,000 occasions of service to the NPHED in 2010–11.

- For 2010–11, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by previous specialists. In previous years, these were included in Tasmania's public hospital establishments data.

## Data products

**Implementation start date:** 17/01/2013