

# National Elective Surgery Waiting Times Data Collection Data Quality Statement:2010-11

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>Synonymous names:</b>	NESWTDC
<b>METEOR identifier:</b>	511366
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">AIHW Data Quality Statements</a>, Standard 29/05/2013</li></ul>

## Data quality

**Quality statement  
summary:**

The National Elective Surgery Waiting Times Data Collection (NESWTDC) provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. This includes private patients treated in public hospitals, and may include public patients treated in private hospitals. 'Public hospitals' may include hospitals which are set up to provide services for public patients (as public hospitals do), but which are managed privately.

In 2010–11, the proportion of public hospital elective surgery covered by the NESWTDC was estimated to be 93%.

The data supplied are based on the National Minimum Data Set for Elective surgery waiting times (removals data) (ESWT NMDS). The NESWTDC includes information on the number of additions to and removals from elective surgery waiting lists, the lengths of time waited, specialties of surgeons and indicator procedures.

Removals are counted for patients who have been removed for admission or for another reason. Patients who were 'ready for care' and patients who were 'not ready for care' at the time of removal are included.

The NESWTDC includes data for each year from 2002–03 to 2010–11.

**Summary of key issues**

- For 2010–11, the National Elective Surgery Waiting Times Data Collection (NESWTDC) covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared to other hospitals.
- For 2010–11, the proportion of public hospital elective surgery covered by the NESWTDC was estimated to be 93%.
- For 2010–11, Victoria's data does not include the Albury Base Hospital as the data were not available.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.
- 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), that may result in statistics that are not meaningful or comparable between or within jurisdictions.

**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 NESWTDC 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. This includes records for additions and removals from elective surgery waiting lists between 1 July 2010 and 30 June 2011.

States and territories provided a first version of the data to the AIHW at the end of September 2011. These data were reported on 30 November 2011. Data provision and publication were in accordance with agreed timetables.

**Accessibility:** The AIHW provides a variety of products that draw upon the NESWTDC. 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 ESWT NMDS 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 NESWTDC provides information on waiting times for elective surgery in public hospitals. The scope of the data collection is patients on waiting lists for elective surgery that are managed by public hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.

For 2010–11, the NESWTDC covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared to other hospitals.

The NESWTDC is the source of information for a performance indicator for the National Healthcare Agreement and other national performance reporting.

**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.

Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in some states and territories, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.

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

There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.

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), that may result in some statistics that are not comparable between or within jurisdictions.

**Coherence:** The database includes data for each year from 2002–03 to 2010–11.

The data reported for the 2010–11 NEWSTDC are consistent with data reported for previous years.

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

- Between 1999–00 and 2010–11 the number of hospitals reporting to the NESWTDC increased from 191 to 195. Over the same period, the estimated proportion of public elective surgery that was reported to the NEWSTDC increased from 85% to 93%.
- For 2010–11, Victoria's information does not include the Albury Base Hospital as data were not available. For 2009–10, Albury Base Hospital was included in data for Victoria. In previous years, that hospital was included in data for NSW.

Time series analyses may also be affected by changes in quality and coverage for individual data items. For example, data for Indigenous status was first included in the collection in 2009–10. New South Wales first provided Indigenous status for the NEWSTDC in 2010–11.

## Data products

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

