National Non-Admitted Patient Emergency Department Care Database Data Quality Statement:2010-11

Exported from METEOR (AIHW's Metadata Online Registry)

National Non-Admitted Patient Emergency Department Care Database Data Quality Statement:2010-11

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	NNAPEDCD
METEOR identifier:	511369
Registration status:	AIHW Data Quality Statements, Superseded 28/09/2012

Data quality

Data quality statement summary:

The National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD) includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals. The data supplied are based on the NMDS for Non-admitted patient emergency department care (NAPEDC NMDS).

While the scope of the NNAPEDCD covers public hospitals in public hospital peer groups A and B (Principal referral and specialist women's and children's hospitals and Large hospitals) in Australian hospital statistics of the previous year, data were also provided by some states and territories for hospitals in peer groups other than A and B.

For 2010–11, the proportion of all emergency service occasions of service reported to the NNAPEDCD was estimated to be 100% for public hospitals in peer groups A and B and 81% for all public hospitals.

The NNAPEDCD includes data on the type and length of the emergency department visit, triage category, waiting times, patient demographics, arrival mode and departure status.

The database includes data for each year from 2003–04 to 2010–11.

Summary of key issues

• The National Non-Admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department presentations in public hospitals.

• While the scope of the NNAPEDCD is non-admitted patients registered for care in emergency departments in public hospital peer groups A and B (Principal referral and specialist women's and children's and Large hospitals), data were also provided by some states and territories for hospitals in peer groups other than A and B:

– 15 Medium hospitals, 18 Small hospitals and 6 Unpeered/Other hospitals in New South Wales

– 7 Medium hospitals in Victoria

– 4 Medium hospitals in Queensland

– 3 Medium hospitals and 2 Small remote acute hospitals in Western Australia

– 1 Medium hospital in South Australia

– 1 Medium hospital in Tasmania

– 3 Small remote acute hospitals in the Northern Territory.

• For 2010–11, the proportion of occasions of service in emergency departments reported to the NNAPEDCD was estimated to account for 81% of all emergency occasions of service in public hospitals.

• The data collection does not include care provided to admitted patients in emergency departments.

• Although there are national standards for data on non-admitted patient emergency department services there are some variations in how those services are defined and counted across states and territories and over time. For example, there is variation in the point at which the emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.

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

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 NHMD, the NPHED, the NNAPEDCD, the NESWTDC and the NOCD were 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. The data set includes records for Non-admitted patient emergency department service episodes 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 NNAPEDCD. 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 NAPEDC 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 NNAPEDCD provides information on the care provided to non-admitted patients (including waiting times for care) for non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A or B (Principal referral and specialist women's and children's hospitals or Large hospitals). Data were also provided by some states and territories for hospitals that were not classified as either peer group A or B hospitals.

The data in the NNAPEDCD 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 NNAPEDCD is the source of information for two performance indicators for the National Healthcare Agreement and other national performance reporting.

Although the NNAPEDCD is a valuable source of information on non-admitted patient emergency department care, the data have limitations. For example, sick or injured people who do not present to emergency departments are not included. Persons who present to an emergency department more than once in a reference year are counted on each occasion.

The care provided to patients in emergency departments is, in most instances, recognised as being provided to 'non-admitted' patients. Patients being treated in emergency departments may subsequently become 'admitted'. The care provided to non-admitted patients who are treated in the emergency department prior to being admitted is included in this database.

Care provided to patients who are being treated in an emergency department site as an admitted patient (e.g. in an observation unit, short-stay unit, 'emergency department ward' or awaiting a bed in an admitted patient ward of the hospital) is not included in this database, but is included in the NHMD.

Non-admitted patients who are treated in outpatient clinics are not included in the NNAPEDCD.

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 standards for data on emergency department care, statistics may be affected by variations in reporting practices across states and territories.

There was variation in the reporting of Type of visit by state or territory. Not all states and territories reported presentations for all type of visit categories. In particular, for patients who were dead on arrival:

• Western Australian emergency departments only occasionally manage and report patients who are Dead on arrival

• South Australian emergency departments do not manage or report patients who are Dead on arrival

• Tasmanian emergency departments did not identify patients who were Dead on arrival by type of visit, but did record the episode end status as Dead on arrival.

There is variation in the way that patients who died in the emergency department were reported to the NNAPEDCD. In New South Wales, presentations where the patient died in the emergency department were categorised as 'Admitted to this hospital', whereas other jurisdictions reported these to the NNAPEDCD as 'Died in the emergency department as a non-admitted patient'. In addition, Western Australia and South Australia did not use the episode end status 'Dead on arrival'.

For 2010–11, approximately 32,000 records did not have a valid waiting time recorded.

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

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

While the NAPEDC NMDS specifies that states and territories should provide SLA of usual residence of patient, not all states provided this information in the form of an SLA code for all presentations. In addition, not all states and territories provided the version of SLA specified in the NMDS.

Where necessary, the AIHW mapped the supplied area of residence data for each presentation to the same SLA and to remoteness area categories based on the ABS ASGC Remoteness Structure for 2006. This mapping was done on a probabilistic basis. Because of the probabilistic nature of the mapping, the SLA and remoteness areas data for individual records may not be accurate; however, the overall distribution of records by geographical area is considered useful.

Socioeconomic status is based on the reported area of usual residence of the patient. The SEIFA categories for socioeconomic status are assigned at the national level, not at the individual state/territory level.

Coherence:

The NNAPEDCD includes data for each year from 2003–04 to 2010–11.

The data reported for 2010–11 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 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 number of hospitals in peer groups A and B included in the NNAPEDCD increased from 112 in 2003–04 to 128 in 2010–11. Over the same period, there was a notable increase in the number of hospitals that were not classified in peer groups A and B included in the NNAPEDCD (from 21 to 61).

• Between 2003–04 and 2010–11, the estimated proportion of emergency occasions of service reported to the NNAPEDCD increased from 98% to 100% for hospitals in peer groups A and B and from 73% to 81% for all public hospitals.

Data products

Implementation start date: 17/01/2013

Relational attributes

Related metadata references:

Has been superseded by National Non-Admitted Patient Emergency Department Care Database Data quality statement: 2011-12
AIHW Data Quality Statements, Superseded 18/10/2013