

Data quality statement: National Public Hospital Establishments Database 2011–12

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Data quality statement: National Public Hospital Establishments Database 2011–12

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	529474
Registration status:	AIHW Data Quality Statements , Standard 05/07/2013

Data quality

Data quality statement summary:

This data quality statement provides information relevant to interpretation of the National Public Hospital Establishments Database (NPHEd) for 2011-12.

Summary of key issues

- In 2011–12, 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 2011–12 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 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.
- Data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service in 2011–12 for Dental, Mental health, and Community health. Consequently, 2011–12 data for Victoria are not directly comparable with previous years.

Description

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 purpose of the National Public Hospital Establishments Database is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. Information is included 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 2011–12.

Institutional environment: 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 NPHEd 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 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:

Timeliness

The reference period for this data set is 2011–12. This includes information on public hospital resources and non-admitted patient activity from 1 July 2011 to 30 June 2012.

The agreed date for supply of a first version of data (based on best efforts) was 30 November 2012. Two states and territories provided a first version of 2011–12 data to the AIHW at the end of November 2012 and all had provided their first data by 24 December 2013. All states had provided final data by 25 March 2013. The data were published on 19 April 2013.

Accessibility:

Accessibility

The AIHW provides a variety of products that draw upon the NPHEd.

The Australian hospital statistics suite of products with associated Excel tables may be accessed on the AIHW website <<http://www.aihw.gov.au/hospitals/>>

Interpretability:

Interpretability

Metadata information for the PHE 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:

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 in scope for the collection. The collection does not include data for private hospitals.

Accuracy:

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 2011–12 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 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 2011–12, coverage of the NPHEd was complete.

Coherence:**Coherence**

The NPHED includes data for each year from 1993–94 to 2011–12.

Overall, the data reported for 2011–12 are consistent with data reported for the NPHED for previous years.

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. For example, there is variation in admission practices between states and territories, which results in some activity reported to the NPHED in some jurisdictions being reported to the National Hospital Morbidity Database in other jurisdictions. There is variation in the types of services provided for non-admitted patients in a hospital setting.

- For 2011–12, some states re-mapped some outpatient clinics to align with the Activity Based Funding Tier 2 Clinics (IHPA 2011), with consequential changes in activity counts against outpatient clinic types submitted to the NPHED. Therefore, the data reported for non-admitted patient occasions of service are not necessarily comparable to the data reported in previous years.
- For 2011–12, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania's public hospital establishments data.

Data products

Implementation start date: 05/07/2013

Source and reference attributes

Submitting organisation: AIHW

Reference documents: References

IHPA (Independent Hospitals Pricing Authority) 2011. Tier 2 Outpatient Clinic Definitions, Version 1.0.2, 28th October 2011. Viewed 12 March 2013, <<http://www.ihoa.gov.au/healthdata>>.