

Data quality statement: National Outpatient Care Database 2011–12

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Data quality statement: National Outpatient Care Database 2011–12

Identifying and definitional attributes

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Data quality

Data quality statement summary:

This data quality statement provides information relevant to interpretation of the National Outpatient Care Database for 2011–12.

Summary of key issues

- While the scope of the National Outpatient Care Database (NOCD) covers public hospitals 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.
- For 2011–12, the proportion of outpatient occasions of service reported to the NOCD was estimated as 98% for public hospitals in peer groups A and B and 79% for all public hospitals.
- Although the NOCD is a valuable source of information on services provided to non-admitted, non-emergency patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- Over the 2 reporting periods 2010–11 and 2011–12, the reporting of outpatient clinic care for some jurisdictions was changed in order to align with the reporting requirements for Activity Based Funding. These changes included: the discontinuation of reporting for some activity; the commencement of reporting for some activity; the re-categorisation of some clinics according to the Tier 2 clinics structure (IHPA 2011). Therefore, data for 2010–11 and 2011–12 may not be comparable with data reported for previous years.
- Data supply issues in Victoria resulted in significant under-reporting of non-admitted occasions of service in 2011–12 for Dental services. Consequently, 2011–12 data for Victoria are not directly comparable with previous years.
- For 2010-11 and 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 counts.
- For 2011–12, Tasmania were not able to provide outpatient care data for one Principal referral hospital, which reported about 134,000 occasions of service to the NOCD in 2010–11.

Description

The National Outpatient Care Database (NOCD) includes aggregate data on services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals. The data supplied are based on the National Minimum Data Set for Outpatient care (OPC NMDS).

While the scope of the NOCD covers public hospitals in public hospital peer groups A or B (Principal referral and specialist women's and children's hospitals or 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 2011–12, the proportion of outpatient occasions of service reported to the NOCD was estimated as 98% for public hospitals in peer groups A and B and 79% for all public hospitals.

The NOCD includes data on the type of outpatient clinic and counts of individual and group occasions of service.

The database includes data for each year from 2005–06 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 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 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. The data set includes records for Outpatient care occasions of service provided between 1 July 2011 and 30 June 2012.

The agreed date for supply of a first version of data (based on best efforts) was 30 November 2012. Some states and territories provided a first version of the data to the AIHW at the end of November 2012 and all had provided their first data by 24 December 2012. All states had provided final data by 20 March 2013. The data were reported on 19 April 2013.

Accessibility: Accessibility

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

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 OPC 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 NOCD provides information for services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of 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 NOCD are not necessarily representative of the hospitals not included in the NOCD. Hospitals not included do not necessarily have outpatient clinics that are equivalent to those in hospitals in peer groups A and B.

Although the NOCD is a valuable source of information on services provided to non-admitted, non-emergency patients, the data have limitations. For example, there is variation in admission practices between states and territories, which results in some activity reported to the NOCD in some jurisdictions 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.

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.

States and territories may differ in the extent to which outpatient services are provided in non-hospital settings (such as community health centres) which are beyond the scope of the NOCD.

Although there are national standards for data on outpatient care, statistics may be affected by state and territory variations in admission practices, and in the allocation of outpatient services to clinics.

For Western Australia, counts of outpatient group sessions reported to the NOCD reflect the number of individuals who attended group sessions. The data for Western Australian group sessions are therefore not directly comparable with the data provided for group sessions presented for other states and territories.

Coherence:

Coherence

The NOCD includes data for each year from 2005–06 to 2011–12

The data reported to the NOCD is consistent with the numbers of outpatient occasions of services reported to the NPHEd for the same reference year. For 2011–12, the proportion of outpatient occasions of service reported to the NOCD was estimated as 98% for public hospitals in peer groups A and B and 79% for all public hospitals.

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

- The number of hospitals in peer groups A and B included in the NOCD increased from 120 in 2005–06 to 137 in 2011–12.
- Over the 2 reporting periods 2010–11 and 2011–12, the reporting of outpatient clinic care for some jurisdictions was changed in order to align with the reporting requirements for Activity Based Funding. These changes included: the discontinuation of reporting for some activity; the commencement of reporting for some activity; the re-mapping of some clinics by states and territories according to the Tier 2 clinics structure (IHPA 2011), with consequential changes in activity counts against clinic types. Therefore, data for 2010–11 and 2011–12 may not be comparable with data reported for previous years.
- Data supply issues in Victoria have resulted in substantial under-reporting of non-admitted occasions of service in 2011–12 for Dental services. Consequently, 2011–12 data for Victoria are not directly comparable with previous years.
- For 2011–12, Tasmania were not able to provide outpatient care data for one Principal referral hospital, which reported about 134,000 occasions of service to the NOCD in 2010–11.
- From 2010–11, 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 outpatient care 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>>.