National Non-admitted Patient Emergency Department Care Database, 2012-13; Data Quality Statement

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# National Non-admitted Patient Emergency Department Care Database, 2012-13; Data Quality Statement

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| Identifying and definitional attributes | |
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| Data quality | |
| Data quality statement summary: | **Summary of key data quality 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. * 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’sand children’s hospitals* and *Large hospitals*, respectively). * Some states and territories also provided data for public hospitals that were classified in peer groups other than A or B. * For 2012–13, a preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B and 84% for all public hospitals. This estimate will be finalised when the total numbers of emergency occasions of service are available early in 2014 in the National Public Hospital Establishments Database (NPHED) for 2012–13. * Before 1 January 2012, the data collection did not include care provided to admitted patients in emergency departments. From 1 January 2012, all care provided to patients treated in emergency departments is in scope for this collection. Care is included until the patient is recorded as having physically departed the emergency department, regardless of whether they have been admitted. However, care provided to patients admitted to ‘short stay units’ is not included. * Changes in data set specifications in the second half of 2011–12 may affect the comparability of these data with data for other reporting periods. * 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, the point at which the non-admitted patient emergency department presentation is reported as completed varies 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. * Due to changes in the classifications used to determine remoteness areas and socioeconomic status (SES) groups of area of usual residence, time series presenting these data should be interpreted with caution.   **Description**  The NNAPEDCD includes episode-level data on non-admitted patients treated in the emergency departments of Australian public hospitals.  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*, respectively) in the Australian Institute of Health and Welfare’s (AIHW’s) 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, namely for:  ·          24 *Medium hospitals*, 20 *Small hospitals* and 8 *Unpeered/Other* hospitals in New South Wales  ·          6 *Medium* hospitals in Victoria  ·          4 *Medium* hospitals in Queensland  ·          3 *Small* remote acute hospitals in Western Australia  ·          7 *Medium* hospitals and 1 Small remote acute hospital in South Australia  ·          1 *Medium* hospital in Tasmania  ·          3 *Small* remote acute hospitals in the Northern Territory.  The NNAPEDCD includes data for each year from 2003–04 to 2012–13. |
| Institutional environment: | The AIHW is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 (Cwlth) 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 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 data sets based on data from each jurisdiction, to analyse these data sets and to disseminate information and statistics.  The Australian Institute of Health and Welfare Act, in conjunction with compliance to the *Privacy Act 1988* (Cwlth), 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 NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links):  <http://www.aihw.gov.au/nhissc/>  [/content/index.phtml/itemId/182135](https://meteor.aihw.gov.au/content/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: | Data for the NNAPEDCD are reported annually. The most recent reference period for this data set is 2012–13. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2012 and 30 June 2013.  States and territories provided a first version of the 2012–13 data to the AIHW during July 2013. This report was published in October 2013. Data provision and publication were in accordance with agreed timetables. |
| Accessibility: | The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website are:   * *Australian hospital statistics* suite of products with associated Excel tables.   These products may be accessed on the AIHW website at:  <http://www.aihw.gov.au/hospitals/>. |
| Interpretability: | **Metadata information for the Non-admitted patient emergency department care (NAPEDC) NMDS and the NAPEDC data set specification are published in the AIHW’s Metadata Online Registry (METeOR), and the National health data dictionary.**  **METeOR and the *National health data dictionary* can be accessed on the AIHW website at:**  [**/content/index.phtml/itemId/181162**](https://meteor.aihw.gov.au/content/181162)  [**http://www.aihw.gov.au/publication-detail/?id=10737422826**](http://www.aihw.gov.au/publication-detail/?id=10737422826) |
| Relevance: | *Scope and coverage*  The NNAPEDCD provides information on the care provided (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 (Principal referral and specialist women’s and children’s hospitals) or B (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.  For 2012–13, a preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100% for public hospitals in peer groups A and B and 84% for all public hospitals. This estimate will be finalised when the total numbers of emergency occasions of service are available early in 2014 in the NPHED for 2012–13.  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 four performance indicators for the NHA 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 before being admitted is included in this database.  From 1 January 2012, the care provided to all patients treated in emergency departments is in scope for this collection until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted. For this reason, from 1 January 2012, there is an overlap in scope of the NNAPEDCD and the National Hospital Morbidity Database. However, care provided to patients admitted to ‘short stay units’ in emergency departments is not included.  Non-admitted patients who are treated in outpatient clinics are not included in the NNAPEDCD.  *Reference period*  The reference period for this data set is 2012–13. The data set includes records for Non-admitted patient emergency department service episodes between 1 July 2012 and 30 June 2013.  *Geographic detail*  The NAPEDC NMDS for the 2012–13 period specified that states and territories should provide the Statistical Area Level 2 (SA2) of usual residence of patient. The SA2 is a geographical unit under the Australian Statistical Geography Standard (ASGC). The Australian Statistical Geography Standard (ASGS)—was introduced in 2011 by the Australian Bureau of Statistics (ABS).  However, not all states and territories provided this information in the form of an SA2 code for all presentations. For New South Wales, all records were provided with the area of usual residence of the patient as a Statistical Local Area (SLA) 2011. The SLA is a geographical unit under the previous ABS Australian Standard Geographical Classification (ASGC). Where necessary, the AIHW mapped the supplied SLA of residence data for each presentation to the SA2 2011 version. This mapping was done on a probabilistic basis.  Because of the probabilistic nature of the mapping, the derived SA2, remoteness area and SES of area of residence data for individual records may not be accurate; however, the overall distribution of records by geographical area is considered useful.  *Remoteness area of residence*  The AIHW mapped the supplied area of residence information for each presentation to remoteness area categories based on the ABS ASGS Remoteness Structure for 2011. This mapping was done on a probabilistic basis.  Before 2012–13, remoteness area was based on the ABS’s Australian Standard Geographical Classification. Comparisons of the data over time should therefore be interpreted with caution.  *Socioeconomic status of area of residence*  SES is based on the reported area of usual residence of the patient, mapped to Socio-Economic Indexes for Areas (SEIFA) 2011. For the purpose of this report, the SEIFA categories (quintiles) were assigned on the basis of ranking within the nation, not within the individual state/territory.  Before 2012–13, SES of the area of usual residence of the patient was based on the Census data for 2006. Comparisons of the data over time should therefore be interpreted with caution. |
| Accuracy: | *Potential sources of variation*  Although there are national standards for data on emergency department care, statistics may be affected by variations in reporting practices across states and territories.  The reporting of Type of visit by state or territory varied. Not all states and territories reported presentations for all types of visit category. In particular, for patients who were Dead on arrival:   * Western Australian emergency departments only occasionally manage and report patients who are Dead on arrival, as the majority of these patients are taken directly to the State Morgue. * South Australian emergency departments do not manage or report patients who are Dead on arrival.   The reporting of Episode end status by state or territory varied. Before 2012–13, New South Wales did not report against the episode end status Died in emergency department as a non-admitted patient. Therefore, caution should be used when making comparisons over time. In addition, Western Australia and South Australia did not use the Episode end status value—Dead on arrival.  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.  *Data validation*  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 queries.  *Incomplete responses*  For 2012–13, approximately 41,000 records did not have a valid waiting time recorded.  Non-response adjustment  The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except as stated. |
| Coherence: | Changes in data set specifications in the second half of 2011–12 may affect the comparability of these data with data for other reporting periods.  Overall, the activity data reported for 2012–13 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. For example, 7 large country hospitals in South Australia commenced reporting to the NNAPEDCD in September 2011 and therefore, the data for 2011–12 includes only 10 months of data for those hospitals. South Australia has estimated that, adjusting for the missing data for the 7 hospitals, the increase in activity between 2011–12 and 2012–13 was about 3.4%.  The number of hospitals in peer groups A and B included in the NNAPEDCD increased from 112 in 2003–04 to 127 in 2012–13. Over the same period, there was a notable increase in the number of hospitals included in the NNAPEDCD that were not classified in peer groups A and B (from 21 to 77).  Between 2003–04 and 2012–13, 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 84% for all public hospitals.  Between 2011–12 and 2012–13, the change in the number of hospitals reported to the NNAPEDCD was due to a Queensland hospital that started reporting separately in 2012–13 and had previously reported data under a parent facility.  The waiting times data for the Australian Capital Territory presented in this report and in Australian hospital statistics 2011–12: emergency department care (AIHW 2012b) for the period 2008–09 to 2010–11 differ from the information presented in Australian hospital statistics reports published before October 2012. In 2012, the Australian Capital Territory corrected information used to calculate the waiting time to commencement of clinical care and length of stay in the emergency department for 12,000 records over for the period 2008–09 to 2011–12, that had been identified as changed contrary to established audit and validation policies. The ACT Health Directorate undertook a manual process to over-write the times recorded in the Australian Capital Territory system with the original times retained in the hospital’s emergency department information system. A validation process was undertaken to determine that all records had been amended to reflect the originally recorded times. |
| Data products | |
| Implementation start date: | 18/10/2013 |
| Source and reference attributes | |
| Submitting organisation: | AIHW |
| Relational attributes | |
| Related metadata references: | Supersedes [National Non-Admitted Patient Emergency Department Care Database Data quality statement: 2011-12](https://meteor.aihw.gov.au/content/497269)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 18/10/2013  Has been superseded by [National Non-admitted Patient Emergency Department Care Database, 2013-14; Data Quality Statement](https://meteor.aihw.gov.au/content/592264)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 30/11/2016 |