

National Healthcare Agreement: PI 21b-Waiting times for emergency department care: proportion completed within four hours, 2015 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	559103
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Data quality

Data quality statement summary:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals reporting to the Non-admitted Patient Emergency Department Care (NAPEDC) National Minimum Data Set (NMDS) (Peer Groups A, B and other) as at August 2011 (when the National Health Reform Agreement National Partnership Agreement on Improving Public Hospital Services was signed).
- The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 with data reported for previous years.
- For 2012–13, the coverage of the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) collection is complete for public hospitals in peer groups A and B (*Principal referral and Specialist women's and children's hospitals* and *Large hospitals*) and is estimated at about 85% for all hospitals.
- It is estimated that 2013–14 has similar coverage for public hospitals in peer groups A and B, and is estimated at about 88% for all hospitals, although final coverage cannot be calculated until the 2013–14 National Public Hospital Establishments Database (NPHEd) data are available.
- Caution should be used in comparing these data with earlier years as the number of reporting hospitals and the peer group for a hospital may vary over time.

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 corporate Commonwealth entity 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 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 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](http://www.aihw.gov.au/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: The reference period for these data is 2012–13 and 2013–14.

The financial year of 2011–12 is the first reporting period that these data are available according to the agreed specification.

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 NAPEDC NMDS and the NAPEDC Data Set Specification (DSS) are published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at:

[/content/index.phtml/itemId/268110](http://www.aihw.gov.au/content/index.phtml/itemId/268110)

The Data Quality Statement for the 2011–12 NNAPEDCD can be accessed on the AIHW website at:

[/content/index.phtml/itemId/529471](http://www.aihw.gov.au/content/index.phtml/itemId/529471)

Relevance:

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care for non-admitted patients registered for care in emergency departments in selected public hospitals classified as either *Principal referral and Specialist women's and children's hospitals* (peer group A) or *Large hospitals* (peer group B). In 2012–13, hospitals in peer groups A and B provided over 86 per cent of all public hospital emergency presentations. In 2013–14, hospitals in peer groups A and B provided about 80 per cent of all public hospital emergency presentations.

The data presented here 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.

Data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence.

Accuracy:

For 2012–13, the coverage of the NNAPEDCD was 100 per cent in all jurisdictions for public hospitals in peer groups A and B and is estimated at about 85% for all hospitals.

For 2013–14, the preliminary estimate of the proportion of emergency occasions of service reported to the NNAPEDCD was 100 per cent for public hospitals in peer groups A and B and is estimated at about 88% for all hospitals.

In the baseline year (2007-08) for this indicator, the Tasmanian North West Regional Hospital comprised the combined activity of its Burnie Campus and its Mersey Campus. This hospital was a Peer Group B hospital. There was then a change in administrative arrangements for Mersey and it became the only hospital in the country owned and funded by the Australian Government and, by arrangement, operated by the Tasmanian Government. This administrative change necessitated reporting of these campuses as separate hospitals from 2008-09 onwards. On its own the North West Regional Hospital (Burnie Campus only) is a Peer Group B hospital, whilst, on its own the Mersey Community Hospital is a Peer Group C hospital. Burnie and Mersey did not substantially change their activity, rather, it is simply a case that activity is now spread across two hospitals. For National Healthcare Agreement purposes, although it is a Peer Group C hospital, the Mersey Community Hospital continues to be included in reporting for Peer Group B hospitals to ensure comparability over time for Tasmania.

From 2009–10, data for the Albury Base Hospital (previously reported in New South Wales hospital statistics) were reported in Victorian hospital statistics. This reporting arrangement should be factored into any analysis of data for New South Wales and Victoria.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Coherence: The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 with data reported for previous years.

For 2012–13, the scope of the Non-admitted patient emergency department care national minimum data set was non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either Peer Group A or B in the Australian Institute of Health and Welfare's *Australian Hospital Statistics* publication from the preceding financial year.

For 2013–14, the scope of the Non-admitted patient emergency department care national minimum data set specification (NAPEDC NMDS) is patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- Purposely designed and equipped area with designated assessment, treatment and resuscitation areas.
- Ability to provide resuscitation, stabilisation and initial management of all emergencies.
- Availability of medical staff in the hospital 24 hours a day.
- Designated emergency department nursing staff and nursing unit manager 24 hours per day 7 days per week.

The 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.

The information presented for this indicator are calculated using the same methodology as data published in *Australian hospital statistics: emergency department care* (report series) and the *National Healthcare Agreement: performance report 2012–13*.

Relational attributes

Related metadata references:

Supersedes [National Healthcare Agreement: PI 21b-Waiting times for emergency department care: proportion completed within four hours, 2014 QS](#)
[Health](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2016 QS](#)
[Health](#), Superseded 31/01/2017

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: Proportion completed within four hours, 2015](#)
[Health](#), Superseded 08/07/2016