

Online Services Report (OSR) Database, 2012–13, Data Quality Statement

Identifying and definitional attributes

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Data quality

Quality statement summary:

The Online Services Report (OSR) database collects organisation-level information from Aboriginal and Torres Strait Islander health organisations that received Australian Government funding in 2012-13. Major data quality problems identified in the 2012–13 OSR collection include inaccurate data recorded for questions and divergence of data among two or more questions. Where needed, AIHW staff contacted services to clarify any data issues and request additional or corrected 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 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, (Cth)* 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>The AIHW is responsible for undertaking the data management, analysis and reporting of information collected as part of the OSR.

Timeliness: The OSR collects data for each financial year period starting from 2008–09.

There is a time lag between when organisations first submit data and the release of the national report. While organisations are required to submit initial data within two months of the census date (30 June), finalisation of data can take up to 3-4 months. This is because the process of data submission, validation and resubmission which is an iterative process can take time, before the data can be considered finalised for an organisation, especially when there are multiple data issues to be resolved. For example, the initial data were due to the AIHW by 31 August 2013, however one-quarter (63) of organisations submitted data after this date, and 30 submitted data on 11 November 2013. There were delays between when the AIHW requested a resubmission and when the organisation resubmitted data; as a result, data were not finalised until 19 December 2013.

Time taken for data processing (data submission, validation and resubmission) and publication development in consultation with relevant stakeholders impacts on the timeliness of national reports.

Accessibility: National level data are available in Aboriginal and Torres Strait Islander health organisations report annual publications through hard copy or on the AIHW website.

Interpretability: Data were collected using a web-based reporting tool designed specifically to capture information on inputs and health processes at primary health-care organisations funded to deliver care to Aboriginal and Torres Strait Islander people. The main statistical analyses used in reports are descriptive; however these are supplemented with some inferential statistics including linear regression modelling. Numbers and percentages are commonly used to interpret major trends in publications. The annual publication also includes a range of information to assist interpretation of data, including a glossary of concepts, and an appendix on data limitations.

The number of organisations submitting data is likely to change each year depending on whether they receive funding. This may impact time series data.

Relevance:

The database includes information on the activities of these organisations from the five annual reporting periods from 2008-09 until 2012-13, providing trend data. It provides an overview of Australian Government funded health organisations aimed at improving health outcomes for Aboriginal and Torres Strait Islander people. The data can also be analysed at jurisdictional and regional level. Data presented in this report are generally reported by service providers at an aggregated level. A large majority of OSR organisations provided primary health-care services, either solely or in combination with social and emotional wellbeing or Link Up counselling and substance-use rehabilitation and treatment services. It provides general information about services offered at primary health-care and other organisations (for instance, continuity care and antenatal care) and activities undertaken (for instance, health promotion and, the number of clients who had an MBS health check item 715). There were a number of questions that were not relevant to all organisations, and so a smaller number of respondents provided data for these questions. The denominator used for percentage calculation is the number of services that provided valid data for each question.

Accuracy:

Selected data are electronically transferred from the Patient Information Recall System (PIRS) to OCHREStreams. Most organisations use the PEN CAT tool to extract data from their PIRS and load it into OCHREStreams, a web-based portal built and maintained by the Improvement Foundation for the Department of Health. Once on OCHREStreams organisations can overwrite these data if they choose, before the data are available to the AIHW for analysis. A variety of PIRS are used by organisations and not all PIRS are compatible with the CAT tool.

AIHW examined all report submissions to identify missing data and data quality issues. Where needed, AIHW staff contact the relevant health organisations to follow up on the data issues and to obtain additional or corrected data. The AIHW detected at least one data issue when checking for around 239 (92%) organisations. Of these, 207 (87%) resubmitted affected data.

There were two major data quality issues identified in the 2012–13 collection: inaccuracies in the data provided for some questions (for example, staff were reported in terms of the number of people rather than full-time equivalent positions) and divergence of data among two or more questions (for example the number of clients exceeded the number of episodes of care).

The two major reasons for missing data or data with quality problems were the lack of complete records of data and/or insufficient data management resources available at organisations to support the data collection. Some organisations also had problems with the electronic transfer of data from their organisation's PIRS to the AIHW.

In some cases, some organisations were unable to provide accurate data for some questions or provided estimates for some (for example the number of clients or episodes of care). The AIHW assessed that some of these estimates were likely to either underestimate or overestimate actual figures and were therefore excluded from analyses. For example, analysis of visiting staff excluded data reported by 3% of organisations due to these reasons.

Most (91% or 237) of organisations provided correct data for the questions that were relevant to them by the time their data were finalised. The remaining organisations had one or more data items excluded from relevant analysis.

The denominator used for percentage calculation is the number of organisations that provided correct data for each item.

Coherence: Data were collected and reported by the AIHW for the first time in 2008–09 reporting period using a new OSR questionnaire which replaced the Service Activity Reporting, Drug and Alcohol Services Reporting, and Bringing Them Home and Link Up counselling data collections. These were previously collected by the Department of Health. It would not be appropriate to make time series comparisons with pre-2008–09 data due to differences in the collection methodology.

From 2012–13, use of a new online questionnaire commenced. Major questions (e.g. episodes of care, clients and contacts) remained the same. Some other questions were revised or restructured. For example, the question on clinical and health related activities/programs from the previous collections was split into several new questions and some answer options were no longer available. Questions about substance-use issues that organisations provided treatment for were now collected for the top 5 issues rather than all applicable issues. Where such changes precluded time series analyses, these were not included in the national report.

Data products

Implementation start date: 20/12/2013

Source and reference attributes

Submitting organisation: AIHW

Relational attributes

Related metadata references: Supersedes [Online Services Report \(OSR\) Database, 2011–12, Data Quality Statement](#)

- [AIHW Data Quality Statements](#), Superseded 02/06/2021

Has been superseded by [Online Services Report \(OSR\) Database, 2013–14; Quality Statement](#)

- [AIHW Data Quality Statements](#), Superseded 02/06/2021

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