Indigenous primary health care key performance indicators (2014)

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Data quality statement summary:

The Indigenous primary health care key performance indicators (nKPIs) database collects service-level information from Aboriginal and Torres Strait Islander health organisations funded by the Australian Government.
AIHW identified three major problems with data quality. First, sometimes data that should be present were missing. Second, sometimes inappropriate data were provided for the question, for instance the organisation may note that the information they provided does not adhere to the standard defintions or is for only part of the reporting period. Third, sometimes an organisation provided data which were inconsistent between two or more questions, for instance, the numerator of some nKPIs should equal the denominator of others, but did not. Where needed, AIHW staff contacted organisations to follow up and get 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 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, (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 nKPIs.

Timeliness:

After a trial reporting period in March 2012, nKPI data have been collected every six months beginning in July 2012.
The AIHW provides individualised reports and PowerPoint presentations to health organisations which submit data, generally within one month of data finalisation. National reports with all figures updated are expected to be published annually from mid-2014. Additionally, it is anticipated that additional national level reports that provide in depth analysis of a various key issues will also be published annually. Due to the extent of data quality improvement processes involved, there is a time lag between the date when the organisations submit their data and the annual release of national data reports.
Although the organisations are required to submit the initial data no later than one month after the census date (of either 30 June or 31 December), finalisation of data in consultation with some organisations can take another 4-5 months. Stakeholder consultation over aggregated data further delays publication. The release of national reports is expected to take approximately 9 months from the reference period.
For example, data for the reporting period ending 30 June 2013 were due to the AIHW by 31 July 2013. However, 57 organisations provided their first submission of data after this due date. Upon receipt of each data submission, the AIHW checked data quality. In instances where data had likely errors, the AIHW issued the organisation with an exception report, which detailed the data quality issues and invited the organisation to resubmit data. The AIHW issued these to 82 organisations in the reporting period ending June 2013. Organisations resubmitted data, which was again checked by the AIHW. This was an iterative process which continued until either the AIHW did not detect any remaining data quality issues or the organisation indicated it could not fix any of the remaining issues, at which point the data were considered to be finalised for that organisation. Some organisations submitted data 5 times in June 2013. There were sometimes substantial delays between when the AIHW issued an exception report and when the organisation resubmitted data. As a result, data were not finalised until 27 November 2013.

Accessibility:

National level data will be available in AIHW publications. These are anticipated to be published twice a year and will be available as hard copy or on the AIHW website that can be downloaded free of charge.

Interpretability:

Data were collected using a web-based reporting tool designed specifically to capture information on health processes and outcomes 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 modelling. Numbers and percentages are commonly used to enable interpretation of 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.

Relevance:

The database includes information on the activities of these organisations from the three reporting periods ending June 2012, December 2012, June 2013 and December 2013, providing trend data. It provides general information about activities undertaken at primary health organisations (for instance, the number of babies whose birthweight was recorded), and health outcomes (for instance, the number of babies whose birthweight was low, normal or high). The data can also be analysed at jurisdictional and regional level. These data inform Aboriginal and Torres Strait Islander health policy, and program development and implementation. For almost all questions, data relate to regular clients of that organisation. A regular client is defined as someone who has visited a particular primary health care provider 3 or more times in the last 2 years.

Accuracy: AIHW examined all completed report submissions to identify missing data and problems with data quality. Where needed, AIHW staff contact relevant organisations to follow-up and obtain additional or corrected data.
AIHW identified three major problems with the data quality: data that were contradictory with other data in the same submission, missing data, and inappropriate data provided for the question. The first of these issues is the one most commonly encountered.
The three major reasons for missing data or data quality problems were the lack of complete records of data held by the organisation, insufficient data management resources at organisations to support the data collection, and problems with the electronic transfer of data from organisations' Patient Information Recall Systems (PIRS) to the AIHW. The electronic transfer of data involved several steps using software built by a variety of organisations for most organisations. They used the CAT tool, produced by PEN, to extract data from their PIRS and load it onto OCHREStreams, a web-based portal built and maintained by the Improvement Foundation for the Department of Health. Once on OCHREStreams, the data were available to the AIHW for analysis. There were a number of nKPIs or other questions for which some organisations were unable to provide appropriate data. Most organisations had provided correct data for the nKPIs or other questions that were relevant to them by the time their data were finalised.
The denominator used for percentage calculation is the number of organisations that provided correct data for each nKPI.

Coherence: The nKPIs were developed as a new indicator set, with a trial collection in March 2012. Data were initially collected for 11 nKPIs. The original 11 nKPIs have remained virtually unchanged from the trial collection period in March 2012, permitting comparison between periods. From July 2013, data from an additional 8 nKPIs were collected. So far, these nKPIs have been collected only twice. In the trial collection and the collection in July 2012, data were received from about 80-90 organisations that were participating in the Healthy for Life program funded by the Australian Government. Beginning in January 2013, data were collected from additional organisations funded by the Australian Government to deliver care to Aboriginal and Torres Strait Islander people, with approximately 200 organisations contributing data in total.

Source and reference attributes

Submitting organisation: AIHW