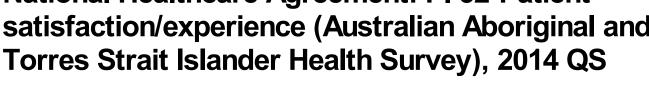
# National Healthcare Agreement: PI 32-Patient satisfaction/experience (Australian Aboriginal and



**Exported from METEOR (AIHW's Metadata Online Registry)** 

### © Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

# National Healthcare Agreement: PI 32-Patient satisfaction/experience (Australian Aboriginal and Torres Strait Islander Health Survey), 2014 QS

# Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 596039

Registration status: Health, Standard 12/01/2015

# **Data quality**

Institutional environment: The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was

collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework that includes the *Census and Statistics Act* 1005 and the Australian Bureau of Statistics Act 1075. These ensure the

1905 and the Australian Bureau of Statistics Act 1975. These ensure the independence from political influence and impartiality of the ABS and the

confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see <u>ABS Institutional</u>

Environment.

**Timeliness:** The 2012–13 NATSIHS was conducted from May 2012 to February 2013. First

results were released in November 2013. The previous NATSIHS was conducted in

2004-05.

Accessibility: Information on how to interpret and use the data appropriately is available from

Explanatory Notes in Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012–13 (ABS cat. no. 4727.0.55.001) and the Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13

(ABS cat. no. 4727.0.55.002).

Interpretability: The data for the NATSIHS are available from the ABS website in the publication

Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012–13 (ABS cat. no. 4727.0.55.001). Other information from the survey is

available on request.

**Relevance:** Data are available by state/territory and by Remoteness Area for non-remote areas

only (major cities, inner regional and outer regional).

The NATSIHS collected self-reported information on whether a person had seen a general practitioner (GP) in the last 12 months for urgent medical care. This question was asked of all persons in non-remote areas only, excluding the

following:

non-Indigenous persons

- non-Australian diplomats, diplomatic staff and members of their household
- members of non-Australian Defence forces stationed in Australia and their dependents, and
- overseas visitors.

Due to differences in survey design and collection methodology, ABS advises that data from the NATSIHS are not comparable with data from the Patient Experience Survey. Comparisions between Aboriginal and Torres Strait Islander people and the general population are therefore not available for this indicator.

#### Accuracy:

The NATSIHS was conducted in all states and territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sample error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to the relative standard error (RSE) of the estimates. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

#### Coherence:

The numerator and denominator are compiled from a single source and are directly comparable, one being a sub-population of the other.

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

The NATSIHS collected a range of other health-related information that can be analysed in conjunction with this indicator.

## Relational attributes

Related metadata references:

See also National Healthcare Agreement: PI 32-Patient satisfaction/experience (Patient Experience Survey), 2014 QS

Health, Superseded 14/01/2015

See also National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2014

Health, Superseded 14/01/2015