

# Northern Territory ENT teleotology data collection, 2014; Quality Statement

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## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	598149
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Superseded 10/11/2015

## Data quality

### Data quality statement summary:

ENT teleotology services are funded through the Project Agreement on Improving Ear Health Services for Indigenous Australian Children. This Agreement supports the delivery of additional surgical services, clinical leadership programs and ENT teleotology services to the Northern Territory (as well as to four other jurisdictions), as part of the broader measure on Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes. ENT teleotology services were previously funded through the Child Health Check Initiative and Closing the Gap programs (CHC|CtG), and this funding arrangement ended in December 2010.

All Indigenous children in the Northern Territory aged under 21 are eligible for ENT teleotology services. The data collection includes demographic information of children who received services, middle ear conditions diagnosed (if any), actions recommended, whether follow-up is required, and the type of surgery recommended (if any). Services are most commonly accessed by children in remote areas, where the high demand for ENT face-to-face consultations is difficult to meet high due to a lack of resources.

### Key issues:

- Children who receive Ear, Nose and Throat (ENT) teleotology services are not a random sample of Indigenous children in the Northern Territory. Although these services are available to all Indigenous children in the Northern Territory aged under 21, not all eligible children access these services. Additionally, these services are more commonly accessed by children in remote areas. Therefore, results of analyses may not be able to be generalised to all children in the Northern Territory.
- The methods of assessment used at ENT teleotology services differ from those for face-to-face consultations. Results of tests and subsequent diagnoses from teleotology services may be affected by the method of service delivery.
- The data that have been collected are a by-product of a clinical process. That is, health professionals who provide services document the results on standard data collection forms, which are then forwarded to the AIHW.

**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 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 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).

The AIHW is responsible for undertaking the data management, analysis and reporting of information collected from the Northern Territory outreach ear and hearing health services funded by the Australian Government Department of Health.

Data collection forms are completed by clinical service providers and forwarded to the AIHW via the Northern Territory Department of Health (NT DoH). The NT DoH is responsible for providing a wide range of health and family services, and delivers services related to the ministerial responsibilities of Health and Senior Territories. For further information see the NT DoH website [www.health.nt.gov.au](http://www.health.nt.gov.au).

**Timeliness:** The first report by the AIHW containing ENT service data was published in 2011, with a reference period of July 2009 to May 2011. It covered ENT services funded by the CHCI(CtG) as well as by the Project Agreement on Improving Ear Health Services for Indigenous Australian Children. A report was also published in 2012, with a reference period of July 2009 to December 2010, which covered ENT services funded by the CHCI(CtG) only. The first report that includes ENT data from services funded by the Project Agreement on Improving Ear Health Services for Indigenous Australian Children from July 2012 to June 2014 was published in February 2015. It is expected that future reports will be published on an annual basis.

Due to the nature of the collection process, there is a lag between the date when the service was provided and the date of data receipt by the AIHW. This means that at any point in time, there may be services provided that have not yet been captured in the ENT teleology data collection. From July 2012 to June 2014, the median lag between ENT teleology services being provided and records being entered into AIHW's database was about 14 weeks.

**Accessibility:** Hearing health reports containing ENT teleology data are published on the AIHW website. They can be downloaded free of charge.

Permission to obtain unpublished data must be sought from the NT DoH and the Department of Health. In addition, approvals from relevant ethics committees of the Northern Territory may be required.

**Interpretability:**

To assist stakeholders in interpreting information about the ENT teleotology services, the AIHW's hearing health reports contain basic information about ENT teleotology services, relevant definitions, and information about the data contained in the analyses presented. This includes providing information about caveats or aspects that readers should be aware of when interpreting the data.

A copy of the Project Agreement on Improving Ear Health Services for Indigenous Australian Children is available on the website of the Standing Council on Federal Financial Relations <http://www.federalfinancialrelations.gov.au/>.

**Relevance:**

The ENT teleotology collection captures data on children who receive ENT teleotology services funded through the Project Agreement on Improving Ear Health Services for Indigenous Australian Children. It is important to note that ENT teleotology data cannot be generalised beyond the program for a number of reasons; neither can they be used to determine the prevalence of health conditions among all Indigenous children in the Northern Territory.

- Children who receive ENT teleotology services are not a random sample of Indigenous children in the Northern Territory. Although services are available to all Indigenous children aged 20 or younger, not all eligible children access these services.
- ENT teleotology services are more commonly accessed by children in remote areas.
- Services are targeted at children in most need. In 2013, the NT DoH implemented the use of priority listing categories, so children with poorer ear and hearing health are more likely to receive ENT teleotology services.
- The methods of assessment used in ENT teleotology services differ from those used for face-to-face consultations. Therefore, the results of tests and subsequent diagnoses from teleotology services may be affected by the method of service delivery.

The data collected from ENT teleotology services delivered under the Project Agreement on Improving Ear Health Services for Indigenous Australian Children are a by-product of a clinical process. That is, health professionals who provide ENT teleotology services document the results on standard data collection forms, which are then forwarded to the AIHW.

**Accuracy:**

Health providers use standard forms to record information on ENT teleotology services. The forms were developed by the NT DoH in consultation with the Department of Health and the AIHW.

The extent of missing data should be taken into account when using and interpreting ENT teleotology data. Where possible, published tables show the percentage of missing data.

To obtain unit record data for the Northern Territory ENT teleotology data collection, consent for sharing information must be obtained from the child's parent or guardian. If they do not give consent for it to be used in unit record form, their information cannot be presented by demographic characteristics or referral type, only in aggregated form. The proportion of non-consented data varies over time; however, in general it is around 1% for children who received ENT teleotology services.

In order to protect privacy, personal information is not provided to the AIHW (for example, the child's name). Children can be tracked only by using a Hospital Registration Number (HRN).

Due to the nature of the collection process, there is a lag between the date when the service was provided and the date of data receipt by the AIHW. This means that at any point in time, there may be services provided that have not yet been captured in the ENT teleotology data collection. From July 2012 to June 2014, the median lag between ENT teleotology services being provided and records being entered into the AIHW's database was about 14 weeks.

**Coherence:** ENT teleotology services were originally funded through the CHCI(CtG) program that ran from August 2007 to June 2012. Data from the CHCI(CtG) should not be compared with data from the SFNT program. The CHCI(CtG) services were provided to Indigenous children under the age of 16 in prescribed areas of the Northern Territory and targeted at children who had a referral from their initial Northern Territory Emergency Response Child Health Check. The ENT services provided through the Project Agreement on Improving Ear Health Services for Indigenous Australian Children are available to all Indigenous children in the Northern Territory under the age of 21. In 2013, priority listing was implemented, so children in most need of ENT services are more likely to receive them before other children. The final report from the CHCI(CtG) program, Northern Territory Emergency Response Child Health Check Initiative—follow-up services for oral and ear health: final report 2007–2012, was published in 2012 and is available on the AIHW website.

## Data products

**Implementation start date:** 01/07/2013

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Steward:** [Australian Institute of Health and Welfare](#)

## Relational attributes

**Related metadata references:** Has been superseded by [Northern Territory Ear, Nose and Throat teleotology data collection, 2015; Quality Statement](#)  
[AIHW Data Quality Statements](#), Superseded 10/12/2018