

Northern Territory Ear, Nose and Throat teleotology data collection, 2015; Quality Statement

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.

Northern Territory Ear, Nose and Throat teleotology data collection, 2015; Quality Statement

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	618107
Registration status:	AIHW Data Quality Statements , Superseded 10/12/2018

Data quality

Data quality statement summary: Ear, Nose and Throat (ENT) teleotology services are funded through the Healthy Ears—Better Hearing, Better Listening programme. ENT teleotology services were previously funded through the Child Health Check Initiative and Closing the Gap programs (CHCI(CtG)), and this funding arrangement ended in December 2010.

All Indigenous children and young people in the Northern Territory aged 21 and under are eligible for ENT teleotology services. Although nationally all Indigenous children and young people aged 0–21 are eligible to receive these services, the AIHW currently only have data for people aged up to 20 years. The data collection includes demographic information of service recipients, 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 and young people in remote areas, where the high demand for ENT face-to-face consultations is difficult to meet due to a lack of resources.

Key issues:

- Children and young people who receive Ear, Nose and Throat (ENT) teleotology services are not a random sample of Indigenous children and young people in the Northern Territory. Although these services are available to all Indigenous people aged 0–20 in the Northern Territory, not all eligible people access these services. Additionally, these services are more commonly accessed by those in remote areas. Therefore, results of analyses may not be able to be generalised to all Indigenous children and young people 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: This section provides information about the origin of the data collection and the arrangements under which the collection is governed and administered.

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 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 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 delivering health and family services related to the ministerial responsibilities of Health and Senior Territories. For further information see the NT DoH website <<http://health.nt.gov.au>>.

Timeliness: This section specifies the timeliness of the supply of data for this collection, in terms of the time taken for the AIHW to receive and process data from service providers, as well as the time taken for the AIHW to publish data from the end of a reporting period.

The first AIHW report 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 Healthy Ears—Better Hearing, Better Listening programme from July 2012 to June 2014 was published in February 2015. The second annual report containing ENT data from services funded by the Healthy Ears—Better Hearing, Better Listening programme was published in November 2015, covering data from July 2012 to June 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 could be services provided that have not yet been captured in the ENT teleotology data collection. From July 2012 to June 2015, the median lag between ENT teleotology services being provided and records being entered into AIHW's database was about 11 weeks.

Accessibility: This section outlines the capacity of data users to identify the availability of relevant information, and to then access it in a convenient and suitable manner.

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

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

Interpretability: This section includes information on the availability of information to help provide insight into the data, to assist with interpretation and usability.

To help stakeholders interpret 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.

Relevance: This section includes information about how well the data meet the agreed purpose of the data collection in terms of concepts measured and the population represented.

The ENT teleotology collection captures data on children and young people who receive ENT teleotology services funded through the Healthy Ears—Better Hearing, Better Listening programme. 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 and young people in the Northern Territory. There are several reasons for this:

- People who receive ENT teleotology services are not a random sample of Indigenous children and young people in the Northern Territory. Although services are available to all Indigenous children and young people aged 21 or younger, not all eligible children and young people access these services.
- ENT teleotology services are more commonly accessed by children and young people in remote areas.
- Services are targeted at children and young people most in need. In 2013, Northern Territory DoH implemented the use of priority listing categories, so children and young people 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 Healthy Ears—Better Hearing, Better Listening programme 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:

This section provides information about the degree to which the data correctly describe the phenomenon they were designed to measure.

Health providers use standard forms to record information on ENT teleotology services. The forms were developed by NT DoH in consultation with the Australian Government 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 service recipient'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 and young people who received ENT teleotology services.

In order to protect privacy, personal information is not provided to the AIHW (for example, the child's name). Service recipients 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 could be services provided that have not yet been captured in the ENT teleotology data collection. From July 2012 to June 2015, the median lag between ENT teleotology services being provided and records being entered into the AIHW's database was about 11 weeks.

Coherence:

This section provides information about the internal consistency of a statistical collection, product or release, as well as its comparability with other sources of information, within a broad analytical framework and over time.

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 July 2012 onwards. The CHCI(CtG) services were provided to Indigenous children and young people aged under 16 in prescribed areas of the Northern Territory and targeted at children and young people who had a referral from their initial Northern Territory Emergency Response Child Health Check. The ENT services provided through the Healthy Ears—Better Hearing, Better Listening programme are available to all Indigenous children and young people in the Northern Territory aged 0–21.

In 2013, priority listing was implemented, so those in most need of ENT services are more likely to receive them before other children and young people. 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: 01/07/2014

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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

Relational attributes

**Related metadata
references:**

Supersedes [Northern Territory ENT teleology data collection, 2014; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 10/11/2015

Has been superseded by [Northern Territory Remote Aboriginal Investment ENT teleology data collection, 2017; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 21/08/2019