

National Elective Surgery Waiting Times Data Collection, 2014–15 Data Quality Statement

Identifying and definitional attributes

Metadata item type:	Quality Statement
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Data quality

Quality statement summary:

Summary of key data quality issues

- The National Elective Surgery Waiting Times Data Collection (NESWTDC) provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals.
- For 2014–15, the NESWTDC covered most hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with other hospitals.
- Between 2010–11 and 2014–15, the coverage of the NESWTDC fluctuated between 89% and 93%. These changes in coverage should be taken into account when interpreting changes over time:
 - For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. Estimated coverage for South Australia increased from 71% in 2010–11 to 97% in 2011–12.
 - From 2011–12, Western Australia provided data for an additional 22 small hospitals. Coverage for Western Australia increased from 82% in 2010–11 to 100% in 2011–12.
 - For 2014–15, Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported 3,700 admissions in 2013–14). In 2011–12, Queensland was not able to provide data for the same 3 hospitals and these hospitals reported for only 3 of the 4 quarterly periods in 2012–13. Estimated coverage for Queensland was 98% in 2010–11, 2012–13 and 2013–14, 89% in 2011–12 and 90% in 2012–13.
 - The increase in the number of admissions for the Northern Territory between 2010–11 and 2011–12, was, in part, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory. Estimated coverage was 92% in 2010–11 and 100% in subsequent years.
- For 2014–15, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 91%. The estimated coverage was 100% in most states and territories except for Victoria, Queensland and South Australia (78%, 90% and 96%, respectively). These estimates will be updated when the total number of elective surgery separations for public hospitals is available in the National Hospital Morbidity Database (NHMD), early in 2016.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in Victoria, Queensland, Tasmania and the Australian Capital Territory, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.

- For 2014–15, New South Wales did not report the number of patients who were *Transferred to another hospital's waiting list*.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions, which may result in statistics that are not meaningful or comparable between jurisdictions.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- The Australian Institute of Health and Welfare (AIHW) is unable to assess the quality of the data provided by states and territories to indicate whether admissions from waiting lists had an adverse event or unplanned readmission.

Description

The NESWTDC provides episode-level data on patients added to or removed from elective surgery waiting lists managed by public hospitals. This includes private patients treated in public hospitals, and may include public patients treated in private hospitals. 'Public hospitals' may include hospitals that are set up to provide services for public patients (as public hospitals do), but are managed privately. Removals are counted for patients who have been removed for admission or for another reason.

The data supplied for 1 July 2014 to 30 June 2015 are based on the Elective surgery waiting times (removals and census data) National Minimum Data Sets (ESWT NMDS) for 2014–15.

The NESWTDC includes data for each year from 1999–00 to 2014–15.

Also reported are data provided by states and territories for admissions from waiting lists that had an adverse event or unplanned readmission within 28 days of separation. These data are not defined under the ESWT NMDS.

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 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 state and territory health authorities received these data from public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Timeliness: Data for the NESWTDC are reported annually. The reference period for this data set is 2014–15. This includes records for additions and removals from elective surgery waiting lists between 1 July 2014 and 30 June 2015.

Most states and territories provided a first version of the data to the AIHW during July 2014. These data were reported on 15 October 2015. Data provision and reporting was in accordance with agreed timetables.

Accessibility: The AIHW provides a variety of products that draw upon the NESWTDC. Published products available on the AIHW website are the Australian hospital statistics series of products, with associated Excel tables.

These products may be accessed on the AIHW website at www.aihw.gov.au/hospitals/.

Interpretability: Metadata information for the ESWT NMDS is published in the AIHW's Metadata Online Registry (METeOR) and the National health data dictionary.

METeOR and the National health data dictionary can be accessed on the AIHW websites, respectively:

[/content/index.phtml/itemId/520154](http://content/index.phtml/itemId/520154)

[/content/index.phtml/itemId/600059](http://content/index.phtml/itemId/600059)

<http://www.aihw.gov.au/publication-detail/?id=10737422826>.

Relevance:*Scope and coverage*

The NESWTDC provides information on waiting times for elective surgery in public hospitals. The scope of the data collection is patients on waiting lists for elective surgery that are managed by public hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.

For 2014–15, the preliminary estimate of public hospital elective surgery covered by the NESWTDC was 91%. The estimated coverage was 100% in most states and territories except for Victoria, Queensland and South Australia (78%, 90% and 96%, respectively). These estimates will be updated when the total number of elective surgery separations for public hospitals is available in the National Hospital Morbidity Database (NHMD), early in 2016.

The following changes in coverage should be taken into account when interpreting changes over time:

- Between 2010–11 and 2014–15, the number of hospitals reporting data for the NESWTDC increased from 193 to 241 and the coverage of the NESWTDC increased from an estimated 89% in 2010–11 to 91% or over since 2011–12.
- For 2011–12, South Australia provided data for 32 small hospitals that were not included in the data for previous years. Estimated coverage for South Australia increased from 71% in 2010–11 to 97% in 2011–12.
- From 2011–12, Western Australia provided data for an additional 22 small hospitals. Coverage for Western Australia increased from 82% in 2010–11 to 100% in 2011–12.
- For 2014–15, Queensland was not able to provide data for 2 hospitals (that reported about 7,000 admissions from elective surgery waiting lists in 2013–14) and 5 months of data for a third hospital (that reported 3,700 admissions in 2013–14). In 2011–12, Queensland was not able to provide data for the same 3 hospitals and these hospitals reported for only 3 of the 4 quarterly periods in 2012–13. The three hospitals comprised two *Principal referral and Women's and children's hospitals* and one *Public acute group hospital*. Estimated coverage for Queensland was 98% in 2010–11, 2012–13 and 2013–14, 89% in 2011–12 and 90% in 2012–13.
- The increase in number of admissions for the Northern Territory between 2010–11 and 2011–12, due to the inclusion of certain surgical procedures from 2011–12 that had previously been incorrectly excluded from the NESWTDC by the Northern Territory. Estimated coverage was 92% in 2010–11 and 100% in subsequent years.

The NESWTDC is the source of information for a performance indicator for the NHA and other national performance reporting.

Reference period

The reference period for this data set is 2014–15. This includes records for additions and removals from elective surgery waiting lists between 1 July 2014 and 30 June 2015.

Accuracy:*Potential sources of variation*

Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, in Victoria, Queensland, Western Australia, Tasmania and the Australian Capital Territory, for patients who were transferred from a waiting list managed by one hospital to that managed by another, the time waited on the first list is not included in the waiting time reported to the NESWTDC from the second hospital. Therefore, the number of days waited in those jurisdictions reflected the waiting time on the list managed by the reporting hospital only.

For 2014–15, New South Wales did not report the number of patients who were Transferred to another hospital's waiting list.

The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.

The Australian Institute of Health and Welfare (AIHW) is unable to assess the quality of the data provided by states and territories to indicate whether admissions from waiting lists had an adverse event or unplanned readmission.

There is an apparent lack of comparability of clinical urgency categories among jurisdictions which may result in statistics that are not meaningful or comparable between jurisdictions.

Data validation

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries.

Non-response adjustment

The AIHW does not adjust data to account for possible data errors or missing or incorrect values, except as stated.

Coherence:

The data reported for the 2014–15 NESWTDC are consistent with data reported for previous years for individual hospitals.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in coverage (see 'Relevance').

Time series analyses may also be affected by changes in quality and coverage for individual data items. For example, data for Indigenous status were first included in the collection in 2009–10. New South Wales first provided Indigenous status for the NESWTDC in 2010–11.

Source and reference attributes

Submitting organisation: AIHW

Relational attributes

Related metadata references:

Supersedes [National Elective Surgery Waiting Times Data Collection, 2013–14 Data Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 19/11/2014