

National Public Hospital Establishments Database 2013-14

Identifying and definitional attributes

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Data quality

Quality statement summary:

- In 2013–14, the National Public Hospital Establishments Database (NPHEd) included essentially all public hospitals in Australia.
- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.
- Differences in accounting, counting and classification practices across jurisdictions and over time may affect the comparability of these data. There is variation between states and territories in the reporting of expenditure, depreciation, revenue, available beds and staffing categories.
- Recurrent expenditure reported to the NPHEd is largely expenditure by hospitals and may not necessarily include all expenditure on hospital services by each state or territory government.
- The outsourcing of services with a large labour related component (such as food services and domestic services) can have a substantial impact on estimates of costs.
- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.
- The collection of data by staffing category is not consistent among states and territories.
- For 2012–13, Queensland was not able to provide complete data for the three privately-managed Mater public hospitals in Brisbane. In that year data were not available for expenditure and staffing categories for those hospitals.
- There is variation over time and among jurisdictions in the reporting of non-admitted patient care activity.
- For 2013–14, Victoria did not report non-admitted patient activity (occasions of service) to the NPHEd. There is variation over time and among jurisdictions in the reporting of non-admitted patient activity.
- In 2013–14, Victoria did not report non-admitted patient activity (occasions of service) to the NPHEd.
- The 2013–14 reference year is the final year for the reporting of aggregate non-admitted patient data to the NPHEd.

Description

The National Public Hospital Establishments Database (NPHEd) is based on the National Minimum Data Set (NMDS) for Public hospital establishments. The purpose of the NPHEd is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. It holds establishment-level data for each public hospital in Australia and includes information on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients. The NPHEd holds data from 1993–94 to 2013–14.

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, (Commonwealth) 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

Data for the NPHEd were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following link).

</content/index.phtml/itemId/182135>

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: The reference period for this data set is 2013–14. This includes information on public hospital resources and non-admitted patient activity from 1 July 2013 to 30 June 2014.

The agreed date for supply of a first version of data was 24 December 2014. Four states and territories provided a first version of 2013–14 data to the AIHW by that date and all had provided their final data by 23 March 2015.

Accessibility: The AIHW provides a variety of products that draw upon the NPHEd.

The Australian hospital statistics suite of products with associated Excel tables may be accessed on the AIHW website:
<http://www.aihw.gov.au/hospitals/>

Interpretability: Metadata information for the PHE NMDS are published in the AIHW's online metadata repository—METeOR, and the National health data dictionary. METeOR and the National health data dictionary can be accessed on the AIHW website:
</content/index.phtml/itemId/181162>
<http://www.aihw.gov.au/publication-detail/?id=60129550408>

Relevance:*Scope*

The scope is public hospitals in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. The collection covers hospitals within the jurisdiction of the state and territory health authorities. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not in scope for the collection. The collection does not include data for private hospitals.

Coverage

In 2013–14, the National Public Hospital Establishments Database (NPHEd) included essentially all public hospitals in Australia. For hospital resource information, coverage of the NPHEd is considered essentially complete for 2013–14.

In previous years, coverage of the NPHEd data for non-admitted patient care was essentially complete. However, for 2013–14, Victoria did not provide non-admitted patient data to the NPHEd. For other states and territories, coverage for non-admitted patient care is considered essentially complete for 2013–14.

Accuracy:

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

Although there are national standards for public hospital establishments data, differences in financial accounting, counting and classification practices across jurisdictions may affect the comparability of these data.

The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

There was variation between states and territories in the reporting of expenditure, depreciation, available beds, staffing categories and outpatient occasions of service.

Recurrent expenditure reported to the NPHEd was largely expenditure by hospitals, and may not necessarily include all expenditure on hospital services by each state or territory government.

Revenue data reported to the NPHEd was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory for the provision of public hospital services.

The outsourcing of services with a large labour related component (such as food services and domestic services) can have a substantial impact on estimates of costs.

Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.

The collection of data by staffing category is not consistent among states and territories.

A small number of establishments in 2013–14 did not report any financial data, or reported incomplete financial data.

A small number of hospitals did not report staff full-time equivalent data. For some jurisdictions, best estimates were reported for some staffing categories.

States and territories may differ in the extent to which non-admitted services are provided in non-hospital settings (such as Community health services) that are beyond the scope of the NPHEd.

In addition, there is variation among the states and territories in the funding arrangements for some non-admitted patient activity that may result in the activity being included in hospitals reporting for some jurisdictions but not for others. Differing admission practices between the states and territories also lead to variation in the reporting of some services, for example for Dialysis and Endoscopy and related procedures.

Coherence: Overall, the hospitals resources data reported for 2013–14 are consistent with data reported for the NPHEd for previous years.

Time series presentations may be affected by changes in the number of hospitals reported to the collection and changes in admission practices.

Changes in administrative and/or reporting practices for hospitals, changes in accounting practices for financial data, and changes in counting practices can affect comparisons over time.

For 2012–13, Queensland was not able to provide complete data for the three privately-managed Mater public hospitals in Brisbane. Data were not available for expenditure and staffing categories. In 2011–12, these hospitals reported a total of about \$560 million for recurrent expenditure and about 3,800 fulltime equivalent staff. In 2013–14, these hospitals reported about \$540 million in recurrent expenditure and about 3,700 full-time equivalent staff.

There is considerable variation between reporting years in the way in which non-admitted patient occasions of service are reported to the NPHEd.

In 2013–14, Victoria did not provide non-admitted patient data to the NPHEd. However, other states and territories did provide data for 2013–14 (see also 'Relevance').

Victoria substantially under-reported outpatient Dental services data in 2011–12, with those data being not directly comparable with previous years. For 2012–13, Victoria reported substantially more Dental services activity than for 2011–12.

From 2011–12 through 2013–14, some states re-mapped some outpatient clinics to align with the Activity Based Funding Tier 2 Clinics (IHPA 2011, IHPA 2012, IHPA 2013), with consequential changes in activity counts against outpatient clinic types submitted to the NPHEd. Therefore, the data reported for non-admitted patient occasions of service are not necessarily comparable to the data reported in previous years.

The 2013–14 reference year is the final year for the reporting of aggregate non-admitted patient data to the NPHEd.

Source and reference attributes

Submitting organisation: AIHW

Reference documents: IHPA (Independent Hospitals Pricing Authority) 2015. Tier 2 Non-Admitted Care Services Classification, Version 4.0, 9th December 2015. Viewed 07 January 2016, <https://www.iHPA.gov.au/classifications/tier-2-non-admitted-care-services-classification>