National Healthcare Agreement: PI 21a-Waiting times for emergency department care: proportion seen on time, 2017 QS

Identifying and definitional attributes

Metadata item type: Quality Statement

METEOR identifier: 630451

Registration status:
- Health, Standard 31/01/2017

Relational attributes

Indicators linked to this Quality statement: National Healthcare Agreement: PI 21a–Waiting times for emergency hospital care: Proportion seen on time, 2017
Health, Superseded 30/01/2018

Data quality

Quality statement summary:

- The scope of the data used to produce this indicator is non-admitted patients registered for care in emergency departments in public hospitals reporting to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD). It does not include emergency presentations to hospitals that have emergency departments that are not reported to the NNAPEDCD.
- For 2015–16, the coverage of the NNAPEDCD is considered complete for public hospitals with emergency departments that meet the criteria specified in the Non-admitted patient emergency department care (NAPEDC) National Minimum Data Set (NMDS) and the NAPEDC Data Set Specification (DSS).
- Most emergency presentations to hospitals where the emergency department does not meet the definition of an emergency department as defined per the NAPEDC NMDS are not reported to the NNAPEDCD. For 2014–5 it was estimated that 88% of emergency presentations were reported in the NNAPEDCD.
- Most emergency presentations occur in *Major cities*. Therefore, disaggregation by remoteness, socioeconomic status and Indigenous status should be interpreted with caution.
- For 2015–16, Australian Capital Territory emergency department care information was not available at the time of publication.
- For 2015–16, Queensland provided data to the NNAPEDCD using the NAPEDC DSS, while all other states and territories provided data to the NNAPEDCD using the NAPEDC NMDS specification. Therefore, Queensland data may not be entirely comparable with data provided for other states and territories.
- The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.
- Data provided for this indicator may not be comparable to data calculated in previous reporting periods due to changes in scope and peer group classifications.
- Remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.
- Socio-economic Indexes for Areas (SEIFA) data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

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 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* (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.

Data for the NNAPEDCD were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement (see the following links): http://www.aihw.gov.au/nhissc/ /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 these data is 2015–16.

For 2015–16, Australian Capital Territory emergency department care information was not available at the time of publication.

Accessibility:

The AIHW provides a variety of products that draw upon the NNAPEDCD. Published products available on the AIHW website include the *Emergency department care: Australian hospital statistics* series of reports with associated Excel tables. These products may be accessed on the AIHW website at: http://www.aihw.gov.au/hospitals/

Interpretability:

Metadata information for the NAPEDC NMDS is published in the AIHW's online metadata repository, METeOR, and the *National health data dictionary*.

The *National health data dictionary* can be accessed online at: /content/index.phtml/itemId/268110

The data quality statement for the 2014–15 NNAPEDCD can be accessed on the AIHW website at: /content/index.phtml/itemId/621200

Relevance:

The purpose of the NNAPEDCD is to collect information on the characteristics of emergency department care (including waiting times for care) for non-admitted patients registered for care in emergency departments in public hospitals. For the years 2003–04 to 2012–13 inclusive, the scope of the NNAPEDCD was public hospitals classified as either *Principal referral and specialist women's and children's hospitals* (peer group A) or *Large hospitals* (peer group B).

From 2013–14, the scope of the NNAPEDCD was patients registered for care in emergency departments in public hospitals where the emergency department meets the following criteria:

- purposely designed and equipped area with designated assessment, treatment and resuscitation areas
- ability to provide resuscitation, stabilisation and initial management of all emergencies
- availability of medical staff in the hospital 24 hours a day
- designated emergency department nursing staff 24 hours per day 7 days per week, and a designated emergency department nursing unit manager.

The data presented here are not necessarily representative of the hospitals not included in the NNAPEDCD.

For 2015 and prior reporting periods, the indicator included only peer group A (*Principal referral and specialist women's and children's hospitals*), peer group B (*Large hospitals*) and the Mersey Community Hospital. For the 2016 and this reporting period, the scope of the indicator has been increased to all public hospitals reporting to the NNAPEDCD. Data for 2013–14 have previously been supplied for the revised scope. It is not possible to provide comparable data for the years prior to 2013–14, thus data for 2012–13 and previous years for this indicator are not directly comparable with data for 2013–14 and subsequent years.

For 2013–14, 2014–15 and 2015–16, the coverage of the NNAPEDCD collection is considered complete for public hospitals with an emergency department meeting the criteria above. Most emergency presentations to hospitals where the emergency department does not meet the definition of an emergency department as defined above are not reported to the NNAPEDCD. For 2014–15 it was estimated that 88% of emergency presentations were reported in the NNAPEDCD.

The analyses by remoteness and socioeconomic status are based on the Statistical Area Level 2 (SA2) of usual residence of the patient. However, data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence. Hence, data represent the proportion of patients living in each remoteness area or SEIFA population group (regardless of their jurisdiction of residence) seen within the benchmark time in the reporting jurisdiction. This is relevant if significant numbers of one jurisdiction's residents are treated in another jurisdiction.

The SEIFA categories for socioeconomic status represent approximately the same proportion of the national population, but do not necessarily represent that proportion of the population in each state or territory (each SEIFA decile or quintile represents 10% and 20% respectively of the national population). For 2015–16, the SEIFA scores for each SA2 are derived from 2011 Census data and represent the attributes of the population in that SA2 in 2011.

Other Australians includes presentations for non-Indigenous people and those for whom Indigenous status was not stated.

Accuracy:

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on data. Data are checked for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked against data from other data sets. Potential errors (including waiting time outliers) are queried with jurisdictions, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values.

The quality of Indigenous status data in the NNAPEDCD has not been formally assessed for completeness; therefore caution should be exercised when interpreting these data.

Most emergency presentations occur in *Major cities*. Consequently, the data may not cover areas where the proportion of Indigenous Australians (compared with other Australians) is higher than average. Similarly, disaggregation by socioeconomic status and remoteness should be interpreted with caution.

Comparability across jurisdictions may be impacted by variation in the assignment of triage categories.

For 2015–16, Queensland provided data to the NNAPEDCD using the NAPEDC DSS, while all other states and territories provided data to the NNAPEDCD using the NAPEDC NMDS specification. Therefore, Queensland data may not be entirely comparable with data provided for other states and territories.

Coherence:

The data reported for 2015–16 are consistent with data reported for the NNAPEDCD for previous years for individual hospitals. However, as discussed in the Relevance section above, the scope of the indicator has been increased to all public hospitals reporting to the NNAPEDCD. Data for 2013–14 have previously been resupplied for the revised scope. It is not possible to provide comparable data for the years prior to 2013–14. Any comparison of data over time should take into account changes in scope, coverage and administrative and reporting arrangements.

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

The information presented for this indicator are calculated using the same methodology as data published in *Emergency department care: Australian hospital statistics* (report series).

The AIHW has developed a revised peer grouping for analysing and interpreting hospitals statistics and performance information. (See *Australian hospital peer groups* (AIHW 2015)). Peer group data calculated for this indicator for previous reports has been calculated using the previous AIHW peer group classification. Peer group data for this report has been calculated using the current AIHW peer group classification. Data reported using the previous peer group classification is not comparable with data reported using the current AIHW peer group classification.

Methodological variations also exist in the application of SEIFA to various data sets and performance indicators. Any comparisons of the SEIFA analysis for this indicator with other related SEIFA analysis should be undertaken with careful consideration of the methods used, in particular the SEIFA Census year, the SEIFA index used and the approach taken to derive quintiles and deciles.

National-level data disaggregated by Indigenous status for 2007–08 included data from New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. National-level data disaggregated by Indigenous status for 2008–09, 2009–10 and 2010–11 included data from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. National-level data disaggregated by Indigenous status for 2011–12 and subsequent years includes data from all eight states and territories. Therefore, data disaggregated by Indigenous status from 2007–08 are not comparable to 2008–09, 2009–10 and 2010–11, and data for 2011–12 and subsequent years are not comparable with data for 2010–11 and prior years.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification to the Australian Statistical Geography Standard. Also updated at this time were remoteness areas and the SEIFA, based on the 2011 ABS Census of Population and Housing. The new remoteness areas are referred to as RA 2011, and the previous remoteness areas as RA 2006. The new SEIFA is referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2007–08 through to 2011–12 reported by remoteness are reported for RA 2006. Data for 2012–13, 2013–14, 2014–15 and 2015–16 are reported for RA 2011. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator, therefore remoteness data for 2011–12 and previous years are not directly comparable to remoteness data for 2012–13 and subsequent years.

Data for 2007–08 through to 2010–11 reported for SEIFA quintiles and deciles are reported using SEIFA 2006 at the Statistical Local Area (SLA) level. Data for 2011–12 are reported using SEIFA 2011 at the SLA level. Data for 2012–13, 2013–14, 2014–15 and 2015–16 are reported using SEIFA 2011 at the Statistical Area Level 2 (SA2). The AIHW considers the change from SEIFA 2006 to SEIFA 2011, and the change from SLA to SA2 to be series breaks when applied to data supplied for this indicator. Therefore, SEIFA data for 2010–11 and previous years are not directly comparable with SEIFA data for 2011–12, and SEIFA data for 2011–12 and previous years are not directly comparable with SEIFA data for 2012–13 and subsequent years.

Source and reference attributes

Reference documents: AIHW (Australian Institute of Health and Welfare) 2015. Australian hospital peer groups. Health services series no. 66. Cat. no. HSE 170. Canberra: AIHW.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 21a-Waiting times for emergency department care: proportion seen on time, 2016 QS

- Health, Superseded 31/01/2017

Has been superseded by National Healthcare Agreement: PI 21a-Waiting times for emergency department care: proportion seen on time, 2018 QS

- Health, Standard 30/01/2018