

National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2017 QS

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National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2017 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement
METEOR identifier: 630526
Registration status: [Health](#), Standard 31/01/2017

Data quality

Institutional environment: Data collector(s): The Patient Experience Survey is a topic on the Multipurpose Household Survey. It is collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the [Census and Statistics Act 1905](#) and the [Australian Bureau of Statistics Act 1975](#). These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see [ABS institutional environment](#).

Collection authority: The *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*.

Data compiler(s): Data are compiled by the Health section of the ABS.

Statistical confidentiality is guaranteed under the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. The ABS notifies the public through a note on the website when an error in data has been identified. The data are withdrawn, and the publication is re-released with the correct data. Key users are also notified where possible.

Timeliness: Collection interval/s: Patient experience data are collected annually.

Data available: The 2015–16 data used for this indicator became available from 15 November 2016.

Reference period: July 2015 to June 2016.

There are not likely to be revisions to this data after its release.

Accessibility: Data publicly available. Tables showing patients experiences with health professionals are available in [Health Services: Patient experiences in Australia, 2009](#) (ABS 2010), [Patient experiences in Australia: summary of findings reports for 2010–11 to 2015–16](#) (ABS 2011, 2012, 2013, 2014, 2015, 2016).

Data for this indicator is shown by age, sex, Socio-Economic Indexes for Areas (SEIFA) and remoteness. Jurisdictional data is not currently publicly available but may be made available in the future.

Data are not available prior to public access.

Supplementary data are available. Additional data from the Patient Experience Survey is available upon request.

Access permission/restrictions: Customised data requests may incur a charge.

Contact details: For more information, call the ABS National Information and Referral Service on 1300 135 070.

Interpretability:

Context: These data were collected from a representative sample of the Australian population and questions were asked in context of the year prior to the survey. The data were collected over a 12-month period and therefore should minimise any seasonality effects in the data.

Other supporting information: The ABS patient experience data are published in [Patient experiences in Australia: summary of findings, 2015–16](#) (ABS 2016). This publication includes explanatory and technical notes.

Socioeconomic status definition: The SEIFA Index of Relative Socio-economic Disadvantage (IRSD) uses a broad definition of relative socio-economic disadvantage in terms of people's access to material and social resources, and their ability to participate in society. While SEIFA represents an average of all people living in an area, it does not represent the individual situation of each person. Larger areas are more likely to have greater diversity of people and households.

Socioeconomic status derivation: The 2011 SEIFA IRSD is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles.

Socioeconomic status deciles derivation: Deciles are based on an equal number of areas. A score for a collection district (CD) is created by adding together the weighted characteristics of that CD. The scores for all CDs are then standardised to a distribution where the average equals 1000 and roughly two-thirds of the scores lie between 900 and 1100. The CDs are ranked in order of their score, from lowest to highest. Decile 1 contains the bottom 10% of CDs, Decile 2 contains the next 10% of CDs and so on. Further information on SEIFA can be found in the ABS technical paper [Socio-Economic Indexes for Areas 2011](#) (ABS cat. no. 2033.0.55.001).

Any ambiguous or technical terms for the data are available from the Technical Note, Glossary and Explanatory Notes in *Patient Experiences in Australia: Summary of Findings, 2015–16* (ABS cat. no. 4839.0).

Relevance:

Level of geography: Data are available by state/territory, sex, 2011 Socio-economic Indexes for Areas (SEIFA) IRSD and 2011 remoteness (*Major cities, Inner and Outer Regional, Remote and Very remote* Australia).

Data completeness: All data are available for this indicator from this source.

Numerator/denominator source: Same data source.

Data for this indicator was collected for all persons in Australia aged 15 years and over, excluding the following people:

- members of the Australian permanent defence forces
- diplomatic personnel of overseas governments, customarily excluded from census and estimated population counts
- overseas residents in Australia
- members of non-Australian defence forces (and their dependents)
- people living in non-private dwellings such as hotels, university residences, boarding schools, hospitals, retirement homes, homes for people with disabilities, and prisons
- people living in discrete Indigenous communities.

The 2011–12 iteration of the Patient Experience Survey was the first to include households in *Very remote* areas, (although it still excluded discrete Indigenous communities). The 2015–16 iteration continues to include data from *Very remote* areas. The inclusion of *Very remote* areas will serve to improve the coverage of the estimates, particularly for the Northern Territory. Small differences evident in the Northern Territory estimates between 2010–11 and 2011–12 may in part be due to the inclusion of households in *Very remote* areas.

Data were self-reported for this indicator. Persons who were interviewed by proxy were excluded.

Accuracy:

Method of collection: The data were collected by computer assisted telephone interview.

Data adjustments: Data were weighted to represent the total in-scope Australian population, and was adjusted to account for confidentiality and non-response.

Sample/collection size: The sample for the 2015–16 Patient Experience Survey was 28,276 fully-responding persons.

Response rate: Response rate for the survey was 75%.

As data are drawn from a sample survey, the indicator is subject to sampling error, which occurs because a proportion of the population is used to produce estimates that represent the whole population. Rates should be considered with reference to their corresponding relative standard errors (RSEs) and 95% confidence intervals. Estimates with an RSE between 25% and 50% should be used with caution, and estimates with an RSE over 50% are considered too unreliable for general use.

This indicator generally has acceptable levels of sampling error and provides reliable data for most breakdowns. However, data for 'Other' remoteness category has high RSEs when cross-classified by state in some tables, and are therefore not available for publication.

The data are self-reported but not attitudinal, as respondents are reporting their experiences of using the health system (in these instances, whether they waited longer than they felt acceptable to get an appointment with a GP and how satisfied they were with the service provided by their health professionals).

Explanatory footnotes are provided for each table.

Confidentiality: As in 2014–15 and 2013–14, the 2015–16 data have been perturbed. This has been footnoted in the tables. Perturbation is used to minimise the risk of identifying individuals in aggregate statistics. Perturbation involves small random adjustment of the statistics and is considered the most satisfactory technique for avoiding the release of identifiable statistics while maximising the range of information that can be released. These adjustments have a negligible impact on the underlying pattern of the statistics. After perturbation, a given published cell value will be consistent across all tables. However, adding up cell values to derive a total will not necessarily give the same result as published totals.

Coherence:

Consistency over time: 2009 was the first year data were collected for this indicator.

Time series issues for unacceptable waiting times for GPs: Data for 2015–16 is comparable to 2014–15, 2013–14 and 2012–13, but not prior to this (i.e. not comparable to 2011–12 or 2010–11). While the question wording itself did not change, the position in the survey (i.e. where the question was asked) changed in 2011–12 and again in 2012–13. There has been a noticeable contextual effect with this change in question ordering, and ABS recommends that this data item is not comparable over time. This has been footnoted in the relevant tables.

Numerator/denominator: The numerator and denominator are directly comparable, one being a sub-population of the other.

The numerator and denominator are compiled from a single source.

Jurisdiction estimate calculation: Jurisdiction estimates are calculated the same way, although the exclusion of discrete Indigenous communities in the sample will affect the Northern Territory more than it affects other jurisdictions.

Jurisdiction/Australia estimate calculation: All estimates are compiled the same way.

Collections across populations: Data are collected the same way across all jurisdictions.

The Patient Experience Survey provides the only national data available for this indicator. At this stage, there are no other comparable data sources.

Due to differences in survey scope, collection methodology and question wording, these data are not comparable to data from the 2012–13 Australian Aboriginal and Torres Strait Islander Health Survey.

- Reference documents:** ABS (Australian Bureau of Statistics) 2010. Health services: patient experiences in Australia, 2009. ABS cat. no. 4839.0.55.001. Viewed 27 June 2017, [http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4839.0.55.001 Main+Features12009?OpenDocument](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4839.0.55.001>Main+Features12009?OpenDocument).
- ABS 2011. Patient experiences in Australia: summary of findings, 2010–11. ABS cat. no. 4839.0. Viewed 27 June 2017, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/9606ED9BB0A8D82FCA257ABE0012F144?opendocument>.
- ABS 2012. Patient experiences in Australia: summary of findings, 2011–12. ABS cat. no. 4839.0. Viewed 27 June 2017, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/EF9A58BF23BD5957CA257C29000FFAA8?opendocument>.
- ABS 2013. Patient experiences in Australia: summary of findings, 2012–13. ABS cat. no. 4839.0. Viewed 27 June 2017, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/FACB879D128C03A6CA257D9D000C1D57?opendocument>.
- ABS 2014. Patient experiences in Australia: summary of findings, 2013–14. ABS cat. no. 4839.0. Viewed 27 June 2017, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/7B1190A3CC5DF0EACA257EFB00114069?opendocument>.
- ABS 2015. Patient experiences in Australia: summary of findings, 2014–15. ABS cat. no. 4839.0. Viewed 27 June 2017, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/FC8EFE56746DD682CA25806B000F5EE3?opendocument>.
- ABS 2016. Patient experiences in Australia: summary of findings, 2015–16. ABS cat. no. 4839.0. Viewed 27 June 2017, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/398E27DFBF6DE8E2CA257952001C9AD9?opendocument>.

Relational attributes

- Related metadata references:** Supersedes [National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2016 QS](#)
Health, Superseded 31/01/2017
- Has been superseded by [National Healthcare Agreement: PI 32-Patient satisfaction/experience, 2018 QS](#)
Health, Standard 30/01/2018
- Indicators linked to this Data Quality statement:** [National Healthcare Agreement: PI 32–Patient satisfaction/experience, 2017](#)
Health, Superseded 30/01/2018