

Data quality statement: National Non-admitted Patient Care (aggregate) Database 2014–15

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Data quality statement: National Non-admitted Patient Care (aggregate) Database 2014–15

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	NNAPC(agg)D 2014–15
METEOR identifier:	651341
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Data quality

Data quality statement summary:

- For 2014–15, the National Non-Admitted Patient Care (aggregate) Database (NNAPC(agg)D) included information on non-admitted patient care service events for essentially all public hospitals that provided non-admitted patient care in Australia (with the exception of an early parenting centre in the Australian Capital Territory). These data were provided according to the 2014–15 Non-admitted patient care hospital aggregate National Minimum Data Set (NAPC NMDS) for 610 public hospitals. In addition, data provided for the 2014–15 Non-admitted patient care local hospital network aggregate Data Set Specification (NAPCLHN DSS) were reported for:
 - 17 LHNs in New South Wales and Western Australia.
 - state health authority level for Victoria and Queensland.
 - 2 private hospitals in Western Australia that provide non-admitted patient services for public patients.
 - 7 other public health facilities in South Australia.
- Although the NNAPC(agg)D is a valuable source of information on services provided to non-admitted patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.
- Victoria and the Northern Territory did not provide any non-admitted patient service events for Stand-alone diagnostic clinics although these services were provided.
- Funding source information was not available for South Australia and Tasmania.
- Queensland did not report any non-admitted patient service events with a funding source of Medicare Benefits Schedule. MBS-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D, as these patients are not considered by Queensland to be patients of the hospital.
- In 2014-15, the scope of the NNAPC(agg)D was greater than the scope for 2013-14 with an increase in the number of reporting to public hospitals, as well as inclusion of data reported at LHN and state and territory health authority level. Therefore, comparisons with 2013–14 NNAPC(agg)D data should be treated with caution.

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 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 NNAPC(agg)D were supplied to the AIHW by state and territory health authorities under the terms of the National Health Information Agreement

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

States and territories use these data for service planning, monitoring and internal and public reporting. Hospitals and health services 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 2014–15. This includes records for non-admitted patient service events between 1 July 2014 and 30 June 2015.

The agreed date for supply of a first version of data (based on best efforts) was 30 November 2015. Five states and territories provided a first version of 2014–15 data to the AIHW at the end of November 2015 and all had provided their first version by 8 December 2016. A second version of the data was agreed to be supplied by 12 February 2016. All states and territories had provided the second version of the data by 9 May 2016. The data were published on 29 July 2016.

Accessibility: The AIHW provides a variety of products that draw upon the NNAPC(agg)D.

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 Non-admitted patient care hospital aggregate National Minimum Data Set (NAPC NMDS) and the Non-admitted patient care local hospital network aggregate Data Set Specification (NAPCLHN DSS) 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:

For 2014–15, the NNAPC(agg)D included data based on the NAPC NMDS for essentially all public hospitals that provided non-admitted patient care in Australia (with the exception of an early parenting centre in the Australian Capital Territory). In addition, some jurisdictions provided data based on the NAPCLHN DSS. The scope of the NAPCLHN DSS includes Local Hospital Networks and public hospital services managed by state or territory health authority and included in the *General list of public hospital services*, developed under the *National Health Reform Agreement (2011)*.

The NNAPC(agg)D does not include episodes of non-admitted patient care provided in emergency departments.

Although the NNAPC(agg)D is a valuable source of information on non-admitted patient care, the data have limitations. For example, variations in admission practices and policies lead to variation among providers in the number of non-admitted patient services provided for some conditions and procedures (such as chemotherapy and endoscopies).

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 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 data on non-admitted patient care, statistics may be affected by variations in admission and reporting practices across states and territories.

Victoria and the Northern Territory did not provide any non-admitted patient service events for Stand-alone diagnostic clinics, although these services were provided.

Funding source information was not available for South Australia and Tasmania.

Queensland did not report any non-admitted patient service events with a funding source of Medicare Benefits Schedule. MBS-funded non-admitted patient activity for doctors practicing right of private practice were not included in the data provided to the NNAPC(agg)D, as these patients are not considered by Queensland to be patients of the hospital.

Coherence:

The NNAPC(agg)D includes data for the 2013–14 and 2014–15 reference years.

Between 2013–14 and 2014–15, the scope of the NAPC NMDS changed from a focus on activity-based funded hospitals to all public hospitals.

In addition, for 2014–15, information was also provided by some jurisdictions for non-admitted patient service events at the LHN level, at state/territory health authority-level and by private hospitals providing public patient non-admitted patient services under contract (see 'Relevance'). The changes in scope for NNAPC(agg)D between 2013–14 and 2014–15 resulted in increases in the number of hospitals and other services reporting to the database.

In 2013–14, 350 public hospitals (including all activity-based funded hospitals) and 8 other services provided data for the NNAPC(agg)D.

In 2014–15, 610 public hospitals provided data to the NNAPC(agg)D. This represented essentially all public hospitals that provided non-admitted patient care in Australia (with the exception of an early childhood parenting centre in the Australian Capital Territory). In addition, data based on the NAPCLHN DSS were reported for:

- 17 LHNs in New South Wales and Western Australia
- state health authority level for Victoria and Queensland
- 2 private hospitals in Western Australia that provide non-admitted patient services for public patients
- 7 other public health facilities in South Australia.

Because of the changes in scope for the NNAPC(agg)D, changes in the numbers of service events reported between 2013–14 and 2014–15 should be treated with caution.

Time series presentations may also be affected by changes in admission practices, particularly for same-day activity such as dialysis, chemotherapy and endoscopy.

Data products

Implementation start date: 01/07/2014

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare