

National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2018 QS

Identifying and definitional attributes

Metadata item type:	Quality Statement
METEOR identifier:	681615
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Relational attributes

Indicators linked to this Quality statement:	National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2018 Health , Superseded 19/06/2019
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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 2016–17, the coverage of the NNAPEDCD is 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 National Best Endeavours Data Set (NBEDS).
- Most emergency presentations to hospitals where the emergency department does not meet the definition of an emergency department as defined per the NAPEDC NMDS or DSS/NBEDS are not reported to the NNAPEDCD. For 2014–15, it was estimated that 88% of emergency presentations were reported in the NNAPEDCD.
- The scope of the NAPEDC NMDS changed between the 2012–13 and 2013–14 reporting periods. These changes may affect comparability of the data reported for 2013–14 and subsequent years with data reported for previous years.
- Caution should be used in comparing these data with earlier years as the scope, the number of reporting hospitals and the peer group for a hospital may vary over time.

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):

</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 2016–17.

The financial year of 2011–12 is the first reporting period that these data are available according the agreed specification.

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 and the NAPEDC DSS/NBEDS are 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 2015–16 NNAPEDCD can be accessed on the AIHW website at: </content/index.phtml/itemId/659714>

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 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, 2017 and this 2018 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, 2015–16 and 2016–17 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.

Data are reported by jurisdiction of presentation, regardless of the jurisdiction of usual residence.

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. 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.

Coherence: 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.

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

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI 21b-Waiting times for emergency hospital care: proportion of patients whose length of emergency department stay is less than or equal to four hours, 2017 QS](#)

- [Health](#), Standard 31/01/2017

