Indigenous primary health care key performance indicators (December 2017)

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

The Indigenous primary health care key performance indicators (nKPIs) database contains service-level information from Aboriginal and Torres Strait Islander primary health organisations funded by the Australian Government as well as a smaller number of services funded by the Northern Territory Government. The AIHW maintains this database and uses it to produce public national reports, released annually, and individual service-level reports for each 6-monthly reporting cycle provided back to each organisation.

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 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' health organisations to improve the quality of administrative data and, where possible, to compile information into national datasets that can be reported on. The AIHW is responsible for undertaking data validation, analysis and reporting as part of the nKPI collection.

AIHW undertakes these tasks in a way which is consistent with The Australian Institute of Health and Welfare Act 1987 https://www.legislation.gov.au/Series/C2004A03450 and the Privacy Act 1988 (Cth) https://www.legislation.gov.au/Series/C2004A03712. The data collections managed by the AIHW are stored securely and in accordance with legislative privacy and confidentiality conditions.

For further information see the AIHW website www.aihw.gov.au

Timeliness: After a trial reporting period in March 2012, nKPI data have been collected at approximately 6 month intervals beginning from June 2012.

Following the first submission of data, the finalisation of data may take a number of additional months. During this period, and where required, the AIHW works in consultation with organisations to improve the quality of the data submitted.

The AIHW checks the quality of the data submitted by each organisation and issues exception reports that invite organisations to correct and resubmit data when data quality issues are identified (see Accuracy section). Some organisations submitted data 4 or more times for the December 2017 reporting period, and there were often substantial delays between the AIHW issuing an exception report and the relevant organisation resubmitting data. Due to the extent of this data quality improvement process, there is a time lag between the date when the organisations submit data and the annual release of national reports.

National reports were to be published annually from mid-2014. These national reports present data at the national level, and also provide relevant disaggregation of data by jurisdiction, remoteness, age, and sex. The release of national reports is expected to take approximately 10 months from the start date of the latest reporting cycle included in the report (i.e. 30 June or 31 December). The national report for the December 2017 reporting period is being published in November 2018.

The AIHW provides individualised reports and PowerPoint presentations to health organisations which submit data. For the December 2017 collection, these were provided on average 11 calendar days after finalising their data.

Accessibility: National level data will be available in AIHW publications. Five reports have been released since 2014 and are available as hard copy or on the AIHW website that can be downloaded free of charge.

Interpretability: The main statistical analyses used in the reports are descriptive in nature, such as counts and proportions. The national report also includes a range of information to assist interpretation of data, including a glossary of concepts, and information on data limitations. The 2017 national report has been for wider consultation that included the Department of Health and the Health Services Data Advisory Group.

Relevance: The nKPI database includes information on the activities of participating organisations for the reporting periods ending in June 2012, December 2012, June 2013, December 2013, June 2014, December 2014, May 2015, June 2016, June 2017 and December 2017. December 2015 data have been excluded due to some data quality concerns.

nKPI data provide general information about activities undertaken at primary health organisations (for instance, the number of Indigenous babies whose birthweight was recorded) and health outcomes (for instance, the number of Indigenous babies whose birthweight was low, normal or high). The data can also be analysed at jurisdictional and remoteness level. These data may be used to inform Aboriginal and Torres Strait Islander health policy, program development and implementation.

For almost all indicators, data relate to Indigenous regular clients of that organisation. A regular client is defined as someone who has visited a particular primary health care provider 3 or more times in the last 2 years. The exception is the 2 indicators relating to Birthweight of Indigenous babies (PI01 and PI02) as many Indigenous babies will not have visited a health service 3 times in the last 2 years.

Accuracy:

For the provision of nKPI data, organisation staff members use a data extraction tool to copy relevant nKPI data, including those relating to health processes and outcomes, for a particular point in time.

The AIHW checks the quality of the data supplied by each organisation. Where the AIHW identifies possible errors or inconsistencies with an organisation's data, it issues the organisation with an exception report. The exception report provides a description of the data quality issues identified and an invitation to the organisation to resubmit data. The AIHW issued exception reports to 137 organisations for the reporting period ending in December 2017. The AIHW checks any data resubmitted as part of the exception report process, and continues to check data and issue exception reports as needed until no data quality issues are identified or the relevant organisation indicates it is unable or unwilling to resupply corrected data. At this point, the data are considered to be finalised for that organisation. However, where unresolved data quality issues are identified, the AIHW excludes this data from national analyses. For the December 2017 collection, 25 organisations had unresolved internal validation issues at the close of the reporting cycle.

The major reasons for data not being provided or organisations having data quality problems include a lack of complete records of data held by the organisation, insufficient data management resources at organisations to support the data collection, organisations not providing the service for which the indicator collects information and problems with the electronic transfer of data from organisations' clinical information systems (CIS) to the AIHW. In June and December 2017, changes to the data extraction process were a major reason for organisations having data quality issues in their original submission. For further information, see Chapter 2 in National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: results from December 2017.

To ensure accuracy in the national report, once finalised, the draft is sent for wider consultation including the Department of Health, and the Aboriginal and Torres Strait Islander Health Services Advisory Group.

Coherence:	The nKPIs were developed as a new indicator set, with a trial collection in March 2012. Data were initially collected for 11 nKPIs. The original 11 nKPIs have remained virtually unchanged from the trial collection period in March 2012, permitting comparison between periods. From July 2013, data from an additional 8 nKPIs were collected. An additional 2 indicators were added to the data collection in December 2014 and one additional indicator was added in December 2015. In the trial collection and the collection in July 2012, data were received from about 80-90 organisations that were participating in the Healthy for Life program funded by the Australian Government. The number of participating organisations increased to 173 in December 2012, 206 in June 2013, 207 in December 2013, 210 in June 2014, 233 in December 2014, 242 in June 2015, 240 in December 2015, 241 in June 2016 and 228 in June 2017. For the December 2017 reporting period, 231 organisations were included in the collection.

The June 2015 data collection was brought forward a month and so the reference date for this collection is May 2015 rather than June 2015. While it was expected that data would be submitted for a full reference period of the indicator, some health organisations may not have done so. For example, when extracting data for clients who had received health care processes over a 12 month period from June 2014 to May 2015, the data may only have been submitted for 11 months from July 2014 to May 2015.

From the December 2015 reporting period, the Northern Territory Government has adopted the nKPI definition of an Indigenous regular client for nKPI reporting purposes. This change improves the consistency of nKPI data collected and represents an improvement to overall nKPI data quality. Notwithstanding this improvement, the definition change has implications for making comparisons between current and previous reporting periods. From a statistical perspective, the change in definition means that comparisons with previous periods cannot be made.

Due to some concerns around the quality of data collected for the December 2015 period, this reporting cycle has been excluded from national reporting.

For the June 2017 nKPI data collection, changes were made to the data extraction process for Best Practice, Communicare, Medical Director and PCIS following the introduction of a new Direct Load reporting process by the Department of Health. Some refinements were also made to the MMEX extraction process. AIHW data quality analysis identified time series anomalies in the June 2017 collection, leading to a break in series at the national level.

Data for June 2017 and December 2017 are comparable except for indicators PI18—Kidney function test recorded and PI19—Kidney function tests. June 2017 national data for these indicators are not reported due to data quality issues.

Data products

Implementation start date: 02/10/2018

Source and reference attributes

Submitting organisation: AIHW