

Online Services Report (OSR) for Aboriginal and Torres Strait Islander specific primary health care organisations, 2022–23; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Data quality statement summary:	Description
	Since 2008–09, the Online Services Report (OSR) collection has been conducted annually on organisations that receive Australian Government funding to provide health services to Aboriginal and Torres Strait Islander (First Nations) people. The collection consists of contextual information about each organisation, including client numbers, client contacts, episodes of care, and staffing levels.

Summary of key issues

- The organisations in-scope to report varies by period.
- Not all organisations in-scope to report to the collection do so. This varies by period.
- Data are excluded if data quality issues have not been resolved by the close of the submission period. This varies by period.
- The data items collected varies by period.
- Reporting for the 2019–20 and 2020–21 periods was voluntary rather than mandatory.

Institutional environment:	<p>The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the Australian Institute of Health and Welfare Act 1987 (AIHW Act), governed by a management board and accountable to the Australian Parliament through the Health portfolio.</p> <p>The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.</p> <p>Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the Privacy Act 1988 (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.</p> <p>For further information see the AIHW website www.aihw.gov.au/about-us, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and our role and strategic goals (www.aihw.gov.au/about-us/what-we-do).</p> <p>The OSR data are submitted via the Department of Health and Aged Care's Health Data Portal (HDP). Cleaned and finalised data from organisations are transferred from the HDP to a data storage facility, the Department of Health and Aged Care's Enterprise Data Warehouse (EDW). The AIHW has access to the data in order to investigate and improve data quality; compile a national reporting dataset; produce reports; and to manage third party data requests.</p>
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Timeliness:	<p>Data are supplied by organisations annually (for each financial year). The 2022–23 collection covers the period 1 July 2022 to 30 June 2023.</p> <p>The national reporting dataset cannot be compiled until the Department of Health and Aged Care closes off data submission and submitted data are cleaned and finalised. Up to that date, the AIHW works with organisations to resolve errors or, if unresolved data quality issues remained, to flag the data for exclusion from the national reporting dataset. For the 2022–23 collection, data submission started 1 July 2023 and data were finalised 27 September 2023.</p> <p>Data from the national reporting dataset were released via the AIHW website 30 January 2024.</p>
Accessibility:	<p>Data from 2022–23 are published in Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections.</p> <p>Users can request data not available online or in reports via email to dataquality@aihw.gov.au or via the AIHW data request system (noting the release of data are subject to restrictions and requests that take longer than half an hour to compile are charged for on a cost-recovery basis).</p>
Interpretability:	<p>Metadata relating to the OSR collection is available in the METeOR Data Set Specification for the collection.</p> <p>Information is also available via the Technical appendix and supplementary data tables of the associated report.</p>
Relevance:	<p>The scope of the 2022–23 OSR collection is organisations receiving funding under the Australian Government's Indigenous Australian's Health Programme (IAHP).</p> <p>Most organisations are Indigenous-specific primary health care organisations, however, a small number of organisations that receive funding only for maternal and child health services are also included in the collection (termed MCH organisations). MCH organisations are generally not primary health care organisations. They provide specific programs or services embedded within hospitals, health services, or primary health networks.</p> <p>Most organisations report on all health/clinical services and related Full Time Equivalent (FTE) staffing levels regardless of the funding source. MCH organisations are only required to report on activities related to the IAHP funding rather than all activities.</p> <p>The reference period for the 2022–23 collection is 1 July 2022 to 30 June 2023.</p> <p>Data are available at the national, state/territory and remoteness area levels. In 2022–23 geographic information is recorded based on the physical address of the main site of the organisation. This is used for analysis at jurisdictional and remoteness level. In 2022–23 information was collected on the address of each service delivery site, the catchment area, the type of services provided, the availability of services and the estimated number of clients at each site; however, all other information was collected at the organisation level.</p>

Accuracy:

In some reporting periods, not all organisations who are required to report to the collection do so. For the 2022–23 collection, 232 (99.6%) of the 233 organisations that were in-scope to report submitted data. Of the 214 primary health care organisations, 213 (99.5%) submitted data.

The main clinical information systems (CIS) are able to generate OSR data within their clinical system and transmit it directly to the HDP. Organisations using other CIS manually enter data into a web-based form in the HDP.

The HDP applies a series of validation rules to the data to identify any data quality issues and organisations can correct these issues before submitting their data. In addition, the AIHW checks the quality of the data supplied by each organisation. Where the AIHW identifies possible errors or inconsistencies, organisations are provided with a description of the issue to seek further explanation or invited to resubmit data. Data may be resubmitted until the collection period is closed off by the Department of Health and Aged Care. For 2022–23, the AIHW returned data to 93 out of the 232 organisations who reported that period. Where unresolved data quality issues are identified, the AIHW excludes these data from the national reporting dataset. For the 2022–23 collection, 2 (1%) organisations overall had unresolved validation issues affecting 2 data items at the close of the reporting cycle. Of the primary health care organisations, 2 (1%) organisations had unresolved validation issues affecting 2 data items.

Common data quality queries received during data submission relate to incomplete or inaccurate data (for example, workforce positions not reported or reported in terms of the number of people rather than full-time equivalent positions); data discrepancies between two or more questions (for example, the number of clients exceeding the number of episodes of care); and large increases or decreases in data items compared with previous submissions.

Some organisations were unable to provide exact data and provided estimates of client numbers and episodes of care. In the 2022–23 collection, 26 (11%) organisations estimated their episodes of care and 18 (8%) estimated their client numbers. Of the 213 primary health care organisations, 21 (10%) estimated their episodes of care and 18 (8%) estimated their client numbers. These data were accepted unless the AIHW assessed their data were likely to overestimate actual numbers.

Most health FTE positions reported have a corresponding number of client contacts. However, organisations may report FTEs without client contacts, for example, if:

- the FTE position only ran group activities, as group activities are not included in client contacts
- the client contacts are aggregated for a group of health professionals because the reporting organisation was unable to separate them.

Coherence:

This section includes information from the 2022–23 collection as well as selected issues from previous collections that have substantial impact on coherence. Users comparing data between periods are advised to also refer to data quality statements for all intervening collections.

Information collected – The collection began in 2008–09 to replace the Service Activity Reporting, Drug and Alcohol Services Reporting, and Bringing Them Home and Link-up counselling data collections.

In 2012–13, following a review of the OSR collection, a revised collection instrument was introduced. For more details of the changes see the [Online Services Report \(OSR\) Database, 2012–13 DQS](#).

Up to 2017–18, the collection included data from:

- comprehensive primary health care organisations
- maternal and child health programs
- social and emotional wellbeing (SEWB)/Link-up counselling services (funded by The Department of Prime Minister and Cabinet (PM&C))
- standalone substance use services (funded by PM&C).

In 2018–19, the OSR collection underwent significant change and was scaled back

to include only 'core' items. Items dropped include the PM&C funded modules on substance use and social and emotional wellbeing, along with the services provided and cultural safety items. Plans are underway to reintroduce or add key items in a staged approach over the next few years (see the [Online Services Report \(OSR\)](#)).

For collections prior to 2018–19, specific questions for maternal and child health (MCH) organisations were included in a separate module. In 2018–19, these were integrated but the data MCH organisations were required to report was only focused on what they received MCH funding for, not all types of health services the health organisation offered.

In the 2019–20 collection, items were added to collect the address of each service delivery site and the availability of services at each site.

In the 2020–21 collection, the question on the number of clients seen was collected by age group in addition to the other disaggregations. Additional organisation profile questions were also added about who the organisation is incorporated with, whether it is not-for-profit and board member training and skills.

In the 2021–22 collection, questions were added on the number and proportion of clients by Indigenous status at each service delivery site. An additional sub-question was also added underneath the question about whether the organisation has a governing committee or board. The new question asks whether details are known about the governing committee or board.

In the 2022–23 collection, questions were added on accreditation and whether details of the board members are published on the organisation's website. Questions at the service delivery site level were added for opening and closing times, the catchment area and what functions and services are provided.

Organisations reporting to the collection – while for the most part it is the same organisations reporting to the collection each period, as a result of changes in funding, auspicing or reporting arrangements at the local level:

- the organisations that are funded to provide services vary between periods
- the funded organisations that report data each period vary (for example, an organisation may be given an exemption from reporting for a specific period).

New Directions: Mothers and Babies services were in scope for the OSR for the first time in the 2013–14 collection. For more details see the [Online Services Report \(OSR\) Database, 2013–14 DQS](#).

Data quality and exclusions – the quality of data, and the exclusions applied to data items, vary by period as does the number of organisations submitting valid data, on the whole or for a particular data item. For example, some organisations may be unable to report accurate data in particular periods or for particular data items (for example, because of changes in their clinical information systems or record-keeping practices) and these data are excluded from national reporting. In earlier periods, it was more common for organisations to be unable to provide complete data for all questions. Therefore, there may be inconsistencies between data items for individual organisations. For example, an organisation may be able to provide data on episodes of care by Indigenous status, but not data on client contacts by Indigenous status.

Episodes of care data for 2016–17 are not comparable with other years because changes were made to the types of contacts counted as an episode of care. For more details see the [Online Services Report \(OSR\) Database, 2016–17 DQS](#).

Collection methodology:

- Data were collected by the AIHW for the first time in 2008–09 using a paper-based OSR questionnaire. It would not be appropriate to make time series comparisons with data collected by the Department of Health and Ageing prior to 2008–09, due to differences in the collection methodology and scope of the collection.
- From 2012–13, the collection was also assisted by the introduction of the PenCAT audit tool and the OCHREStreams online reporting portal, developed and maintained by the Improvement Foundation for the Department of Health and Ageing. For more details see the [Online Services](#)

[Report \(OSR\) Database, 2012–13 DQS.](#)

- The PenCAT tool was not available for use for extracting data onto OCHREStreams from 1 July 2015 and was not used for the 2015–16 collection. For this collection organisations relied on their own data extraction processes and manually entered this data onto OCHREStreams.
- From 2016–17 the data extraction process was changed to a direct load process to extract data directly from an organisations CIS onto OCHREStreams. For more details see the [Online Services Report \(OSR\) Database, 2016–17 DQS.](#)
- The 2018–19 collection was the first collection in which organisations submitted data via the HDP rather than OCHREStreams. For more details see the [Online Services Report \(OSR\) Database, 2018–19 DQS.](#)

Collection period – In 2014–15, the Census date for the collection was brought forward by 1 month to 31 May 2015, rather than 30 June 2015. For more details see the [Online Services Report \(OSR\) Database, 2014–15 DQS.](#)

Effect of COVID-19 – Unlike in other periods, reporting for the 2019–20 and 2020–21 periods was voluntary due to the COVID-19 pandemic. Some impact from the COVID-19 pandemic can be seen in the results from the OSR collection. However, variation between periods cannot be tied completely to the effects of the pandemic, and a combination of other factors as listed previously in this section also affects results over time. See [Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections](#) for more information.

Data products

Implementation start date: 01/07/2022

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Supersedes [Online Services Report \(OSR\) Database, 2021–22: Quality Statement AIHW Data Quality Statements](#), Superseded 30/01/2024