
Data Quality Statement – Queensland Hospital Admitted Patient Collection (QHAPDC)



For further information contact:

Health Statistics Centre
Queensland Health
GPO Box 48
Brisbane Queensland 4001 Australia
tel (+61) (07) 3234 1875
hlthstat@health.qld.gov.au
www.health.qld.gov.au

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Data Quality Statement – Queensland Hospital Admitted Patient Data Collection

Health Statistics Centre, Queensland Health

Key Data Quality Points:

- The Queensland Hospital Admitted Patient Data Collection (QHAPDC) is a comprehensive dataset that has records for all separations of admitted patients from all public and private hospitals in Queensland.
- QHAPDC includes data for each year from 1993/94.
- The Indigenous status data are of sufficient quality for statistical reporting purposes.
- Variations in admission practices and policies may lead to variation among providers in the number of admissions for some conditions.

Description	<p>The Queensland Hospital Admitted Patient Data Collection (QHAPDC) is a compilation of episode-level records, collected from all Queensland hospitals. QHAPDC contains data on all patients separated (an inclusive term meaning discharged, died, transferred or statistically separated) from any hospital permitted to admit patients, including public psychiatric hospitals.</p> <p>Hospitals that are permitted to admit patients must contribute data to QHAPDC for each separation.</p>
Institutional environment	<p>The QHAPDC commenced in 1969, under the governance of the Australian Bureau of Statistics (ABS). In January 1993 management and governance of QHAPDC was transferred to Queensland Health.</p> <p>Legislation covering the confidentiality of the QHAPDC is covered by the <i>Health and Hospitals Network Act 2011</i> (Part 7) and the <i>Private Health Facilities Act 1999</i> (Section 147). Release of information from QHAPDC is also governed by the <i>Public Health Act 2005</i> and the <i>Information Privacy Act 2009</i> and national guidelines on the release of health data for statistical purposes. These guidelines are available at:</p> <p>http://www.health.qld.gov.au/performance/docs/simc_anonymisation.pdf</p>
Data source	<p>Unit record information is collected monthly from facilities for all patients separated during the reference month. Data from hospitals are required at Health Statistics Centre (HSC) within 35 days after the end of the reference month.</p> <p>Public hospitals are required to submit QHAPDC data by way of Identification and Diagnosis Sheets (MR056 (B) – Part One) and Patient Activity Forms (MR056 (B) – Part Two) or by electronic means using an approved file format. Private hospitals submit data directly to the HSC Data</p>

	<p>Collection Unit (DCU) either by way of Identification and Diagnosis (I&D) Sheets (PHI – Part One) and Patient Activity Forms (PHI – Part Two) or by electronic means using an approved file format. If data are submitted using I&D Sheets then only completed months are forwarded to HSC.</p> <p>Approved file formats and validation rules for both public and private hospitals, and current paper collection forms for private hospitals, can be found in Appendices B & C of the QHAPDC manual: http://www.health.qld.gov.au/hic/manuals/11_12QHAPDC/11_12_QHAPDC_Final.pdf</p>
Relevance	<p>The purpose of QHAPDC is to collect information about care provided to admitted patients in Queensland hospitals.</p> <p>The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments.</p> <p>QHAPDC data are used for a number of purposes at hospital and department levels. Common uses for data at departmental level are: monitoring funding arrangements, negotiating additional funding for health services planning and resource allocation, and for epidemiologists to study patterns of morbidity and mortality. Hospitals, particularly those with a teaching and research role, access the data to educate students of medicine, nursing and allied health disciplines.</p> <p>QHAPDC is the ‘source of truth’ for information relevant to admitted patient morbidity data provided to the Commonwealth Government, under relevant Commonwealth agreements and Acts. These data submissions enable the production of Commonwealth national reporting, such as:</p> <ul style="list-style-type: none"> - <i>Report on Government Services</i> (Productivity Commission) - <i>Australian Hospital Statistics</i> series (AIHW) - <i>National Healthcare Agreement Performance Indicators</i> (COAG Reform Commission) - Independent Hospital Pricing Authority (IHPA) reports - National Hospital Performance Authority (NHPA) reports and data plans <p>Accurate, timely, and complete QHAPDC data are critical for Activity Based Funding and the National Reform process.</p> <p>The scope of QHAPDC is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, and free-standing day hospital facilities in Queensland.</p> <p>It includes administrative data items such as such as names, addresses, birthdates, marital status, Indigenous status, mental health legal status,</p>

	Medicare number, health insurance provider, and clinical data including morbidity/disease coding of all conditions and procedures present or occurring during that hospital admission.
Timeliness	<p>QHAPDC data are collected on a monthly basis, and finalised on a financial year basis.</p> <p>QHAPDC data from hospitals are required at HSC within 35 days after the end of the reference month. Once data are received by HSC, validation checks are performed and validation reports returned to the submitting hospital for corrections/checks. Hospitals are then permitted to re-submit QHAPDC data with corrected edits.</p> <p>Due to this process of submission and validation there may be a delay of up to 8 weeks before data on separated patients are available for reporting by HSC. These delays may be greater if a hospital has been unable to supply coded separations data by the allocated 35-day period.</p> <p>QHAPDC data for the current financial year are not considered final until several months after the end of that year, due to ongoing validations and corrections. Once these validations and edits are finalised, a complete financial year of QHAPC is submitted to the Commonwealth (November), and that year of data is considered final. No further changes are made unless data edits run by the Commonwealth detect errors.</p>
Accuracy	<p>The primary responsibility for the quality of the data is with the data provider (i.e. hospitals), including quality of clinical coding of morbidity details.</p> <p>To ensure that statistics produced are reliable, HSC also undertakes extensive validations on receipt of data; data are checked for valid values, logical consistency and historical consistency. Potential errors identified in these validations are queried with submitting hospitals, and corrections and resubmissions may be made in response to these edit queries.</p> <p>The 'Indigenous status' data item is of sufficient quality for statistical reporting purposes.</p> <p>Data on procedures are recorded uniformly using the Australian Classification of Health Interventions. Data on diagnoses are recorded uniformly using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM).</p>

	<p>The importance to both the Federal and State Governments of the data submitted for the QHAPDC should not be underestimated, and for this reason the potential exists for one or both levels of government to institute audits of information in recognised hospitals. Depending on the purpose and nature of the audit, they are often conducted by agencies that are external to the hospital and focus on the quality of financial, statistical and clinical data. However, audits occur at many levels, including at the point of coding, data entry, processing, report production and overall monitoring of the health system activity.</p> <p>With the implementation of Activity Based Funding in public hospitals, such audits will also focus on the adequacy of the control environment to ensure hospital funding levels are verifiable.</p>
<p>Coherence</p>	<p>QHAPDC data items may be introduced or amended between financial years dependent on national reporting requirements and/or local planning or reporting needs. As such, time series analyses of selected QHAPDC data are either not possible or will be significantly impacted. Classifications may also be introduced or amended during financial years and data mappings may be required for time-series analysis.</p> <p>Information regarding definitions and coding standards for morbidities (including diagnoses, external causes and procedures) can be found in the Australian Coding Standards, of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM). The current edition of ICD-10-AM used in QHAPDC is edition 7. Prior to July 2010, ICD-10-AM underwent biennial revisions, hence there will be morbidity coding changes present within QHAPDC when analysing time series for particular diseases/procedures.</p> <p>Australian Refined Diagnosis Related Groups (AR-DRGs) is a classification which categorises admitted patient episodes into groups with similar conditions and expected resource utilisation. AR-DRGs are derived from patient diagnosis and demographic information. The version of the classification usually changes biennially, and the current version of AR-DRG used in QHAPDC is version 6.1.</p> <p>In QHAPDC the usual residence of the patient is coded using a geographical classification. Prior to July 2012 the Australian Standard Geographical Classification (ASGC) was used to derive a Statistical Local Area (SLA) code. The Australian Statistical Geography Standard (ASGS) is currently used to allocate a Statistical Area code (SA2).</p>

<p>Accessibility</p>	<p>The HSC provides a number of products based on QHAPDC, including:</p> <ul style="list-style-type: none"> - Emergency admissions data for the Queensland Health <i>Hospital Performance</i> website - Queensland Health Indigenous Key Performance Indicators - Selected Queensland Hospital Activity Indicators http://www.health.qld.gov.au/hic/QHID/Hospital_Activity/default.asp - Queensland Health DSS Casemix scorecard <p>The Australian Institute of Health and Welfare (AIHW) report annual data and produce ad hoc reports which comprise information supplied by jurisdictions. These reports can be found at: http://www.aihw.gov.au/hospitals/</p> <p>The Queensland Health Mental Health Information Unit, and Patient Safety and Quality Improvement Unit directly access QHAPDC for reporting and analysis needs.</p> <p>Extracts from QHAPDC are also able to be requested from HSC, via hlthstat@health.qld.gov.au.</p>
<p>Interpretability</p>	<p>The manual of instructions for the completion and submission of QHAPDC data, describing the instructions and procedures for reporting of QHAPDC data is at http://www.health.qld.gov.au/hic/manuals/11_12QHAPDC/11_12_QHAPDC_Final.pdf</p> <p>Metadata for items collected for QHAPDC are listed in the Queensland Health Data Dictionary, which is managed by the Statistical Standards Unit of the Health Statistics Centre. Further information on the Queensland Health Data Dictionary can be sought by emailing dqstd@health.qld.gov.au.</p> <p>Supporting information on national definitions published by AIHW for admitted patient care are published in AIHW's online metadata repository (METeOR), and the <i>National Health Data Dictionary</i>. METeOR and the National Health Data Dictionary can be accessed on the AIHW website: http://www.meteor.aihw.gov.au/content/index.phtml/itemId/181162 http://www.aihw.gov.au/publication-detail/?id=6442468385</p> <p>Statistics and analyses generated from QHAPDC will contain caveat information to ensure appropriate interpretation. These caveats may include discussion of coverage, completeness of coding, and exclusion or inclusion criteria used to generate that data. Technical reports describing analyses of QHAPDC data are available at: http://www.health.qld.gov.au/hic/tech_report/techreport.asp.</p>