











ESA – 360 HOSPITAL SERVICES STATISTICS

| Summary of Quality Assessment Results | | | | | | | |
|--|--|--|--|--|--|--|--|
| Overall ESA Assessment | Institutional Environment | Relevance | Timeliness | Accuracy | Coherence | Interpretability | Accessibility |
|  Green |  Green |  Amber |  Green |  Amber |  Green |  Green |  Green |

| List of Contributing Datasets and Custodians |
|--|
| <ul style="list-style-type: none"> • National Hospital Morbidity Database (AIHW) • Patient Experience Survey (ABS) • Private Hospitals Collection (ABS) |

| ESA Elements | | | | | |
|--------------|-----------|---|--------------------|--|--|
| Pillar | Dimension | Description | Critical Frequency | Critical Spatial | Critical Disaggregation |
| Society | Health | Includes statistics on all aspects of hospital related activity (admitted and non-admitted patients), hospital finance and infrastructure, safety and quality and patient experience. | Annually | National, State/Territory, Local Government Area, Remoteness, Hospital Network | Age, Sex, Indigenous Status, Hospital Type |

Overall ESA Assessment

The quality of ESA – 360 Hospital Services Statistics was assessed as a green traffic light for the purpose of ESA. The overall quality of this statistic met an acceptable standard for the quality indicators selected and the appropriate quality practices and processes were in place. This quality assessment was based on quality information about the contributing datasets. Data custodians can be contacted for further information about the quality of the datasets which contributed to the statistic.

For more detailed quality information about each dimension, see over page





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Institutional Environment

The statistic scored a green traffic light for institutional environment. There were sufficient quality and risk management processes in place, protections for confidentiality and archiving processes. Staff were trained in data collation and the statistical purpose of the administrative records.

Relevance

The statistic scored an amber traffic light for relevance. Most of the key information in the description of the statistic was available; information about hospital quality was lacking. The critical spatial level, Local Government Area, was either not available or produced using a concordance from other spatial levels, and Hospital Network was not available in most cases. The critical disaggregations, Indigenous Status and Hospital Type, were available for some information.

Timeliness

The statistic scored a green traffic light for timeliness. The critical frequency for the statistic was met and users were able to access the release of new data when expected, with some delays. The duration between collection and release of data was not timely in some cases.

Accuracy

The statistic scored an amber traffic light for accuracy. Most of the target population was sufficiently represented for the statistic, and there were sufficient measures in place to adjust for missing values or non-response. Sampling error was represented for survey data, for individual figures. The accuracy varied for information collected within administrative datasets in some cases. Some known under or overcounts or under or overrepresentation were not managed.

Coherence

The statistic scored a green traffic light for coherence. External sources were available for data confrontation. Most information for the statistic was able to be compared over time; while there were minimal changes to collection procedures, there were some changes to population and characteristic definitions over time. There was some variation between data compiled from multiple administrative sources.

Interpretability

The statistic scored a green traffic light for interpretability. Data quality statements, information to help users to understand the data were available. Users were able to access additional support if needed. Descriptions of conceptual limitations of the data were mostly available.

Accessibility

The statistic scored a green traffic light for accessibility. The key information, including visualisations such as graphs or maps, was publicly available and users could access data in Excel and other formats such as html. Some data was accessible in a machine readable format. The key information was accessible for free with customised data available at a cost.

Areas for improvement:

- Most of the key information in the description of the statistic was available from the contributing datasets; however information about hospital quality was lacking.
- The critical spatial level, Local Government Area, was either not available or produced using a concordance from other spatial levels, and Hospital Network was not available in most cases.
- Some known under or overcounts or under or overrepresentation were not managed.