

# 7 Data quality of the AODTS–NMDS in 2001–02

This chapter describes the quality of the data received by AIHW from the service providers via their central health authorities. Appendix 2 provides information on the editing processes that were undertaken to maximise quality and comparability of data between states and territories.

## 7.1 Background

A range of activities was undertaken to maximise the quality of the data collected, including:

- following the National Health Information Agreement process, which established agreed definitions and agreed national minimum data sets;
- communication between the AIHW and jurisdictions prior to the supply of data, including written guidelines and file specifications; also updating by AIHW of the guidelines on the validation process to improve the data collating and editing (see AIHW 2001a);
- jurisdictions establishing their own data quality and checking mechanisms, and providing training to their service providers and written guidelines for collecting the National Minimum Data Set;
- the validation processes that occurred within each jurisdiction prior to forwarding the data to AIHW, and within AIHW on receipt of the data.

### Comprehensiveness of the data

Excluding Queensland, data were provided from 421 (95.9%) of the 439 agencies that were in scope for this collection in 2001–02. More detailed information on the undercount of Indigenous services and Commonwealth National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program data is available in Section 1.4.

### Collection basis undercount

Queensland Health provided data on police diversions only (see Section 7.2 on principal drug of concern). It is expected that Queensland Health will provide more complete data for the 2002–03 collection.

The majority of jurisdictions provided treatment episode data based on treatment episodes that closed during the period 1 July 2001–30 June 2002. A client could have more than one treatment episode that closed during this period. South Australia supplied client-registration data based on clients who registered for treatment (i.e. who opened treatment episodes) during the period 1 July 2001–30 June 2002. A client could open more than one treatment episode during this period but South Australia only provided data from the first treatment episode (consistent with the procedures used for 2000–01 data provision). Data from South Australia thus represented 5.9% of all records nationally for 2001–02 compared with 6.5% of all records in 2000–01. As a result of these differences in data collection and supply, there

was an undercount of treatment episodes from that jurisdiction when compared with treatment episode data received from other jurisdictions. South Australia will provide treatment episode data for the 2002–03 collection.

## **7.2 Data quality—selected data items**

Initially, the new National Minimum Data Set required significant effort from the Commonwealth and all states and territories to change their collection systems to reflect the new reporting requirements. Understandably, not all data and collection systems were fully converted to the new format in time to supply all National Minimum Data Set data items in the manner specified for the first year of this collection (2000–01). The second year of the collection has continued to require changes in, or additions to, existing collection systems and most of this additional work has been undertaken by the majority of jurisdictions. There are a small number of data elements that need further discussion and possibly refinement, however, the emphasis in future will be focused very strongly on consolidating the existing data collection.

There were specific data quality issues associated with a number of data items and these are outlined below. Appendix 2 provides more information on the editing process that was undertaken to enhance the quality and comparability of the data.

### **Geographical location**

The definition for this data item states that for establishments with more than one geographical location, the location should be defined as that of the main administrative centre. As most administrative centres are located in a metropolitan area, jurisdictions that have not yet supplied location by service outlet are likely to under-represent the number of services located in rural and remote areas compared to services located in metropolitan areas.

From 2002–03, agency location will be recorded as location of each service outlet rather than the administrative centre. It is expected that most jurisdictions will be able to supply location by service outlet in their 2002–03 data submission and this should improve the quality and usefulness of this data item.

### **Indigenous status**

The total number of Indigenous clients is under-represented in this collection for two reasons. First, most of the data from Indigenous substance use services and from Indigenous health services that provide treatment for alcohol and other drug problems were not supplied (see Section 1.4).

Second, 7.6% of all responses to the Indigenous status data item were ‘not stated’. Some of these could have been from Indigenous clients. Reduction in the proportion of ‘not stated’ responses is expected for this data item in future years as collection procedures improve.

### **Source of referral**

South Australia combined all residential categories together under ‘other residential community care unit’ (category 9) and all non-residential categories under ‘other non-residential community health care agency’ (category 13). As a result, the South Australian

data for the source of referral categories – community mental health, alcohol and other drug treatment services, and other community health/care services – are misleading.

## **Injecting drug use**

There was a high proportion of ‘not stated’ responses for this data item (15%). Those jurisdictions with a particularly high number of ‘not stated’ responses for injecting drug use have improved the quality of this data item since the previous collection and further improvements are expected for the next collection.

## **Principal drug of concern**

Queensland Health provided data on police diversions only (all with a principal drug of cannabis). These data comprised 3.5% of all records nationally and 16.7% of all records where principal drug of concern is cannabis. This information should be taken into account when comparing data on cannabis treatment across jurisdictions and nationally.

## **Other drug of concern**

Jurisdictions were asked to provide up to five other drugs of concern. The range of responses provided was one to five other drugs of concern with seven jurisdictions providing five other drugs of concern, an improvement in the quality of this data item from the previous year’s collection. Many jurisdictions collected more than five other drugs and most jurisdictions, where this occurred, provided only the records for the first five other drugs recorded. The number of these additional drugs is thought to be minimal. The data on five other drugs of concern have been aggregated for reporting purposes as the order in which they are listed may not reflect the order of importance to the client.

## **Other treatment type**

In addition to main treatment type, jurisdictions were asked to provide up to four other treatment types. There were low responses for this data item with 15% of treatment episodes recording another treatment type. Of all records with another treatment type, 92% were for the first other treatment. These results may reflect the fact that the majority of clients only receive one treatment type, or that agencies need clearer instructions on the purpose and coding of this data item. In addition, a small number of other treatments were recorded where the main treatment type was support and case management only, information and education only, and assessment only.

No data for other treatment type were provided by South Australia or Victoria and these jurisdictions have been excluded from tables using other treatment type. South Australia will be providing this data item next year (2002–03 data).

## **Treatment episode counts**

A change in principal drug of concern, main treatment type or treatment delivery setting defines that the existing treatment episode is closed and a new treatment episode is to be opened. When this rule is not uniformly applied the number of treatment episodes reported from that agency or jurisdiction for the collection period will be lower than from those

agencies or jurisdictions where the procedure is followed consistently. In Western Australia, changes to treatment delivery setting did not always trigger a new treatment episode. In Victoria changes to treatment delivery setting were not used to create a new treatment episode. Therefore, care should be taken when comparing the number of treatment episodes across jurisdictions (see Tables 3.3, 4.4, A3.4, A3.7–A3.8 and A3.13–A3.14).

## **Trends in counts**

The number of treatment episodes from the Australian Capital Territory for 2001–02 is substantially lower than the registrations from the previous year. In 2000–01, alcohol and other drug treatment services in the Australian Capital Territory had a high proportion of clients who reported heroin as their principal drug of concern. During this period the supply of heroin dropped sharply (the ‘heroin drought’), and evidence suggests that many heroin users registered for treatment because they were unable to obtain heroin (Topp et al. 2002). Once the heroin supply normalised many of these users may have left treatment.

## **Timeliness**

There were a number of changes to the 2001–02 AODTS–NMDS that impacted on the ability of jurisdictions, the Commonwealth and the AIHW to produce a clean national data set by the anticipated date. For this period, the collection changed from a client registration based collection to a treatment episode based collection and six new data items were added to the collection.

Data were to have been sent to AIHW by 31 December 2002 and were received progressively from late December 2002 through to early April 2003. The delays were the responsibility of all participants in the process and, for the most part, were due to a combination of resourcing issues, IT problems, new staff and unfamiliar data items.

Delays do have an impact on the timeliness of output from this collection. Results are more useful to clinicians, policy makers, program developers and researchers if they are available as soon as possible after the end of the collection period.

It is anticipated that the valuable information gained by the Commonwealth, states and territories and AIHW during the processing of the 2001–02 collection will improve the quality and timeliness of the 2002–03 AODTS–NMDS.

## **Not stated responses**

Proportions of those responses that were ‘not stated’, ‘missing’ or ‘unknown’ data responses are given for each state and territory and nationally in Table 7.1 for 2001–02 data, as a proportion of total responses for each data item. Not stated responses for Indigenous status and Injecting drug use data items have already been discussed. Many jurisdictions have improved the ‘not stated’ responses for these data items since last year. Jurisdictions that have higher than average ‘not stated’ responses for other data items have indicated that they will be investigating the reasons for this and aiming to improve the quality of their data. It is expected that the proportion of ‘not stated’, ‘missing’ or ‘unknown’ responses will continue to decline.

**Table 7.1: Not stated/missing/unknown responses for data items by jurisdiction, Australia, 2001–02<sup>(a)</sup>**

<b>Data item</b>	<b>NSW</b>	<b>Vic</b>	<b>Qld</b>	<b>WA</b>	<b>SA</b>	<b>Tas</b>	<b>ACT</b>	<b>NT</b>	<b>Other<sup>(b)</sup></b>	<b>Australia</b>
<b>Client data items</b>	<b>(per cent)</b>									
Client type	—	3.1	0.2	2.5	1.3	—	—	—	3.5	<b>1.6</b>
Country of birth	1.1	2.8	—	1.2	4.0	—	0.2	2.1	2.9	<b>1.9</b>
Date of birth/age	0.1	3.1	—	—	0.3	—	2.3	—	5.3	<b>1.4</b>
Indigenous status	6.4	8.0	0.6	6.6	17.8	19.6	0.4	4.0	8.4	<b>7.6</b>
Preferred language	0.4	4.5	0.7	8.4	9.7	—	0.1	11.2	4.9	<b>3.8</b>
Sex	0.1	0.2	—	0.1	—	—	0.2	—	0.2	<b>0.1</b>
Source of referral	1.6	0.5	—	5.2	1.3	5.0	0.8	2.7	—	<b>1.6</b>
<b>Drug data items<sup>(c)</sup></b>										
Principal drug of concern	—	—	—	1.5	5.5	1.0	—	—	9.7	<b>0.7</b>
Other drugs of concern	—	—	3.3	—	0.2	—	—	—	6.1	<b>0.3</b>
Method of use	2.0	2.6	1.7	3.6	12.3	1.7	0.1	2.2	11.7	<b>3.2</b>
Injecting drug use	13.7	14.3	1.0	15.0	27.8	32.0	1.8	17.6	34.9	<b>15.0</b>
<b>Treatment data items<sup>(d)</sup></b>										
Main treatment type	—	—	—	—	—	—	—	—	—	—
Number of service contacts <sup>(e)</sup>	—	—	—	—	—	0.1	0.2	—	0.1	—
Other treatment type <sup>(e)</sup>	—	—	—	—	—	—	—	—	—	—
Reason for cessation	2.5	0.3	—	4.7	—	14.2	7.9	6.1	7.9	<b>2.4</b>
Treatment delivery setting	—	—	—	—	—	—	—	—	—	—

(a) Proportion of not stated of all responses for data item.

(b) Other NGOTGP services not currently reported through a specific state or territory collection.

(c) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(d) South Australia did not collect these data items.

(e) Queensland and Victoria did not collect these data items.

*Note:* Includes inadequately described for all data items except Age and Indigenous status.