

3.13 Accreditation across service types

The proportion of:

- *accredited public hospital Aboriginal and Torres Strait Islander separations and patient days as a percentage of all Aboriginal and Torres Strait Islander separations and patient days in public hospitals*
- *accredited general medical practice service establishments by proportion of Indigenous populations in Divisions of General Practice*

Data sources

Data for this measure come from the AIHW National Public Hospitals Establishment Database and general practice data from the Annual Survey of Divisions of General Practice, the Australian General Practice Accreditation Limited (AGPAL) and the General Practice Accreditation Plus (GPA+).

Hospitalisations

The AIHW National Public Hospitals Establishment Database holds establishment-level data for public hospitals within the jurisdiction of the state and territory health authorities. Private hospitals and public hospitals not administered by the state and territory health authorities are not included. Information is provided annually to the AIHW by state and territory health departments.

Data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations in 2003–04 – Queensland, Western Australia, South Australia and the Northern Territory (AIHW 2005). These four jurisdictions represent approximately 60% of the Indigenous population of Australia. Data are presented by state/territory of usual residence of the patient.

Hospitalisations for which the Indigenous status of the patient was not reported have been included with hospitalisations data for non-Indigenous people under the 'other' category. This is to enable consistency across jurisdictions as public hospitals in some states and territories do not have a category for the reporting of 'not stated' or inadequately recorded/reported Indigenous status.

Hospitalisation data are presented for the two-year period July 2002 to June 2004. An aggregate of two years of data has been used as the number of hospitalisations for some conditions is likely to be small for a single year.

General practice

No data are currently available on the Indigenous status of clients/episodes for general practice data by accreditation status. Therefore a proxy looking at areas of Indigenous populations and accreditation status of practices in these areas has been used. It should be noted that this proxy has some limitations in that people do not necessarily visit GPs in the area in which they live.

A question on numbers of accredited general practices in Divisions of General Practice is included in the Annual Survey of Divisions of General Practice. This survey is managed by the Primary Health Care Research and Information Service, Department of General Practice, Flinders University. This survey collects data on the number of practices in Australia and the number of practices accredited in Australia. It does not collect data on practices that are registered for accreditation but are not yet fully accredited.

AGPAL and GPA+ are the two registered providers of general practice accreditation in Australia. Most general practices are accredited by AGPAL. AGPAL and GPA+ provide information on the total numbers of accredited practices and practices registered for accreditation. They do not collect data on the total number of practices in Australia.

There are no accurate data on the number of practices in Australia. The Annual Survey of Divisions of General Practice reported that in 2004–05 there were 7,479 general practices. This number has been used as the denominator for calculating the proportion of accredited practices.

Analyses

Accreditation is generally a voluntary process by which a recognised body, usually a non-governmental organisation, assesses and recognises that a health care organisation meets applicable quality standards. The two pre-conditions for accreditation are an explicit definition of quality (that is, standards) and an independent review process aimed at identifying whether practices meet the quality standards (Australian Council on Health Care Standards 2005). Accreditation provides public recognition that a health care organisation has undertaken a process to ensure it meets the requirements of national health care standards. All health care organisations, whether they are in the public or private sector, local community-based care facilities or tertiary level providers, can undergo accreditation.

Hospital accreditation

Data on the proportion of hospitalisations in accredited hospitals for Indigenous and other Australians in Queensland, Western Australia, South Australia and the Northern Territory combined over the two-year period July 2002 to June 2004 are presented in the tables below.

- Over the two-year period July 2002 to June 2004, there were approximately 272,424 hospitalisations of Indigenous Australians in Queensland, Western Australia, South Australia and the Northern Territory combined in accredited public hospitals. This was 93% of all public hospitalisations of Indigenous Australians in these jurisdictions. Over the same period, 98% of hospitalisations of other Australians in these jurisdictions were in accredited public hospitals (Table 3.13.1).

Hospital accreditation by state/territory and remoteness

- In the four jurisdictions, the proportion of hospitalisations of Indigenous Australians that were in accredited hospitals ranged from 86.5% in Western Australia to 99.8% in South Australia.
- Over the two-year period July 2002 to June 2004 in the four jurisdictions, approximately 94% of days spent by Indigenous patients and 98% of days spent by other Australians in hospital were in accredited hospitals (Table 3.13.2).

- Over the two-year period July 2002 to June 2004, the proportion of hospitalisations of Indigenous Australians that were in accredited hospitals was highest among those residing in major cities and inner regional areas (almost 100%) and lowest among those living in very remote areas (85%). The same pattern was evident for hospitalisations of other Australians (Table 3.13.3).

Table 3.13.1: Hospital separations, by Indigenous status and accreditation status, Qld, WA, SA and NT, July 2002 to June 2004^{(a)(b)}

	Indigenous			Other ^(c)		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
Qld	97,767	6,814	93.5	1,278,710	28,617	97.8
WA	65,708	10,274	86.5	637,034	21,617	96.7
SA	29,302	73	99.8	712,564	414	99.9
NT	79,647	3,784	95.5	51,468	729	98.6
Qld, WA, SA, NT	272,424	20,945	92.9	2,679,776	51,377	98.1

(a) Data are from public hospitals only.

(b) Data are reported for Qld, WA, SA and NT only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Other includes hospitalisations for non-Indigenous people and those for whom Indigenous status was 'not stated'.

Note: the per cent is the number of separations in accredited hospitals by Indigenous status and state/territory divided by the total number of separations by Indigenous status and state/territory.

Source: AIHW analysis of AIHW National Public Hospitals Establishment Database.

Table 3.13.2: Hospital patient days, by Indigenous status and accreditation status, Qld, WA, SA and NT, July 2002 to June 2004^{(a)(b)}

	Indigenous			Other ^(c)		
	Number patient days in accredited hospitals	Number patient days in non-accredited hospitals	Per cent patient days in accredited hospitals	Number patient days in accredited hospitals	Number patient days in non-accredited hospitals	Per cent patient days in accredited hospitals
Qld	312,634	16,782	94.9	4,837,302	137,485	97.2
WA	152,029	32,817	82.2	2,690,936	35,721	98.7
SA	172,028	114	99.9	2,730,177	40,634	98.5
NT	244,650	8,348	96.7	174,812	1,712	99.0
Total	881,341	58,061	93.8	10,433,227	215,552	98.0

(a) Data are from public hospitals only.

(b) Data are reported for Qld, WA, SA and NT only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Other includes hospitalisations for non-Indigenous people and those for whom Indigenous status was 'not stated'.

Source: AIHW analysis of AIHW National Public Hospitals Establishment Database.

Table 3.13.3: Hospital separations, by Indigenous status, accreditation status and remoteness, July 2002 to June 2004^{(a)(b)}

Remoteness category ^(d)	Indigenous			Other ^(c)		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
Major cities	48,334	104	99.8	1,608,658	2,117	99.9
Inner regional	19,383	96	99.5	503,564	1,196	99.8
Outer regional	84,803	4,678	94.8	445,266	28,011	94.1
Remote	45,881	3,292	93.3	86,256	14,392	85.7
Very remote	72,489	12,748	85.0	34,034	5,497	86.1
Total^(b)	272,424	20,945	92.9	2,679,776	51,377	98.1

(a) Data are from public hospitals only.

(b) Data are reported for Qld, WA, SA and NT only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Other includes hospitalisations for non-Indigenous people and those for whom Indigenous status was 'not stated'.

(d) Remoteness category based on residence of patient.

Source: AIHW analysis of AIHW National Public Hospitals Establishment Database.

Hospital accreditation by hospital category

- In Queensland, Western Australia, South Australia and the Northern Territory combined, all hospitalisations of Indigenous and other Australians in principal referral hospitals, large hospitals and psychiatric hospitals were in accredited hospitals (Table 3.13.4). Between 74% and 89% of hospitalisations of Indigenous Australians and 74% and 94% of hospitalisations of other Australians in small hospitals were in accredited hospitals. Only 62% of Indigenous and 66% of other Australian hospitalisations in multi-purpose service hospitals were in accredited hospitals.

Table 3.13.4: Hospital separations, by Indigenous status, accreditation status and hospital category (peer group), Qld, WA, SA and NT, July 2002 to June 2004^{(a)(b)}

	Indigenous			Other ^(c)		
	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals	Number separations in accredited hospitals	Number separations in non-accredited hospitals	Per cent separations in accredited hospitals
Principal referral						
Principal referral	136,655	2 ^(d)	100.0	1,473,858	38 ^(d)	100.0
Specialist women's and children's	11,115	—	100.0	203,436	—	100.0
Large hospitals						
Large major cities	3,708	—	100.0	161,933	35 ^(d)	100.0
Large regional and remote	37,094	—	100.0	187,344	53 ^(d)	100.0
Medium hospitals						
Medium major cities and regional group 1	14,538	18	99.9	164,705	302	99.8
Medium major cities and regional group 2	5,746	2,016	74.0	155,039	17,177	90.0
Small hospitals						
Small regional acute	3,437	829	80.6	54,645	3,893	93.3
Small non-acute	4,568	562	89.0	72,160	4,262	94.4
Remote acute	38,022	13,472	73.8	36,665	13,212	73.5
Sub- and non-acute hospitals						
Multi-purpose service	4,466	2,706	62.3	20,105	10,566	65.6
Hospice	—	—	100.0	11	—	100.0
Rehabilitation	37	—	100.0	2,423	—	100.0
Mothercraft	87	—	100.0	5,220	7	99.9
Other non-acute	10,753	—	100.0	119,938	6	100.0
Other hospitals						
Psychiatric	791	—	100.0	8,516	—	100.0
Un-peered and other acute	1,407	1,340	51.2	13,778	1,794	88.5
Total	272,424	20,945	92.9	2,679,776	51,345	98.1

(a) Data are from public hospitals only.

(b) Data are reported for Qld, WA, SA and NT only. These four jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations. Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in the other jurisdictions.

(c) Other includes hospitalisations of non-Indigenous people and those for whom Indigenous status was 'not stated'.

(d) The number of separations in non-accredited principal referral and large hospitals are small as these numbers represent patients living in Queensland, Western Australia, South Australia and the Northern Territory, but have been referred to non-accredited hospitals in New South Wales. People living in New South Wales are not included in the analyses. All principal referral and large hospitals in these four jurisdictions are accredited.

Time series analyses

- Between 1998–99 and 2003–04 in Queensland, Western Australia, South Australia and the Northern Territory combined, there were increases in the proportion of hospitalisations of Indigenous and other Australians in accredited hospitals (from 59% to 94% for Indigenous separations and from 78% to 99% for other separations) (Figure 3.13.1).

While the difference between the proportion of Indigenous and non-Indigenous separations in accredited hospitals has appeared to decline between 1998–99 and 2003–04, this is likely to be the result of more hospitals in rural and remote areas obtaining accreditation in recent years, at which a higher proportion of Indigenous Australians are hospitalised than non-Indigenous Australians.



General practice accreditation

Table 3.13.5 and Figure 3.13.2 present data on the number and proportion of general practices accredited in Australia based on the Annual Survey of Divisions of General Practice.

- In 2004–05, the Annual Survey of Divisions of General Practice estimated that there were 7,479 general practices in Australia, 4,656 (62.3%) of which were accredited.
- Approximately 55% of general practices in areas where less than 1% of the population was Indigenous were accredited. Between 65% and 85% of general practices were accredited in areas where between 1–2% and 4–10% of the population were Indigenous. In areas where more than 10% of the population were Indigenous, only 54% of general practices were accredited (Figure 3.13.2).

Table 3.13.5: Number and per cent of general practices accredited by Divisions of General Practice, by proportion of the population that are Indigenous, 2004–05

Proportion of Indigenous ^(a)	Total number of practices	Number accredited	Per cent accredited
<1%	3,162	1,731	54.7
1–2%	2,042	1,323	64.8
2–3%	993	650	65.5
3–4%	386	287	74.4
4–10%	578	495	85.6
>10%	318	170	53.5
Total	7,479	4,656	62.3

(a) Aboriginal and Torres Strait Islander proportions are based on ABS population estimates used in the Annual Survey of Divisions of General Practice.

Note: There is double counting of some services where general practices reside on the border of two divisions. In that case two divisions may service the same practice.

Source: AIHW analysis of the Annual Survey of Divisions of General Practice.

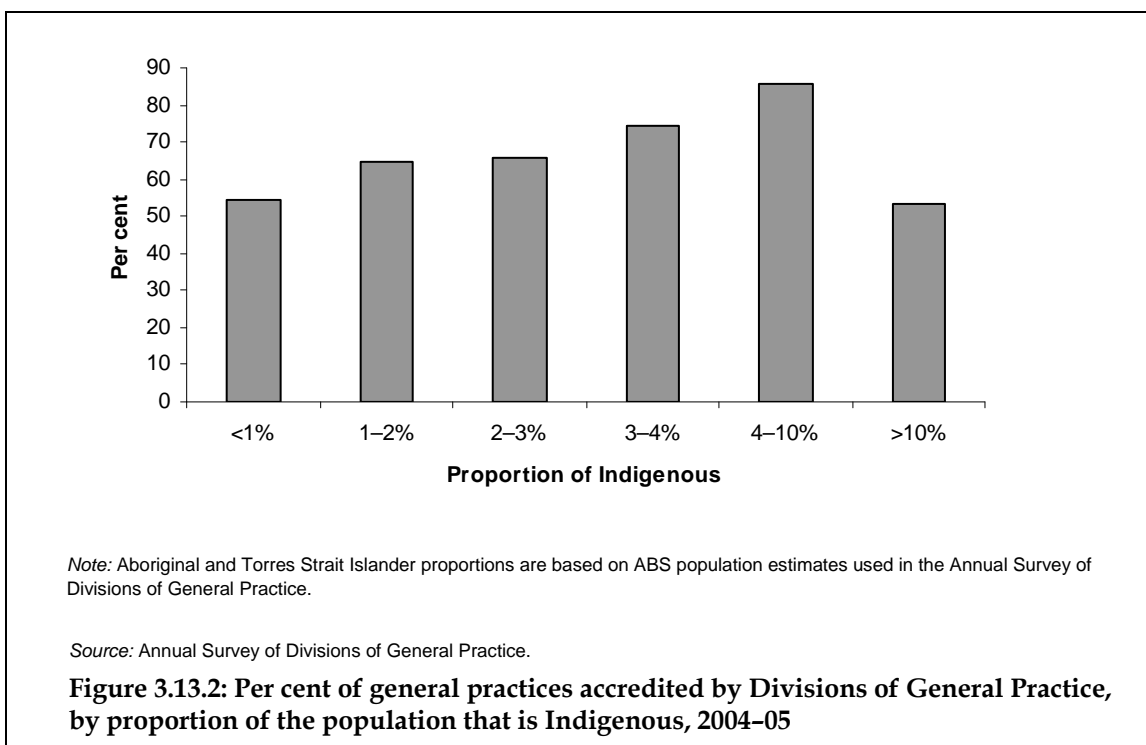


Table 3.13.6 presents data on the number of general practices accredited, and the number of general practices registered for accreditation but not yet accredited, based on data from the two registered providers of general practice accreditation – AGPAL and GPA+.

- As at July 2006, there were 3,877 general practices accredited and 384 general practices registered for accreditation but not yet accredited, through AGPAL and GPA+.
- The majority of general practices accredited through AGPAL and GPA+ were in areas where less than 1% or between 1% and 2% of the population were Indigenous (909 and 1,357 practices respectively).

Table 3.13.6: Number of general practices accredited through AGPAL and GPA+, by proportion of the population that is Indigenous, as at July 2006

Proportion of Indigenous^(a)	Accreditation status	Number
<1%	Accredited	1,550
	Registered but not yet accredited	93
1–2%	Accredited	1,357
	Registered but not yet accredited	119
2–3%	Accredited	681
	Registered but not yet accredited	52
3–4%	Accredited	303
	Registered but not yet accredited	24
4–10%	Accredited	443
	Registered but not yet accredited	41
>10%	Accredited	184
	Registered but not yet accredited	33
Total	Accredited	4,518
	Registered but not yet accredited	352

(a) Aboriginal and Torres Strait Islander proportions are based on ABS population estimates used in the Annual Survey of Divisions of General Practice.

Note: There is double counting of some services where general practices reside on the border of two divisions. In that case two divisions may service the same practice.

Source: AIHW analysis of AGPAL and GPA+ unpublished data.

Accreditation of Aboriginal and Torres Strait Islander primary health care services

- It is estimated that Aboriginal and Torres Strait Islander specific primary health care services provide GP services to around 40% of the Aboriginal and Torres Strait Islander population (DoHA unpublished data).
- Of the 106 Aboriginal and Torres Strait Islander specific primary health care services that employed a general practitioner, 53 are accredited and 19 are registered for becoming accredited with AGPAL as at May 2006 (AGPAL unpublished data, November 2005).
- GPA+ has eight Aboriginal and Torres Strait Islander specific primary health care services fully accredited and two registered for accreditation as at February 2006. On this basis, 77% of Aboriginal and Torres Strait Islander specific primary health care services that employ a GP in some capacity are either registered for accreditation or fully accredited.
- The Quality Improvement Council accredits health and community organisations that do not employ a GP. Eight Aboriginal and Torres Strait Islander specific primary health care services are currently accredited through the Council.

Data quality issues

Hospital separation data

Separations

The number and pattern of hospitalisations can be affected by differing admission practices among the jurisdictions and from year to year, and differing levels and patterns of service delivery.

Indigenous status question

Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The not stated category is missing from several collections. It is recommended that the standard wording and categories be used in all jurisdictions (AIHW 2005).

Under-identification

The incompleteness of Indigenous identification means the number of hospital separations recorded as Indigenous is an underestimate of hospitalisations of Aboriginal and Torres Strait Islander people. While the identification of Indigenous people in hospitalisations is incomplete in all states and territories, four jurisdictions (Queensland, Western Australia, South Australia and the Northern Territory) have been assessed as having adequate identification in 2003–04 (AIHW 2005). It has therefore been recommended that reporting of Indigenous hospital separations be limited to aggregated information from Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these four jurisdictions is 60%. The following caveats have also been recommended:

- *Interpretation of results should take into account the relative quality of the data from the jurisdictions included (currently a degree of Indigenous under-identification in Western Australia and relatively marked Indigenous under-identification in Queensland data)*
- *Data for these four jurisdictions over-represent Indigenous populations in less urbanised and more remote locations*

(continued)

Data quality issues (continued)

- *Hospitalisation data for four jurisdictions should not be assumed to represent the hospitalisation experience in other jurisdictions (ABS & AIHW 2005).*

General practice data

Numerator

There is good evidence on the number of practices accredited in Australia. However, no data are available on the Indigenous status of clients/episodes for general practice by accreditation status. Therefore, a proxy looking at areas of Indigenous populations and accreditation status of practices in these areas is suggested. This proxy is limited in that people do not necessarily visit GPs in the area they live.

Annual Survey of Divisions of General Practice

A question on numbers of accredited general practices in Divisions of General Practice is included in the Annual Survey of Divisions of General Practice. This survey does not collect data on practices that are registered for accreditation but are not yet fully accredited.

These data are self-reported, collated at the division level and the survey includes some non-response. The main caveat with these data is that there is double counting of some services where general practices reside on the border of two divisions. In that case two divisions may service the same practice. Therefore these data would be less accurate than data obtained from the accreditation bodies, that is, AGPAL and GPA+.

The Annual Survey does not seek information on general practices by Statistical Local Area (SLA). Therefore the analysis of these data in relation to Aboriginal and Torres Strait Islander Australians is limited to division-level population statistics on Indigenous proportions of the population. Divisions are large (for example, two Divisions for the Northern Territory) and therefore only loosely measure areas of high and low Indigenous populations.

AGPAL

AGPAL provides information on the total numbers of accredited practices and practices registered for accreditation. These data are published by Division of General Practice but not SLA.

GPA+

Data on practices accredited by GPA+ have not been routinely reported but may in the future become available.

References

AIHW (Australian Institute of Health and Welfare) 2005. Improving the quality of Indigenous identification in hospitals separations data. AIHW cat. no. HSE 101. Canberra: AIHW.

Australian Council on Health Care Standards 2005. The ACHCS national report on health services accreditation performance: 2003–2004. Canberra: Australian Council on Health Care Standards.

ABS & AIHW (Australian Bureau of Statistics and Australian Institute of Health and Welfare) 2005. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005. ABS cat. no. 4704.0; AIHW cat. no. IHW14. Canberra: ABS & AIHW.