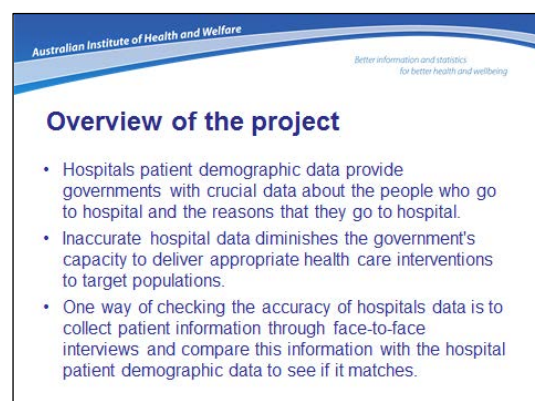
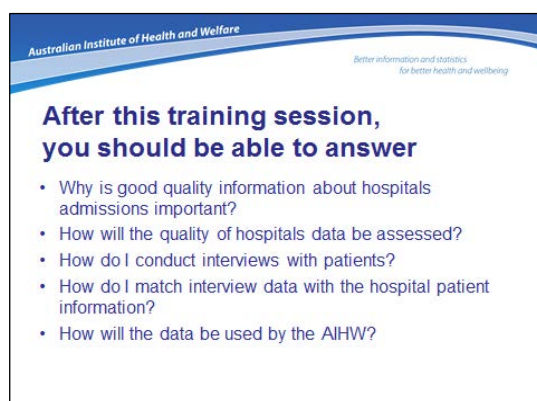
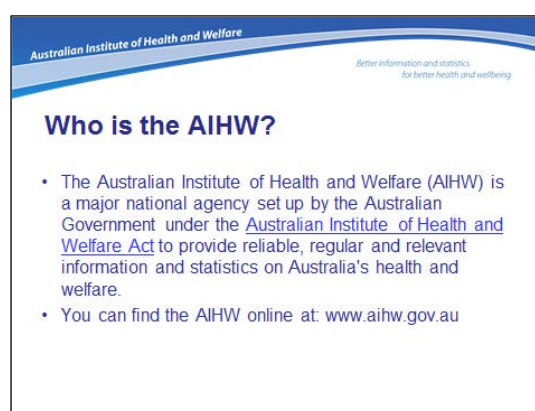


Appendix B Information and data collection package

All jurisdictions were provided with the following information and data collection package. The package contained a copy of the training PowerPoint slides, the guidelines and information for interviewers and a copy of study brochure for patients. The training was delivered to all jurisdictions by the AIHW.

Appendix B.1 Training delivered to jurisdictions

The following PowerPoint presentation was used to facilitate the training to interviewers.



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Purpose of the data quality study

- Assess the accuracy of hospitals patient demographic data
- Generate up-to-date correction factors to improve the analyses of information in hospital data
- Correction factors are derived from the % of hospital records that contain incorrect information



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Correction factors - example

- If 50% of Indigenous patients have their Indigenous status incorrectly recorded, then a correction factor of two would be applied to the data to double the count of Indigenous patients (but not the total count of all patients).

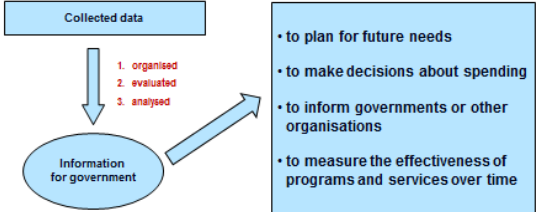
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Why is accurate hospital data important?

- The ability of governments to report on issues such as service delivery and access to services is reliant on the accurate recording of patient information in data collections such as hospitals data.
- Good quality information is needed to:
 - evaluate access to services
 - evaluate responsiveness of health services to health care needs; and
 - accurately estimate health expenditure.

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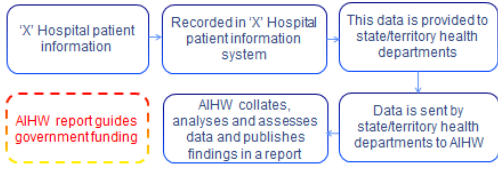
What happens to the hospitals data collected



- to plan for future needs
- to make decisions about spending
- to inform governments or other organisations
- to measure the effectiveness of programs and services over time

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What happens to hospitals data after it is collected?

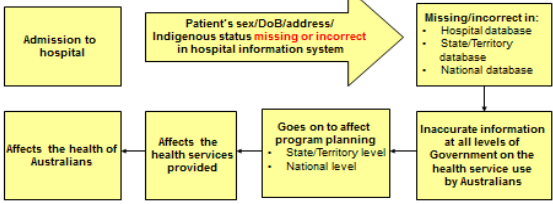


```

    graph LR
      A["'X' Hospital patient information"] --> B["Recorded in 'X' Hospital patient information system"]
      B --> C["This data is provided to state/territory health departments"]
      C --> D["Data is sent by state/territory health departments to AIHW"]
      D --> E["AIHW collates, analyses and assesses data and publishes findings in a report"]
      E --> F["AIHW report guides government funding"]
      F -.-> A
  
```

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What are the effects of missing/incorrect patient information in hospital information systems?



```

    graph LR
      A["Admission to hospital"] --> B["Patient's sex/DoB/address/Indigenous status missing or incorrect in hospital information system"]
      B --> C["Missing/incorrect in: Hospital database, State/Territory database, National database"]
      C --> D["Inaccurate information at all levels of Government on the health service use by Australians"]
      D --> E["Goes on to affect program planning: State/Territory level, National level"]
      E --> F["Affects the health services provided"]
      F --> G["Affects the health of Australians"]
  
```

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Assessing the accuracy of hospital data

- For the current study:
 - patient interviews will be conducted in selected public hospitals in all states and territories
 - patient demographic information will be collected and compared with the information recorded in the patient's hospital record.
- Past studies using the same/similar methodology
 - 1997 Northern Territory
 - 1998 National (ABS/AIHW) pilot study
 - 2000 Western Australian
 - 2000 Queensland
 - 2007 National AIHW study
 - 2010 New South Wales (unpublished).

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Assessing the accuracy of hospitals data

Patient Interview	COMPARE	Hospital Information System
1. Patient's number	COMPARE	1. Patient's Number
2. Sex		2. Sex
3. Country of Birth		3. Country of Birth
4. Indigenous Status		4. Indigenous Status
5. Date of Birth		5. Date of Birth
6. Usual Residence		6. Usual Residence

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Assessing the accuracy of hospitals data

- The 1998 ABS/AIHW study indicated that:
 - 15% of Indigenous patients had their Indigenous status incorrectly recorded
 - 10% of patient information had address incorrectly recorded
 - 4% of patient information had DOB incorrectly recorded.
- The 2007 AIHW study indicated:
 - 11% of Indigenous patients had their Indigenous status incorrectly recorded in patient information (this varied across the States & Territories).

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Why is correct information important?

<p>Sex Males and females have different health issues, therefore males and females have different health care needs.</p>	<p>Location People's health and health care needs vary according to their location. Studies indicate that people living in remote areas have higher rates of certain diseases such as diabetes and respiratory diseases compared to people living in major cities.</p>
<p>Date of birth Different age groups have different health care needs. Infections and parasitic diseases are more prevalent in infants compared to adults, while older Australians are more likely to require hip replacements or have cardiovascular disease.</p>	<p>Indigenous status The recording of Indigenous status in hospital data is essential for the accurate measuring of the level of health disadvantage experienced by Aboriginal and Torres Strait Islander people.</p>

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Beginning the interviews

- You will need to check with your data study coordinator on how to identify which patients to interview.
- Introduce yourself to the ward manager as an interviewer participating in the data quality study and request permission to conduct the interviews.
- Ask the ward manager to identify which patients are able to participate in the study based on their ability to provide informed consent.
- Interviewers should be familiar with their state or territory health department policy about the age at which a patient is able to consent to take part in the study.

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Patient information sheet and patient consent

- It is very important that patients understand the purpose of the study. You must:
 - read through the patient information sheet with each patient
 - answer any questions he or she has
 - ask the patient (or parent/guardian) if they are willing to participate in the study
 - do not proceed with the interview unless consent has been given.

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Patient information brochure

- If the patient asks for more information you can give them an information brochure.
- This provides further information on the purpose of the study and what their interview information will be used for.



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Privacy issues

- Information collected during the study must be collected, stored and maintained in a way that complies with the Privacy Principles (Federal) and State and Territory privacy laws.
- The AIHW is bound by these principles and most (if not all) state and territory health authorities are bound by their own specific Privacy Act and Principles.
- Compliance with privacy principles is essential to ensure the study is conducted in an ethical manner. Steps need to be taken to ensure that consent is obtained from the patient prior to collecting any information.

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Privacy issues

- The most important points regarding privacy can be summarised as:
 - informing people why information is collected
 - preventing the unnecessary disclosure of personal information other than for the purposes of the study.
 - limiting the collection and use of personal information to the purposes for which it is collected
 - remember all information collected from patients is confidential and should be treated with the utmost care and respect!



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The interview

- The following information is to be collected at the time of the interview:
 - the patient's identifier number
 - the type of admission; and
 - sex (based on the interviewer's judgement).
- The following information is collected through the patient interview:
 - born in Australia
 - date of birth
 - usual address; and
 - Aboriginal or Torres Strait Islander origin.

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The questionnaire

- **Questions should be asked exactly as worded**
- if necessary repeat the question
- do not guess if the answer is not heard or understood
- do not force answers
- if prompts are necessary, it is important that they are neutral
- record the answers accurately.

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Asking the questions

If the patient is concerned about the questions being asked reassure the patient that:

- the questions being asked are standard for all patients
- that interviewers are required to ask questions as they are written
- the interviewer is required to record the patients responses to questions rather than making their own assumptions.



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Collation and comparison of data

- Once the interview data has been collected, data recorded from the interviews is to be compared with information in the patient's hospital admission data.
- The patient's hospital identification number is used to access the hospital record.
- The electronic data collection tool developed by the AIHW will be used to record whether information from the patient interview matches the patient hospital record.

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Summary – the interview

- **Ensure that you have the patients permission to conduct the interview**
- **Ask all the questions as they are worded exactly**
- **Do not prompt answers**
- **Leave the question blank if a patient refuses to answer**
- **Thank the patient for their time!**

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Data comparison

- In the data comparison sheet, you will need to record the hospital record information relating to:
 - Sex
 - born in Australia and
 - Aboriginal or Torres Strait Islander origin.
- **IT IS VERY IMPORTANT THAT YOU DO NOT RECORD** the full Date of Birth or Address information from the hospital record. This information should be compared to the patient's interview information and 'match' or 'not match' recorded.
- Additional information from the hospital record to be entered:
 - urgency status (emergency, elective)
 - number of separations for the period of study (1 April to 30 June 2011)

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At the completion of collection and comparison

- When interviews and the data comparison has been completed, the data collection tool should be sent to the state or territory health department to compile.
- Your State and territory health departments will then collate data and send to the AIHW for analysis.

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How will the results of this study be used?

- The AIHW will analyse the data collected by you at a national, state/territory and remoteness level.
- A published report on the quality of the data will be produced by the AIHW to assist governments in the planning of health services.
- The data you have helped to collect and collate will help improve national and jurisdictional level statistics on the use of hospitals and their data quality.

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Conclusion

The AIHW would like to thank you for your assistance and looks forward to working alongside you in the undertaking and completion of this important project.

Further questions?

Thank you for your attendance

Appendix B.2 Guidelines

To assist jurisdictions in delivering the study, the AIHW produced a number of detailed guidelines designed to assist jurisdictions with specific tasks.

They were:

- hospital selection guidelines
- patient selection guidelines
- interviewer guidelines
- data collation & comparison guidelines.

These guidelines were provided to jurisdictions and to interviewers where appropriate.

B.2.1 – Hospital Selection Guidelines

Scope of the data quality study

Hospitals should be selected with the aim of ensuring that the most representative sample of the total state or territory separations population and the required sample size are both able to be achieved.

The AIHW has prepared a list of recommended hospitals for each jurisdiction. The AIHW will collaborate with jurisdictions to ensure that the most efficient, representative and achievable sample is selected.

The AIHW list of recommended hospitals is based on:

- the number of total and Indigenous separations in each hospital during 2008–09 (the latest year for which data were available); and
- the estimated number of separations (total and Indigenous) for each hospital between April–June 2011 (the expected time period for which the study will be conducted).

Participating hospitals will be limited to public hospitals only.

Reference period

The data quality study of hospital data will commence on 1 April 2011 and will end on 30 June 2011, unless the required sample size is achieved before then?

The AIHW will work with jurisdictions to finalise their hospital selections by 28 February 2011.

What public hospitals should be included?

Hospitals should be selected on the basis of their ability to meet the requirements of the data quality study, particularly in relation to sample size and independence. The following criteria relate to achieving the required sample. These should be considered in conjunction with the document outlining the guidelines for independence of the data quality study.

Hospitals should be selected considering:

1. Their combined capacity to achieve the total allocated sample during the reference period (April and June 2011) including the required sample for:
 - a. Indigenous patients (total and by remoteness category)
 - b. the remoteness categories (**Attachment 1** lists the remoteness categories relevant to each state and territory (S&T)).
2. Hospitals from each remoteness category with high, medium and low proportions of Indigenous separations should be included. This will assist in reducing sample bias, and will enable achievement of a more representative sample. It will also enable the calculation of correction factors for agreed remoteness categories for each jurisdiction (See Attachment 1).
3. Where possible, the current data quality study should include hospitals that participated in the 2007 to 2008 study. The AIHW will provide an additional comparative report for those hospitals that will illustrate any changes in Indigenous identification data-quality between the two periods. Such comparative data could assist AIHW and jurisdictions to partly evaluate any effect of the previous data quality study and local data improvement activities.

AIHW recommendations

To assist jurisdictions with their selection of hospitals to participate in the data quality study, the AIHW will provide jurisdictions with a list of recommended hospitals that have adequate numbers of admitted patient activity to meet the sample size required for each remoteness area category. The recommended hospitals have been selected based on their:

- 1) reported number of separations in 2008–09
- 2) reported number of Indigenous patient separations in 2008–09
- 3) estimated number of Indigenous and non-Indigenous separations during the period April to June 2011, considered to be sufficient to achieve the required data quality study sample
- 4) hospital location remoteness category.

The information provided to jurisdictions about the recommended hospitals includes:

1. the name of the recommended public hospitals in each state and territory by remoteness category
2. total separations recorded in these hospitals during 2008-09
3. the estimated number of total separations in these hospitals during the data quality study reference period (April-June 2011). This figure has been estimated by averaging three months of data from 2008-09 and reducing the estimate by 20%. This will minimise the risk of the allocated sample for each hospital being higher than the number of separations during the three months period
4. the estimated number of separations for Indigenous people in these hospitals between April-June 2011 (estimated as per the total separations)
5. the number of interviews conducted during the last data quality study
6. the number of required interviews for the 2011-12 data quality study. The required number of interviews is provided at jurisdiction, remoteness category and hospital level.

Remoteness categories by jurisdiction proposed for calculation of correction factors

Table 1 below shows the remoteness categories in each State and Territory proposed for calculation of correction factors. Correction factors are calculated by dividing the number of patients identified as Indigenous at interview by the number of Indigenous patients who participated in the study who are identified as Indigenous in hospital records.

Table 1 - Proposed remoteness categories for calculation of correction factors by State and Territory

State/Territory	Remoteness correction factors expected
New South Wales	Major cities, Inner regional, Outer Regional, Remote, Very remote
Victoria	Major cities, Inner regional, Outer Regional
Queensland	Major cities, Inner regional, Outer Regional, Remote, Very remote
Western Australia	Major cities, Inner regional, Outer Regional, Remote, Very remote
South Australia	Major cities, Inner regional, Outer Regional, Remote, Very remote
Tasmania	Inner regional, Outer Regional
Australian Capital Territory	Major cities
Northern Territory	Outer Regional, Remote, Very remote

The proposed remoteness categories in Table 1 are those estimated to have an adequate sample of separations to generate reliable correction factors at the State/territory level.

B.2.2 –Patient Selection Guidelines

Scope of the data quality study

All the patients who are **admitted to the hospital** during the reference period and who do not come under an exclusion category (section 4) can be included in the sample and take part in the data quality study.

Patients should be selected with the aim of ensuring the sample is representative of the particular hospital's total separations population where possible. Hospitals should aim to achieve a similar sample proportion of day only (including patients admitted for dialysis) and overnight stay separations to that of the hospital overall.

The sample should also cover all age groups, wards and parts of the hospital, with the possible exception of areas where restrictions are necessary for medical or patient care reasons, such as adult intensive care units (neonatal intensive care units are included).

Reference period

The data quality study of hospital data will be conducted over the period April to June 2011. An adequate number of patients must be identified during this time period to allow the hospital to achieve the required number of completed interviews.

Who should be included?

As previously noted, the sample should be representative of (similar to) the hospitals total separations population which means that all the types of separations that occur at the hospital should be included. The AIHW has provided a table for each hospital showing the number of interviews that should be completed. The list specifies the number of same day

separations (excluding dialysis separations), same day dialysis separations, and overnight separations.

The following patient groups should be included wherever they are part of the total hospital's separations:

- same day patients (including those **admitted** for dialysis (this may include chemotherapy, rehabilitation and mental health same day care))
- children (i.e. less than 18 years of age – for information on consent refer to the Interview guidelines)
- qualified newborn babies including babies in a neonatal intensive care unit (NICU) and special care nurseries
- Emergency Department (ED) only admissions (i.e. those patients who are admitted to the ED only as an inpatient and are discharged from the ED and not transferred to a ward)
- admitted hospital in the home (or equivalent service) patients.

In practice a patient might have multiple separations and admissions during the interview period (both formal and statistical). Where this occurs, the patient should only be interviewed once.

Who should be excluded?

It is not appropriate to interview all patients due to either their status or their illness. Please exclude:

- patients who are considered by the person in charge of the ward to not be well enough or not competent to give consent
- unqualified newborns
- hospital boarders
- patients in Adult Intensive Care Units
- patients that for any reason present a risk to the health or safety of the interviewer (e.g. isolated infectious patients and secluded mental health patients)
- very long stay patients such as those patients waiting for placement in residential aged care facilities or those patients living in the hospital in a long term nursing home type bed
- residential aged care clients such as those living in multipurpose services associated with hospitals

Appendix B.2.3 – Interviewer Guidelines

1. Administrative information/considerations

1.1 Privacy

The Commonwealth Privacy Act 1998 sets out 11 information privacy principles that set out the conditions under which personal information can be collected and used. The most important points can be summarised as:

- keep personal information confidential – don't talk to anyone who is not part of this study about the information patients tell you at interview
- be careful not to disclose any information that may allow a person to be identified – use the questionnaire to collect the interview information and only record the responses to the questions on the interview record
- use the patient information sheet to inform people why the information is being collected.

1.2 Consent

The patient's agreement, or consent, is needed to be part of the data quality study, information about the study is provided to patients in the information brochure and information sheet that are given to the patient at the time of the interview.

Before approaching patients for the interview you **must** ask the person in charge of the ward for permission to interview the selected patients on the ward. The person in charge of the ward should be asked to identify any patient/s who may not be able to give informed consent.

Generally, a parent or guardian makes decisions for their child. Interviewers should follow the state or territory health department rules about the age at which a patient is able to agree, or consent, to take part in the study. Please ensure you have been provided with these rules and information by the Data Quality Study Coordinator (from your state health authority) and that you comply with these guidelines when obtaining consent for patients less than 18 years of age.

Where there is disagreement between a patient of less than 18 years of age and their parent or guardian, do not proceed with the interview or data collection.

1.3 Information to be collected at the interview

The following information is to be collected at the time of the interview:

- the patient's identifier number
- the type of admission i.e. same day, same day for dialysis or overnight
- sex (based on the interviewer's judgement)

The following information is collected through the patient interview:

- country of birth
- date of birth
- where the patient lives
- is the patient Aboriginal or Torres Strait Islander

A copy of the interview questionnaire is provided in **Attachment 3**.

2. Conducting the interview

It is important to remember that you should not alert staff from the hospital who are involved in the patient admission process to the data quality study. This will ensure that the results of the study are as accurate as possible.

Each patient's wellbeing comes first, so if the person in charge of the ward deems a patient to be too unwell to be interviewed or not able to consent, they are not to be asked to take part. Patient care is the priority therefore the interview should not interrupt or interfere with a patient's care or treatment. Where either circumstance occurs, it may be possible to interview the patient at a later date or time, but not without permission of the person in charge of the ward.

In practice a patient might have multiple separations and admissions during the interview period (both formal and statistical). Where this occurs, you only need to interview the patient once.

If at any time during the interview process the patient appears to become distressed or aggressive, you should end the interview immediately, politely thank the patient for their time and withdraw from the area.

NOTE: If other patients in the immediate vicinity were/are selected you will need to be tactful in approaching them at an appropriate time.

As a courtesy you should advise the person in charge of the ward that there had been an issue and that as a result you no longer need to speak to the particular patient involved.

2.1 Beginning the task

1. Obtain a list of 'in scope' patients
 - you will be advised by your Data Quality Study Coordinator (from your state health authority) of the process for obtaining a list of 'in scope' current patients at the hospital.
2. Introduce yourself to the person in charge of the ward, explain you are doing the data quality study and ask permission to conduct interviews
 - it is important to ask permission from the person in charge of the ward, and seek information from them about which patients are available and suitable to be interviewed.
3. It is important that patients (or parents/guardians) understand what information is being collected and the purpose of the study
 - read through the Patient Information Sheet with each patient (or parent/guardian) and leave it with them
 - answer any questions he or she has.

In answering his/her questions, you may use the following information:

- This study is being conducted to find out how accurate the collected patient information is. This information is needed to plan health services and monitor the health of the community.
- The following questionnaire will ask details of the patient regarding their type of stay, sex, country of birth, date of birth, where he/she lives and whether he/she is of Aboriginal or Torres Strait Islander origin. His/her answers will be compared to the information that has already been collected by the hospital at admission.

2.2 Conducting the interview

1. Ask the patient (or parent/guardian) if they are willing to take part in the study.
 - consent must be obtained from a parent or guardian for minors – refer to section 1.2
 - do not proceed with the interview unless consent has been given.
2. Confirm the patient's identification number on your list of patients for interview is the same as the number on the patient's identification band. If the numbers are different record both numbers on the interview questionnaire (identifying the source for each) then following the interview, ask the person in charge of the ward to confirm which number is correct the delete the incorrect number.
3. Questions should be asked exactly as worded
 - if necessary repeat the question
 - do not guess if the answer is not heard or understood
 - do not force answers
 - if prompts are necessary, it is important that they are neutral.

The reason you are requested to ask the questions as they are worded, is to ensure that everyone carrying out this study does it the same way, and so that no guesses or assumptions are made during the interview. An option has been included for when you are interviewing someone else about the patient, such as a parent about a child.

In past studies, some patients felt that the sex question is offensive. Therefore, in the current study, you can tick the answer according to your own judgement.

Go through the questionnaire in detail. Ask participants to suggest possible answers that they may give, particularly answers that may be difficult. However, as an interviewer you should never suggest what the answer should be. Don't use suggestive sentences like "You are ..." or "Aren't you ...?"

4. Record the respondent's answers accurately.

Details of the interview should be recorded on the questionnaire as follows:

Question	What you should record
Consent given	Tick the Yes or No as appropriate (or click on the response in the electronic questionnaire).
Patient identification number	This is the patient identification number. Where the numbers differ on the patient list and patient's identification band you will need to confirm with the person in charge of the ward which number is correct and record only the correct number.
Type of admission:	Record if the patient is an overnight or same day admission or dialysis by ticking the corresponding box (or click on the response in the electronic questionnaire).
Sex	Tick male or female (see patient guidelines for guidance on assumptions) as appropriate (or click on the response in the electronic questionnaire).
Were you born in Australia?	Tick Yes or No as appropriate (or click on the response in the electronic questionnaire).
What is your date of birth?	Record a numerical value (e.g. 13/1/1975). If the patient does not know their exact date of birth, ask the patient if they can estimate their year of birth or their approximate age. You should record this as 1945 or 95 years old respectively.
Are you of Aboriginal or Torres Strait Islander origin?	Tick No, Yes Aboriginal or Yes Torres Strait Islander as appropriate (or click on the response in the electronic questionnaire). If the patient responds that they are both Aboriginal and Torres Strait Islander tick/click both corresponding boxes.
Where do you usually live?	Interviewers should record the address as provided by the patient.

If the patient refuses/or does not provide an answer to any of the above questions then leave the boxes blank and make a note that the patient refused to answer. You do not need to record the patient's reason.

2.3 Following the interview

All interview responses are to be kept confidential and secure. Please do not discuss individual responses with anyone.

Your Data Quality Study Coordinator will inform you of the correct way to securely store and submit the interview responses.

3. Materials

3.1 The Patient information sheet

An information sheet has been designed as a starting point and guide for your conversation with each patient (or parent/guardian) about taking part in the data quality study and to ensure the information provided is consistent. The information sheet should identify:

- the name of the hospital
- the name of the ethics committee that approved the data quality study. This will be the AIHW Ethics Committee if your state or hospital did not need to obtain additional ethics approval.
- a contact person for the data quality study in case they have any questions. We suggest this should be your state health authority Data Quality Study Coordinator – please check prior to completing and printing the information sheet.

A copy of the Patient information sheet is included in Attachment 1.

3.2 Patient information brochure

In addition to the patient information sheet, a patient information brochure (Attachment 1 to this guideline) has been provided to help patients (or parents/guardians) understand the importance of the study. This brochure should be given to patients (or parents/guardians) at the end of the interview.

The brochure explains:

- the reason for the data quality study
- what happens to the information collected from the study
- why the quality of hospital data is important
- The role of the AIHW
- How patient privacy is protected

Who to contact for more information on the study

3.3 The interview questionnaire

A standard questionnaire is used for the interview. This has been provided in both paper and electronic forms. Please use the questionnaire provided to assist with consistency of the data quality study. Attachment 3 to this guideline contains a copy of the questionnaire.

The attachments referred to in this guideline have been removed from this section to avoid replication – please see Appendix B.3 for a copy of the patient information sheet; Appendix B.4 for a copy of the patient information brochure and Appendix D for a copy of the questionnaire.

B.2.4 – Data Collation and Comparison Guidelines

Copies of these guidelines have been included in the training pack.

The AIHW have developed an electronic data collection tool in Excel which is to be used to:

- Record information from the interview questionnaire
- Record information from the patient's hospital record
- Compare information collected during interview with information from the patient's hospital admission record
- Collate and send a summary report to the AIHW

1. Recording the Interview responses in the data collection tool

The following information will have been collected through the patient interview process:

- the patient's consent to participate in the interview ¹
- the patient's hospital identifier number
- the type of patient admission i.e. same day, same day for dialysis or overnight
- sex
- country of birth
- date of birth
- Indigenous status
- place of usual residence

If the interviewer had access to a lap-top during interview, patient responses will have been entered directly into the electronic data collection tool on the 'Questionnaire' sheet.

If the interview was conducted using a paper-based questionnaire, patient responses will later need to be transferred into the electronic data collection tool on the 'Questionnaire sheet'. It is recommended that the transfer of information between paper and electronic questionnaires happens once all interviews for the day have been completed. A copy of the questionnaire has been included in **Attachment 1** of this document. Comparing the interview data to the patient's hospital record data

At the end of the interview period, data recorded from the interviews are to be compared with information in the patient's hospital admission record.

The person responsible for comparing data from the interview questionnaire with the patient's hospital record will use the patient's hospital identification number (record id.) to access their hospital record.

All information entered in the 'Questionnaire' sheet of the electronic data collection tool will be automatically transferred to the 'Data Collation' sheet ready for comparison to the hospital record.

Table 2 explains how to compare the interview data with data from the patient's hospital record. It also details what should be recorded in the electronic data collection tool ('Data Collation' sheet) from the hospital admission records.

¹ If the patients consent is missing from the questionnaire, their information should not be incorporated into the data set.

Attachment 2 provides an example of how the data collection tool is to be filled out.

Table 2: Instructions for comparing interview data to the hospital admissions record

Data item	What to check/record
Sex	Record only: 1 – Male, 2 – Female, or 9 – Not stated/inadequately described in interview
Date of birth	Check whether the DOB recorded from the interview is an exact match (dd/mm/yyyy) with the DOB in the patient record. Record only: 1 – Yes match 2 – Not Match 9 – Not stated/inadequately described in interview If DOB obtained from interview and the hospital record are both estimates, record: 1 – Yes Match
Born in Australia	Record only: 1 – Yes 2 – No 9 – Not stated/inadequately described in interview
Indigenous status	Record only: 1 – Yes Aboriginal but not of Torres Strait Islander 2– Yes Torres Strait Islander but not Aboriginal 3– Yes both Aboriginal and Torres Strait Islander 4 – Neither Aboriginal nor Torres Strait Islander 9– not stated/inadequately described in interview
Address (place of usual residence)	Check whether the address information recorded from the interview is an exact match (Number/Street, Suburb/Town, State or Territory, Postcode) with the address information in the patient record. Record only: 1 – Yes match 2 – Not Match 9 – Not stated/inadequately described in interview

2. Collection of additional data from the hospital record

The following additional data must be collected from the patient's hospital record and entered into the data collection tool:

- Urgency status of admission (emergency or elective)
- Number of separations for each patient recorded during the interview period

Table 3: Instructions for recording additional data from the hospital admissions record in the data collection tool

Data item	What to record
Urgency of admission	Record only: EL – Elective EM – Emergency UN – Unknown
Number of separations	Record the number of patient separations as recorded on the patient's hospital record for the period 01/04/2011 to 30/6/2011 1 – one separation 2 – two separations And so on...

3. Jurisdiction specific additional data

As part of the data quality study process, some jurisdictions have nominated to collect additional data in order to inform their own research and practices. The data quality study coordinator in each Jurisdiction is to provide interviewers with details on how this data is to be collected, recorded, collated and stored.

4. Reporting to the AIHW

The electronic data collection tool will automatically generate information that is required by the AIHW for analysis in the 'Report to AIHW' sheet. Administrative details such as the hospital's contact details will need to be entered at the top of the 'Report to AIHW sheet'. This includes the following information:

- Hospital name
- Hospital Address
- Contact person
- Telephone
- Email
- Fax
- Number of refusals
- Number of interviewers
- Elapsed time (weeks) interviewing

At the end of the collection period, hospitals will send the completed electronic data collection tool to the state/territory health department to compile and then the jurisdiction will submit the data to the AIHW.

A copy of the questionnaire was provided with the Data Collection and Comparison Guidelines as an attachment. It has been removed here to avoid replication within the publication – please see Appendix D for a copy of the questionnaire.

Attachment 2: Instructions for filling the 'Data collation' page of the electronic data collection tool

Interviewee no.	Consent given	Hospital Record Number	Sex		Date birth			Born in Australia		Indigenous status		Address of usual residence			Type of Admission - from hospital record			No. of separations (Apr - Jun 11)	
			Interview	Hospital record	Match or not	Estimate or not	Date of Birth	Interview	Hospital record	Interview	Hospital record	Match or not	Number/Street	Suburb	Postcode	Sameday/Overnight	Dialysis		Urgency Status
1	1	1278	2	1	1	2	15/06/1959	1		3			124	Dickson	ACT, 2605				
2	1	12345	2	2	1	2	24/01/1935	1		1			99 Copland Street	Evatt	ACT, 2617				
3	1	157	1	1	2	2	10/06/1957	1		3			130, Mary Franklin	Tunmer	ACT, 2605				
4	1	555	1			1	30/1/1990	2		3			300, Power Street	Acton	ACT, 2655				
5	1	15689	2			2	36526	1		4			123, David Stree	Kaleen	ACT, 2650				

Sex – the comparer will record hospital record data here.
Record only:
1 – Males
2 – Females
9 – Not stated in interview

Date of birth – the comparer will match interview responses with hospital data here.
Record only:
1 – Match
2 – No match
9 – Not stated in interview

Born in Australia –the Comparer will record hospital data here.
Record only:
1 – Yes
2 – No
9 – Not stated in interview

Indigenous status – the Comparer will record hospital record data here.
Record only:
1 – Aboriginal
2 – Torres Strait Islander
3 – Aboriginal and Torres Strait Islander
4 –Not Aboriginal or Torres Strait Islander
5 – Not stated/inadequately described in interview

Address of usual residence – the Comparer will match interview responses with hospital data here.
Record only:
1 – Match
2 – No match
9– Not stated at interview

Type of Admission – The comparer will record the patient's admission details here.
In the Same day/Overnight column record only:
SD – Same day
ON – Overnight
In the Dialysis column record only:
1 – Dialysis
2 – No dialysis
In the Urgency Status Column record only:
EL – Elective
EM –Emergency

Number of separations – The comparer will record the number of separations here.
Record only:
1 – One Separation
2 – Two separations
And so fourth

Appendix B.3 Patient information sheet

The following information sheet was provided to participating hospitals for distribution to patients. It also provided the bases of a script for interviewers to introduce themselves and the survey to patients.

Hospital name (or print on hospital letterhead)

Patient information – Hospital data quality study

.....Hospital would like to know that the information that is collected on admission to the hospital is the right information. To do this, we would like to ask you some short questions.

If you agree to be part of this, we do not need to know, nor will we use your name.

Thank you

This project has been approved by the Ethics Committee of

Information already collected by the hospital and information collected for this study, but not your name or patient number, will also be used by the Australian Institute of Health and Welfare for a national report on hospital data quality.

For more information about this project, contact

Appendix B.4 Patient information brochure

The following brochure was provided to participating hospitals for distribution to patients.

What is the AIHW?

The AIHW, or Australian Institute of Health and Welfare, is a major national agency set up by the Australian Government to provide reliable, regular and relevant information and statistics on Australia's health and welfare. Our aim is to improve the health and wellbeing of Australians through better health and welfare information and statistics.

We collect and report information on a wide range of health matters such as: the number of people who have cancer or diabetes; the general health of the community; hospital services and waiting times; what Australia spends on health; and the numbers of doctors, nurses and other health professionals in Australia.

More information?

Please contact:

Fadwa Al-Yaman
Head, Social and Indigenous Group
Australia Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: 02 6244 1146
Web: www.aihw.gov.au

*Thanks
for your time today*

HOSPITALS DATA QUALITY STUDY

Your answers will help improve health services in Australia


Australian Government
Australian Institute of Health and Welfare

The information you gave us helps us check if hospital records contain the correct information. Accurate hospital records are needed to improve health care in Australia.

What happens to the information you have given us?

We will compare the information given by everyone who takes part in the study with their information in the hospital information system. This will help us to see how accurate hospital information is in Australia.

We will use this information to write a report to help hospitals improve the accuracy of their information, and help decision makers to plan and deliver better health services for Australians.

Why is the quality of hospital data important?

The information that is collected in hospitals helps governments and the community to make decisions about health services for Australians as a whole and for particular groups of people.

Reliable and accurate hospital information is used to make sure that health programs are provided for people when and where they are needed and that Australians are getting good value for money. For example, hospital information could be used to give a reason for a national program to improve the health of a particular group of people (such as older Australian men or young children).

It's easy to make mistakes. A study in 2007 found that nearly 10% of hospital demographic data contained same incorrect information.

Mistakes in hospital information can mislead governments and medical researchers, and lead to health services and programs that don't meet our health needs.

Your privacy is protected

The AIHW is committed to protecting your privacy—and we cannot be forced to disclose private information, even by a court of law.

The hospital record number, not your name, will be used to match your interview information with your hospital information.

In fact, your name has not been recorded at any stage of the interview process.

On behalf of the AIHW, we again thank you for your time and input.



*Thanks
for your time today*