# 3.17 Accreditation

**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, OATSIH Services Reporting (OSR), Healthy for Life Program 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+).

### AIHW National Pubic Hospitals Establishment Database

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 six jurisdictions that have been assessed by the AIHW as having adequate identification of Indigenous hospitalisations in 2006–08: New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (AIHW 2010a). These six jurisdictions represent approximately 96% 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 because 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 2-year period July 2006 to June 2008. An aggregate of 2 years of data has been used, because the number of hospitalisations for some conditions is likely to be small for a single year.

### Divisions of GP Survey

Since 1997–98, the Annual Survey of Divisions (ASD) has been conducted by the Primary Health Care Research and Information Service (PHC RIS) on behalf of the Australian Government Department of Health and Ageing (DoHA). Along with the Annual Report, the ASD forms a component of the reporting requirements for all Divisions of General Practice. Divisions of General Practice are required to complete the Survey, which includes questions

about their membership, activities (including population health) and infrastructure for the previous financial year.

## General practice data

The DoHA holds data on the number of GPs in Australia by remoteness area and Statistical Local Area (SLA).

Care must be taken in using and interpreting the data provided. There are two issues to note that have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently, the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous populations, will be understated. This is because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system. This results in further understating of the full-time equivalent for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

## OATSIH Services Reporting (OSR)

In 2008–09, the Australian Institute of Health and Welfare (AIHW) collected the data from the Aboriginal and Torres Strait Islander primary health-care, substance use, and Bringing Them Home and Link Up counselling services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH). OATSIH-funded services include both Indigenous Community Controlled Health Organisations and non-community controlled health organisations. Note that the OSR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

This collection, referred to as the OSR data collection replaces the Service Activity Reporting (SAR), Drug and Alcohol Services Reporting (DASR), and Bringing Them Home and Link Up counselling data collections previously collected by the OATSIH. The OSR data collection which was established in 2008–09 uses a new set of counting rules which treat all auspice services as individual services which yields a larger numerator and denominator on which the rates are based. While this change only marginally affects the aggregate rates, caution should be exercised when comparing rates based on earlier data collection periods.

The OSR data collection included 211 Australian Government-funded Aboriginal and Torres Strait Islander primary health-care services. Service-level data on health care and health-related activities were collected by survey questionnaire for the 2008–09 financial year reporting period and provided data on episodes of care, service population, clients and staffing. Response rates to the OSR questionnaire by Aboriginal and Torres Strait Islander primary health-care services in 2008–09 were around 97%.

Of the 86 Bringing Them Home and Link Up counselling services 81 (94%) responded to the OSR questionnaire, as well as five auspiced services. Many services providing Bringing

Them Home and Link Up counselling are part of existing primary health-care or substance use service.

Forty five (90%) out of 50 stand-alone substance use services as well as three auspiced services responded to the OSR questionnaire.

## Healthy for Life Program

The Healthy for Life (HfL) program is an ongoing program funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) of the Australian Government Department of Health and Ageing (DoHA). The program aims to improve the capacity and performance of primary health-care services to deliver high-quality maternal, children's health services and chronic disease care to Aboriginal and Torres Strait Islander peoples. This is carried out through population health approaches using best-practice and quality improvement principles.

Services participating in the HfL program are required to submit de-identified, aggregate service data for 11 essential indicators. These indicators cover maternal health, child health and chronic disease care on a regular basis (6 and 12 months), as well as information about the characteristics of their service and organisational infrastructure. For the reporting period ending June 2009, 72 HfL services submitted data to the AIHW.

## Analyses

Accreditation is generally a voluntary process by which a recognised body—usually a non-government 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 (ACHCS 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 New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined over the 2-year period July 2006 to June 2008 are presented in Tables 3.17.1–3.

- Over this period, there were 60,113 hospitalisations of Indigenous Australians in the six jurisdictions in accredited public hospitals. This was 94% of all public hospitalisations of Indigenous Australians in these jurisdictions. Over the same period, 95% of hospitalisations of other Australians in these jurisdictions were in accredited public hospitals (Table 3.17.1).

## Hospital accreditation by state/territory and remoteness

- In the six jurisdictions, the proportion of hospitalisations of Indigenous Australians that were in accredited hospitals ranged from 84% in New South Wales to 100% in Victoria and the Northern Territory (Table 3.17.1).

- Over the 2-year period July 2006 to June 2008 in the six jurisdictions, about 92% of days spent by Indigenous patients and 94% of days spent by other Australians in hospital were in accredited hospitals (Table 3.17.2).
- The proportion of hospitalisations of Indigenous Australians that were in accredited hospitals was highest among those residing in regional areas (98% in *Outer regional* and 95% in *Inner regional*) and lowest among those living in *Very remote* areas (80%). A similar pattern was evident for hospitalisations of other Australians (Table 3.17.3).

**Table 3.17.1: Hospital separations, by Indigenous status and accreditation status, NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)]**

| | Indigenous | | | Other[(c)] | | |
|---|---|---|---|---|---|---|
| | Number of separations in accredited hospitals | Number of separations in non-accredited hospitals | Percentage of separations in accredited hospitals | Number of separations in accredited hospitals | Number of separations in non-accredited hospitals | Per cent of separations in accredited hospitals |
| NSW | 87,193 | 16,500 | 84.1 | 2,416,440 | 408,733 | 85.5 |
| Vic | 23,764 | 31 | 99.9 | 2,633,867 | 7,752 | 99.7 |
| Qld | 111,032 | 14,046 | 88.8 | 1,451,380 | 40,137 | 97.3 |
| WA | 84,369 | 568 | 99.3 | 823,842 | 319 | 100.0 |
| SA | 34,329 | 281 | 99.2 | 719,933 | 4,434 | 99.4 |
| NT | 119,426 | 0 | 100.0 | 56,645 | 0 | 100.0 |
| **NSW, Vic, Qld, WA, SA and NT** | **460,113** | **31,426** | **93.6** | **8,102,107** | **461,375** | **94.6** |

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these 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 proportion 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 National Public Hospitals Establishment Database.

**Table 3.17.2: Hospital patient days, by Indigenous status and accreditation status, NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)]**

| | Indigenous | | | Other[(c)] | | |
|---|---|---|---|---|---|---|
| | Number of patient days in accredited hospitals | Number of patient days in non-accredited hospitals | Per cent of patient days in accredited hospitals | Number of patient days in accredited hospitals | Number of patient days in non-accredited hospitals | Per cent of patient days in accredited hospitals |
| NSW | 270,074 | 69,781 | 79.5 | 10,049,481 | 1,852,887 | 84.4 |
| Vic | 68,747 | 39 | 99.9 | 8,784,970 | 13,324 | 99.8 |
| Qld | 352,594 | 39,975 | 89.8 | 5,360,279 | 112,051 | 98.0 |
| WA | 268,392 | 3,633 | 98.7 | 2,967,721 | 601 | 100.0 |
| SA | 110,906 | 781 | 99.3 | 3,052,197 | 49,646 | 98.4 |
| NT | 316,250 | 0 | 100.0 | 201,841 | 0 | 100.0 |
| **Total** | **1,386,963** | **114,209** | **92.4** | **30,416,489** | **2,028,509** | **93.7** |

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these 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 National Public Hospitals Establishment Database.

**Table 3.17.3: Hospital separations, by Indigenous status, accreditation status and remoteness, July 2006 to June 2008[a][b]**

| | Indigenous | | | Other[c] | | |
|---|---|---|---|---|---|---|
| Remoteness category[d] | Number of separations in accredited hospitals | Number of separations in non-accredited hospitals | Per cent of separations in accredited hospitals | Number of separations in accredited hospitals | Number of separations in non-accredited hospitals | Per cent of separations in accredited hospitals |
| Major cities | 115,993 | 8227 | 93.4 | 5,758,930 | 344,415 | 94.4 |
| Inner regional | 73,284 | 3,721 | 95.2 | 1,545,541 | 79,952 | 95.1 |
| Outer regional | 157,695 | 4,118 | 97.5 | 707,401 | 18,376 | 97.5 |
| Remote | 82,178 | 7,428 | 91.7 | 72,823 | 10,724 | 87.2 |
| Very remote | 30,963 | 7,932 | 79.6 | 17,412 | 7,871 | 68.9 |
| **Total** | **460,113** | **31,426** | **93.6** | **8,102,107** | **461,375[e]** | **94.6** |

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these 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.

(e) Total includes 37 separations where ASGC area was unknown/not stated

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

## Hospital accreditation by hospital category

- In New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined, all hospitalisations of Indigenous and other Australians in specialist women and children's hospitals and mothercraft hospitals were in accredited hospitals (Table 3.17.4).
- Between 82% and 87% of hospitalisations of Indigenous Australians and 89% and 97% of hospitalisations of other Australians in small hospitals were in accredited hospitals.
- Only 65% of Indigenous and 86% of other Australian hospitalisations in multi-purpose service hospitals were in accredited hospitals.

**Table 3.17.4: Hospital separations, by Indigenous status, accreditation status and hospital category (peer group), NSW, Vic, Qld, WA, SA and NT combined, July 2006 to June 2008[(a)(b)]**

| | Indigenous | | | Other[(c)] | | |
|---|---|---|---|---|---|---|
| | Number of separations in accredited hospitals | Number of separations in non-accredited hospitals | Per cent of separations in accredited hospitals | Number of separations in accredited hospitals | Number of separations in non-accredited hospitals | Per cent of separations in accredited hospitals |
| **Principal referral** | | | | | | |
| Principal referral | 268,176 | 6278 | 97.7 | 4,972,769 | 298491 | 94.3 |
| Specialist women's and children's | 15,671 | 0 | 100.0 | 433,653 | 0 | 100.0 |
| **Large hospitals** | | | | | | |
| Large major cities | 8,146 | 120 | 98.5 | 695,454 | 15777 | 97.8 |
| Large regional and remote | 30,648 | 4,804 | 86.4 | 465,544 | 39,992 | 92.1 |
| **Medium hospitals** | | | | | | |
| Medium major cities and regional group 1 | 30,492 | 1,672 | 94.8 | 479,289 | 33,041 | 93.6 |
| Medium major cities and regional group 2 | 18,189 | 1,339 | 93.1 | 444,979 | 33,862 | 92.9 |
| **Small hospitals** | | | | | | |
| Small regional acute | 11,769 | 1,941 | 85.8 | 218,281 | 7,665 | 96.6 |
| Small non-acute | 5,267 | 1,153 | 82.0 | 125,475 | 7,044 | 94.7 |
| Remote acute | 53,875 | 8,273 | 86.7 | 49,991 | 6,265 | 88.9 |
| **Sub- and non-acute hospitals** | | | | | | |
| Multi-purpose service | 6,381 | 3,471 | 64.8 | 39,196 | 6,288 | 86.2 |
| Hospice | 24 | n.p. | 85.7 | 4,318 | 1015 | 81.0 |
| Rehabilitation | 6,967 | 30 | 99.6 | 30,455 | 1143 | 96.4 |
| Mothercraft | 224 | 0 | 100.0 | 27,309 | 0 | 100.0 |
| Other non-acute | 113 | n.p. | 96.6 | 18,902 | 876 | 95.6 |
| **Other hospitals** | | | | | | |
| Psychiatric | 1,744 | 222 | 88.7 | 24,191 | 2632 | 90.2 |
| Un-peered and other acute | 2,427 | 2,115 | 53.4 | 72,301 | 7,233 | 90.9 |
| **Total** | **460,113** | **31,426** | **93.6** | **8,102,107** | **461,324[(d)]** | **94.6** |

(a) Data are from public hospitals only.

(b) Data are reported for NSW, Vic, Qld, WA, SA and NT only. These six jurisdictions are considered to have adequate levels of Indigenous identification, although the level of accuracy varies by jurisdiction and hospital. Hospitalisation data for these 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) Total includes 51 separations where hospital category was unknown

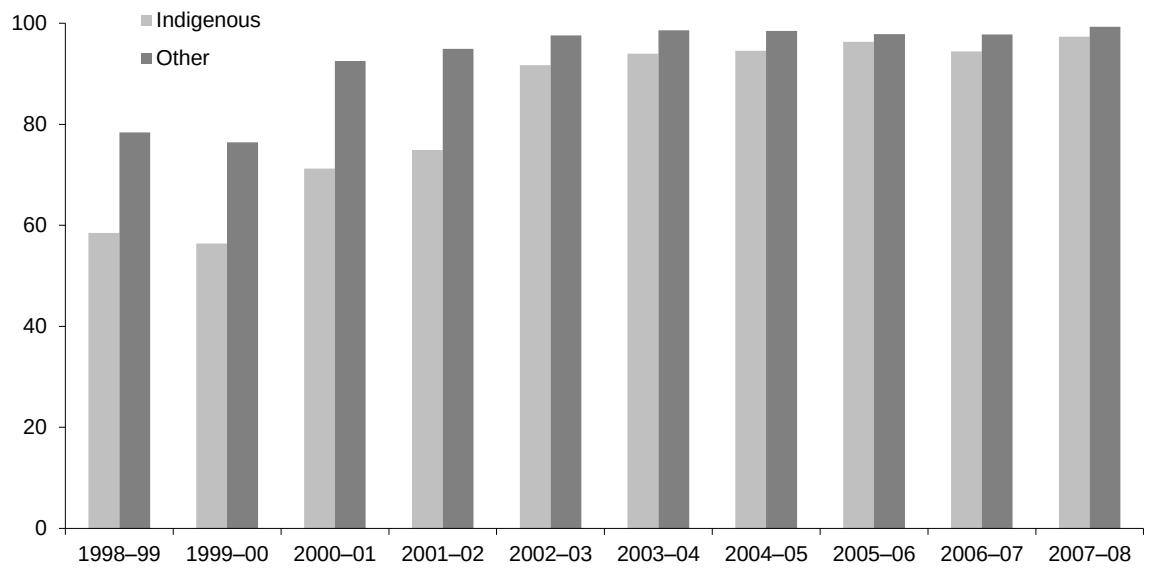
*Source*: AIHW analysis of National Public Hospitals Establishment Database.

## Time series analyses

Time series data are presented for the four jurisdictions that have been assessed as having adequate identification of Indigenous hospitalisations from 1998–99 onwards—Queensland, Western Australia, South Australia and the Northern Territory. These four jurisdictions represent approximately 60% of the Indigenous Australian population.

Between 1998–99 and 2007–08 in these four jurisdictions combined, there were increases in the proportion of hospitalisations of Indigenous and other Australians in accredited hospitals (from 59% to 97% for Indigenous separations and from 78% to 99% for other separations) (Figure 3.17.1; Table 3.17.5).

Although the difference between the proportion of Indigenous and non-Indigenous separations in accredited hospitals appears to decline between 1998–99 and 2007–08, this is likely to be the result of more hospitals in rural and remote areas obtaining accreditation in recent years. A higher proportion of Indigenous Australians than non-Indigenous Australians were hospitalised in these areas.




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

**Figure 3.17.1: Proportion of hospitalisations in accredited public hospitals, by Indigenous status, Qld, WA, SA and NT combined, 1998–99 to 2007–08**

**Table 3.17.5: Proportion of hospitalisations in accredited public hospitals, by Indigenous status, Qld, WA, SA and NT combined, 1998–99 to 2007–08**

| | Indigenous | Other |
|---|---|---|
| 1998–99 | 58.5 | 78.4 |
| 1999–00 | 56.4 | 76.4 |
| 2000–01 | 71.2 | 92.5 |
| 2001–02 | 74.9 | 94.9 |
| 2002–03 | 91.7 | 97.6 |
| 2003–04 | 94.0 | 98.6 |
| 2004–05 | 94.5 | 98.5 |
| 2005–06 | 96.3 | 97.8 |
| 2006–07 | 94.4 | 97.8 |
| 2007–08 | 97.4 | 99.3 |

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

## General practice accreditation

Information on the accreditation of general practices is available from the Annual Survey of Divisions of General Practice and from the two registered providers of general practice accreditation in Australia—AGPAL and GPA+. Although the Annual Survey of Divisions of General Practice collects information on the accreditation of all general practices in Australia, AGPAL and GPA+ collect a subset of this information—accreditation of general practices registered with these two providers.

Table 3.17.6 and Figure 3.17.2 present data on the number and proportion of general practices accredited in Australia based on the Annual Survey of Divisions of General Practice.

- In 2009–10, the Annual Survey of Divisions of General Practice estimated that there were 5,211 general accredited and registered practices in Australia, 4,519 (87%) of which were accredited.
- Approximately 86% of general practices in areas where less than 1% of the population was Indigenous were accredited. Between 85% and 89% of general practices in areas where between 1 and 10% of the population were Indigenous were accredited. In areas where more than 10% of the population were Indigenous, 85% of general practices were accredited (Table 3.17.6).

**Table 3.17.6: Number of general practices accredited through AGPAL and GPA+, by proportion of the population that is Indigenous[a], 2009–10[b]**

| Proportion of Indigenous[a] | Number accredited | Per cent accredited | Registered but not yet accredited[c] | Total number of accredited and registered practices |
|---|---|---|---|---|
| <1% | 1,475 | 86.1 | 239 | 1,714 |
| 1–2% | 1,340 | 88.7 | 171 | 1,511 |
| 2–3% | 734 | 85.1 | 129 | 863 |
| 3–4% | 380 | 86.8 | 58 | 438 |
| 4–10% | 364 | 86.7 | 56 | 420 |
| >10% | 226 | 85.3 | 39 | 265 |
| **Total** | **4,519** | **86.7** | **692** | **5,211** |

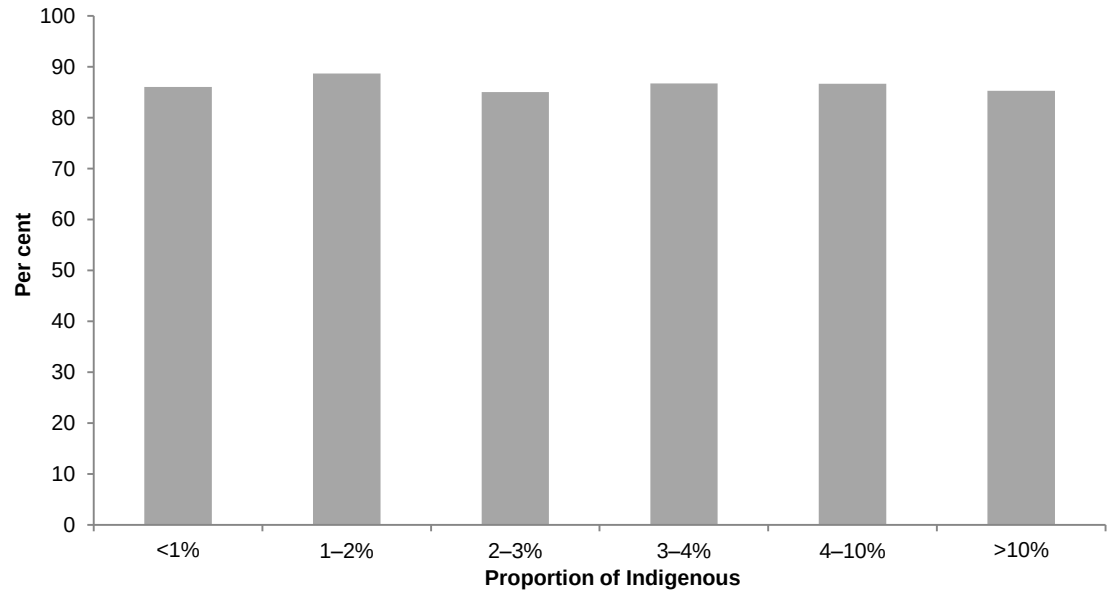
(a) Indigenous proportions are based on ABS population estimates used in the Annual Survey of Divisions of General Practice.

(b) GPA+ data are for the period 2009–2010. AGPAL data are as of February 2010.

(c) Includes GPA+ practices going through re-accreditation.

*Note:* There is double counting of some services where general practices from different 'proportion of Indigenous' categories have amalgamated. In this case, the practices are included in counts of both categories.

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




(a) Proportion calculated as a percentage of accredited and registered practices

(b) Indigenous proportions are based on ABS population estimates used in the Annual Survey of Divisions of General Practice.

*Source*: Annual Survey of Divisions of General Practice.

**Figure 3.17.2: Proportion of general practices accredited[(a)] by Divisions of General Practice, by proportion of the population that is Indigenous[(b)], 2009–10**

## Accreditation of Aboriginal and Torres Strait Islander primary health-care services

OATSIH recognises that there are several accreditation frameworks for clinical or other service delivery relevant to the Indigenous health sector. Work is currently underway to explore options for a streamlined/integrated approach to accreditation under multiple frameworks. Until the outcomes of this work are available, organisations will be supported to undertake clinical or other service delivery accreditation. For example, organisations with a GP will be supported to obtain accreditation against the Royal Australian College of General Practitioners (RACGP) standards for general practice. Other services may recognise an alternative accreditation framework that reflects their service delivery; for example, Quality Improvement Council (QIC) modules deal with services such as home-based care services, alcohol, tobacco and other drugs services, and mental health services. Organisations that obtain service delivery accreditation through a discrete framework will also be supported to work towards organisational accreditation through the accreditation frameworks of organisations such as the QIC or International Standards Organisation (ISO).

Reform in this area is likely to be led by the Australian Commission on Safety and Quality in Health Care, which is currently considering reforms to standards and accreditation in Australian health care. Part of this work includes the development of mandatory Australian health-care safety standards.

Information on the accreditation of Indigenous primary health-care services is available from the registered providers of general practice accreditation (AGPAL and GPA+); the QIC; the SAR and from the AIHW HfL Data Collection. Note that there is great overlap in the services that are captured in each of these data sources.

### OATSIH Services Reporting (OSR) data

Accreditation is an important part of quality improvement in primary health-care services. In 2008–09, half (50% or 103) of all Indigenous primary health-care services were accredited.

- In 2008-09, 85 (65%) of the 130 Indigenous primary health-care services that had a General Practitioner on staff reported being accredited (Table 3.17.7).
- Of the accredited services with a GP, 80 (94%) services were accredited against the RACGP standards for accreditation only (which includes accreditation through AGPAL and GPA+), two (2.4%) services were accredited against organisational standards (which includes QIC, ISO, etc) and three (3.5%) services were accredited through another provider (AIHW OSR data collection unpublished).
- Eighteen (24%) of the 75 Indigenous primary health-care services without a GP on staff reported being accredited (Table 3.17.8)— 11 (61%) of these against organisational standards (which includes QIC, ISO, etc) four (22%) against the RACGP standards and three (17%) through another provider (AIHW OSR data collection unpublished).

**Table 3.17.7: Number and proportion of Aboriginal and Torres Strait Islander primary health-care services, by accreditation status, 2008-09**

| Accreditation status | Services with a GP | Services without a GP |
|---|---|---|
| | | **Number of services** |
| Accredited | 85 | 18 |
| Not accredited | 45 | 57 |
| **Total** | **130** | **75** |
| | | **Proportion of services (%)** |
| Accredited | 65.4 | 24.0 |
| Not accredited | 34.6 | 76.0 |
| **Total** | **100.0** | **100.0** |

*Source*: AIHW OSR data collection.

## Healthy for Life Program

Information on the accreditation status of services funded through the HfL program is available from the AIHW Healthy for Life data collection.

- Of the 72 services that were included in the Healthy for Life program and reported information on accreditation, almost two-thirds (65%) of services were accredited, another 10 (14%) were undergoing accreditation and one (1.4%) was provisionally accredited. AGPAL was the most commonly used provider, with 42 (58%) of services accredited, undergoing accreditation or provisionally accredited by AGPAL. Two services (2.8%) were accredited by QIC or undergoing accreditation, and 13 services (18%) used other providers (Table 3.17.8).

**Table 3.17.8: Number and proportion of services funded through the Healthy for Life program, by accreditation status and recognised provider, at 30 June 2009**

| | Recognised provider | | | | |
|---|---|---|---|---|---|
| **Accreditation status** | **AGPAL** | **QIC** | **Other** | **Provider not stated** | **Total** |
| | | | **Number of services** | | |
| Accredited | 34 | 1 | 11 | 1 | 47 |
| Undergoing accreditation | 7 | 1 | 2 | 0 | 10 |
| Provisionally accredited | 1 | 0 | 0 | 0 | 1 |
| None of the above | 0 | 0 | 0 | 14 | 14 |
| Accreditation status not stated | 0 | 0 | 0 | 0 | 0 |
| **Total** | **42** | **2** | **13** | **15** | **72** |
| | | | **Proportion of services (%)** | | |
| Accredited | 81.0 | 50.0 | 84.6 | 6.7 | 65.3 |
| Undergoing accreditation | 16.7 | 50.0 | 15.4 | 0.0 | 13.9 |
| Provisionally accredited | 2.4 | 0.0 | 0.0 | 0.0 | 1.4 |
| None of the above | 0.0 | 0.0 | 0.0 | 93.3 | 19.4 |
| Accreditation status not stated | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** |

*Note:* Valid data were provided by 72 out of 73 services.

*Source:* AIHW Healthy for Life data collection.

## Data quality issues

**AIHW National Public Hospitals Establishment Database**

**Separations**

The number and pattern of hospitalisations in jurisdictions can be affected year to year by different admission practices and 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 underestimate the hospitalisations involving Aboriginal and Torres Strait Islander people. For several years, Queensland, South Australia, Western Australia and the northern Territory reported that Indigenous status in their hospital separations data was of acceptable quality (AIHW 2007). The AIHW, however, has recently completed an assessment of the level of Indigenous under-identification in hospital data in all states and territories. Results from this assessment indicate that New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory have adequate Indigenous identification (20% or less overall under-identification of Indigenous patients) in their hospital separations data (AIHW 2010a). It has therefore been recommended that reporting of Indigenous hospital separations data be limited to aggregated information from New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory. The proportion of the Indigenous population covered by these six jurisdictions is 96%. The following caveats have also been recommended to accompany analysis on data of these six jurisdictions (AIHW 2010a):

- limitations imposed by jurisdictional differences in data quality
- the data not necessarily being representative of the jurisdictions excluded
- the possible contribution of changes in ascertainment of Indigenous status to changes in hospitalisation rates for Indigenous people.

From the AIHW study, it was possible to produce correction factors for the level of Indigenous under-identification in hospital data for each jurisdiction and at the national level.

**General Practitioner data**

The DoHA holds data on the number of GPs in Australia by remoteness area and Statistical Local Area (SLA).

Care must be taken in using and interpreting the data provided. There are two issues to note that have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous populations, will be understated. This is because some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system.

This results in further understating of the full-time equivalent for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

**Divisions of GP Survey**

The data in the Survey are self-reported by Divisions and represent estimates and answers to questions about Division activities, staffing and other matters. Validity checks are implemented as part of the data collection and cleaning processes. However, the accuracy and quality is ultimately determined by Division data collection methods and influenced by Division staff turnover and skills (Howard et al. 2009).

The administration and structure of the ASD have changed considerably since the first survey in 1993–94. Two major milestones in this process were in 2005–06, with the implementation of the NQPS, aligning ASD questions with the national priority areas, and the conversion of the survey from a word document to a web-based survey with online submission. Some of the advantages of the ASD are that it has been an annual, standardised, comprehensive survey with a 100% response rate.

In 2007–08, around two-thirds of questions were removed and some new questions introduced. This resulted in a significant reduction in the ASD content and reporting requirements.

The information provided in the 2007–08 ASD report is gathered directly from Divisions. Therefore, it is important to recognise that the accuracy and quality of the self-reported data provided is largely dependent on the nature of Division administration and information systems, as well as factors such as staff turnover. However, every effort is made to enhance the quality of the data by conducting a range of data checks.

**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.

OATSIH Services Reporting (OSR)

The data were collected using the OSR questionnaire, (surveying all auspice services) which combined previously separate questionnaires for primary health, substance use, and Bringing Them Home and Link up counselling services.

OATSIH sent a paper copy of the 2008–09 OSR questionnaire to each participating service and asked the service to complete the relevant sections. The participating services sent their completed OSR questionnaires directly to the AIHW.

The AIHW examined all completed questionnaires received to identify any missing data and data quality issues. Where needed, AIHW staff contacted the relevant services to follow up and obtain additional or corrected data. After manually entering the data on the data repository system, staff conducted further data quality checks.

The AIHW identified three major problems with the data quality: missing data, inappropriate data provided for the question, and divergence of data from two or more questions. The majority of 2008–09 OSR questionnaires received had one or more of these data quality issues.

Further information can be found in the data quality statement in the Aboriginal and Torres Strait Islander Health Services Report, 2008–09 (AIHW 2010).

Healthy for Life data

For the July 2008 to June 2009 reporting period, 72 services submitted data as part of the Healthy for Life Program.

Services started submitting their data through an electronic interface (OSCAR) for the February 2008 reporting period. This has improved the quality of data submitted.

Not all of the services were able to provide data for all of the essential indicators and service profile questions. The number of services who were able to provide data varies across the qualitative and quantitative indicators.

# List of symbols used in tables

| | |
|---|---|
| n.a. | not available |
| — | rounded to zero (including null cells) |
| 0 | zero |
| . . | not applicable |
| n.e.c. | not elsewhere classified |
| n.f.d. | not further defined |
| n.p. | not available for publication but included in totals where applicable, unless otherwise indicated |

# References


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

AIHW 2010a. Indigenous identification in hospital separations data—quality report. Cat. no. HSE 85. Canberra: AIHW

AIHW 2010b. Aboriginal and Torres Strait Islander Health Services Report, 2008–09. AIHW cat. no. IHW 31. Canberra: AIHW

AIHW 2005. Improving the quality of Indigenous identification in hospitals separations data. Cat. no. HSE 101. Canberra: AIHW.

AIHW 2007. Australian hospital statistics 2005–06. Health services series no. 30. Cat. no. HSE 50. Canberra: AIHW.

Howard, S., Hordacre, AL., Moretti, C., Kalucy, E. (2009). Summary data report of the 2007–2008 Annual Survey of Divisions of General Practice. Adelaide: Primary Health Care Research &Information Service, Discipline of General Practice, Flinders University, and Australian Government Department of Health and Ageing.

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