1 Introduction

This report presents the findings of an evaluation of the National Minimum Data Set for Public Hospital Establishments conducted by the AIHW. The evaluation was funded by AHMAC through the SIMC.

The aim was to assess the quality and utility of the NMDS, determine if it meets current requirements and to make recommendations to improve data quality and comparability. The methodology used was similar to that used for other evaluations of NMDS. It involved reviews of:

- compliance, that is, the extent to which data for 2003–04 were provided by states and territories in accordance with the specifications as published in the National health data dictionary (NHDC 2003).
- utility. Data collectors and users were surveyed using a tool similar to that designed for the evaluation of the Admitted Patient Care NMDS.

A questionnaire on state and territory reporting practices for reporting expenditure and revenue was used to supplement the information collected in the review of utility.

The report sets out recommendations for new or modified data elements (together with priorities for data development).

This report

This chapter describes the National Minimum Data Set for Public Hospital Establishments and outlines the purpose of the evaluation.

Chapter 2 describes the method used as the basis for the evaluation.

Chapter 3 describes the results of the consultations with data collectors and users by means of a survey. Information is presented on the users and uses of the NMDS, the perceived importance and usefulness of the NMDS and individual data elements, and areas for data development.

Chapter 4 describes the results of the compliance review, including information on the scope of the data provided by states and territories and the extent to which the data provided for each data element comply with National health data dictionary (NHDD) definitions and domain values.

Chapter 5 presents comments on existing data elements from both the utility and compliance evaluations. It also outlines suggestions for new data elements.

Chapter 6 provides a collation of the responses to the expenditure and revenue questionnaire distributed to states and territories. This information has been used to supplement the information in the survey of utility.

The appendices include a list of data elements in the Public Hospital Establishments NMDS, the survey of utility, the expenditure and revenue questionnaire and a list of survey respondents.
National Minimum Data Set for Public Hospital Establishments

A National Minimum Data Set is a core set of data elements established pursuant to a national agreement to collect uniform data and to supply it as part of a national collection. The standards applying to a NMDS improve:

- **efficiency** by standardising core data items and preventing duplication of effort
- **effectiveness** by ensuring that information collected is relevant and appropriate
- **comparability** and consistency for reporting purposes.

An NMDS consists of specified data elements (discrete items of information or variables) with supporting data elements and data element concepts. Definitions for the data elements are in the National health data dictionary, the Metadata Online Registry (METeOR) and in Appendix 1. In the description of an NMDS, the scope of the application of those data elements and the statistical units for collection of the data is also specified.

The scope of the National Minimum Data Set for Public Hospital Establishments is all public hospitals under the jurisdiction of the state and territory health authorities including psychiatric hospitals, dental hospitals and other special purpose hospitals such as those for rehabilitation, palliative care and alcohol and drug treatment. Hospitals operated by the Australian Defence Force, correctional authorities and Australia’s external territories are excluded. This description of the scope is a proposed rewording of the current description.

The ABS collects similar data for private hospitals and free-standing day hospital facilities in the Private Health Establishments Collection.

The statistical unit is the public hospital or hospital/campus group as defined by the state or territory government. The state or territory health authority collects data for each hospital within its jurisdiction and provides the data annually to the AIHW for national collation. Nationally comparable data are generated from the NMDS, such as the AIHW’s National Public Hospital Establishments Database and Australian hospital statistics as well as state or territory hospital data collections. The NMDS is used in the ABS publication Private hospitals Australia and in the annual Report on government services (Steering Committee for the Review of Government Service Provision).

Purpose of the evaluation

The purpose was to assess the quality and utility of the NMDS, determine if it meets current requirements and make recommendations to improve data quality and comparability. There has been no comprehensive assessment of the quality and utility of the NMDS-based data. Only minor changes have been made to the NMDS since it was first specified in 1989. An evaluation is timely given the considerable resources used at state and territory and national levels to collect the data.

Hospital utilisation and costs study review

A review of the Hospital utilisation and costs study was undertaken in 1996 to address issues relating to the collection, analysis and dissemination of nationally comparable data on hospital costs and services. The review was commissioned by the National Health
Information Management Group in response to a perceived lack of quality and timeliness, changes in health care delivery and financing arrangements, and the emergence of other national hospital-based data collections.

The review surveyed data providers (state and territory health authorities) and data users on the uses of the data, methods to improve timeliness and data quality, and overlap with other hospital data collections. Compliance with NHDD definitions and the collection efficiency of NMDS items were also considered. Some data items were referred to the National Health Data Committee for definition development or review, including Capital expenditure, Indirect health care expenditure, Full-time equivalent staff and Admitted patient cost proportion. Responses from the review were used to develop recommendations, which agreed to new mechanisms to improve data quality and accelerate the timetable for data provision, processing and analysis.

**NHDD and METeOR**

The NHDD is published by the AIHW regularly and incorporated into the AIHW’s on-line metadata registry, METeOR, Australia’s central repository for health, community services and housing assistance metadata. METeOR provides definitions for health and community services-related data topics, and specifications for related NMDS, such as the Public Hospital Establishments NMDS. It can be viewed on the web at www.meteor.aihw.gov.au.

The metadata standards in the NHDD were re-engineered for inclusion in METeOR, for example, to allow greater standardisation between National Minimum Data Sets. As a result, some of the terminology has changed. For example, data element concepts are now referred to as ‘Object classes’. In addition, data elements have been renamed.

This report adopts the names for data elements that were used in the Knowledgebase, the predecessor to METeOR. The applicable METeOR names and identifiers are listed in Appendix 1, together with a mapping to the names and identifiers used in this report.