

2 Methodology

This evaluation uses similar methodology to that used in the evaluations of the National Minimum Data Sets for Admitted Patient Care (AIHW 2003), Perinatal (AIHW: Laws and Sullivan 2004) and Admitted Patient Mental Health Care (AIHW 2005). Minor adjustments to the survey and assessment system have improved the process.

The methodology has been developed in consultation with the Australian Hospital Statistics Advisory Committee (AHSAC) which includes an invited expert and representatives from the:

- State and territory health authorities
- Australian Government Department of Health and Ageing
- ABS
- Australian Government Department of Veterans' Affairs
- Australian Healthcare Association
- Australian Private Hospitals Association
- Private Health Insurance Administration Council
- Clinical Casemix Committee of Australia
- National Centre for Classification in Health.

In accordance with the methodology, reviews were undertaken 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.

Evaluation of compliance

The quality and consistency of the data provided by states and territories were assessed. Data elements are to be collected and reported using standard definitions and domain values and reported for all separations within scope (essentially public hospitals in Australia). However, there are variations in the standards of reporting by the states and territories.

The compliance section of the evaluation focussed on 2003–04 data and was based on the specifications in the NHDD v12. The documentation provided by states and territories with the 2003–04 data was examined. In addition, communications between the AIHW and jurisdictions during compilation of the 2003–04 National Public Hospital Establishments Database (NPHEd) were reviewed.

Each data element for 2003–04 was assessed to determine:

- if states and territories had provided it
- if it was provided in accordance with the NMDS specifications as published in the *National health data dictionary* version 12, that is, whether the NHDD definition and domain values were used
- if it was reported for all public acute and psychiatric hospitals.

Evaluation of utility

To be effective, the information collected needs to be relevant and appropriate to its purpose. The aim of evaluating the utility of the NMDS was to establish whether the data collection meets current requirements such as informing policy development and reporting on performance.

The AIHW surveyed data collectors and users of the NMDS specifications and NMDS-based data as well as other stakeholders. They were asked to indicate whether particular data elements were important (that the information needed to be collected) and useful (if the data collected in accordance with the existing definitions met current requirements). The responses to the survey were taken into account in formulating the recommendations for data development.

The survey was developed in consultation with members of AHSAC. It asked specific questions about the users and uses of the NMDS specifications and NMDS-based data; the utility of the NMDS as a whole and of individual data elements; and areas for development including modifications to data elements, new data elements or changes to scope. The survey also invited additional comments and suggestions.

The survey of utility sought comments on the NHDD v12, the version current at the time of the evaluation. Information on the HDSC and NHIMPC processes for changing NMDS items was attached to the survey. It was noted that any changes to data elements would require a business case to be prepared and submitted to the HDSC and the NHIMPC.

The survey was distributed by e-mail in April 2005, following feedback from AHSAC members on a draft survey form. It included explanatory notes and a flyer. A copy of the survey and explanatory notes is at Appendix 2. A questionnaire on state and territory practices in reporting expenditure and revenue was also distributed (copy at Appendix 3). The recipients of the survey included:

- AHSAC members
- SIMC and HDSC members
- Health Expenditure Advisory Committee (HEAC)
- Commonwealth Grants Commission
- Health Working Group of the Steering Committee for the Review of Government Service Provision
- Public Health Association of Australia
- Health Services Research Association
- recent recipients of the AIHW's NPHEd data.

The evaluation documentation was placed on the AIHW's website with an invitation to participate in the survey. Evaluation responses were returned to the AIHW by August 2005.

Recommendations for data development

The AIHW has recommended priorities for future development of the NMDS based on the results of the evaluations of compliance and utility and suggestions received from survey respondents. These have been made in consultation with AHSAC, consistent with the NHIMPC assessment criteria for the development of National Minimum Data Sets such as the fit with national strategic directions and the benefits at the national level. A future program of data development work will address the recommendations for new data elements or revisions of existing data elements. Submissions to the HDSC, SIMC and NHIMPC will also be developed as appropriate.