NOTES ON USING THIS DATASET

|  |  |
| --- | --- |
| Dataset title | Health System Dashboard – March 2018 |
| Date this document prepared | 31 August 2018 |
| Contact | healthstats@health.tas.gov.au |
| Organisation | Department of Health (Tasmania) |

CONTEXT

The health system dashboard is published four times a year through the HealthStats website (<https://www.healthstats.dhhs.tas.gov.au>). The health system dashboard provides headline indicators and supporting statistics on the Tasmanian public health system.

Each edition of the health system dashboard presents data for a 12 month period. The March 2018 edition of the health system dashboard was published on 29 June 2018. It presents data for the 12 months to March 2018.

DATASET CONSTRUCTION

The dataset is a complete set of data published on the health system dashboard from the initial June 2015 edition through to the latest March 2018 edition. This dataset covers the 45 month period from July 2014 through to March 2018.

Note, each time a new edition of the health system dashboard is published, 3 new months of data are added and the 3 oldest months of data are removed. Whilst there are 9 months in common between consecutive versions of the health system dashboard, data may be revised between versions.

The dataset is constructed by taking data for a particular month from the last edition of the health system dashboard in which it was published. That is, data for the 3 month period from July 2014 through to September 2014 is taken from the June 2015 edition. Note, data for the most recent 9 month period, from July 2017 through to March 2018, may be revised in subsequent editions of the health system dashboard.

There are 340 indicators in the dataset and 45 months in the dataset. For a variety of reasons, some indicators do not have values for some months. However, the dataset is constructed to include a data row for every month for every indicator. That is, the dataset contains 1 header row and 15 300 data rows (equivalent to 340 indicators x 45 months). Where an indicator does not have a value for a particular month, the relevant value in the dataset is left blank (null).

HEADER ROW

There are 9 columns of data in the dataset.

| Header row title | Description |
| --- | --- |
| Identifier | A unique identifier for each indicator.The identifier is an 8-digit number compiled as a concatenation of four 2-digit codes representing Subject, Title, Category and Location. The order of components aligns with the presentation of the health system dashboard on the HealthStats website. |
| Subject | The subject area for the indicator. |
| Title | The short title for the indicator. |
| Category | A short title for any disaggregation by category.  |
| Location | A short title for any disaggregation by location.All = no disaggregationLGH = Launceston General HospitalMCH = Mersey Community HospitalNWRH = North West Regional HospitalRHH = Royal Hobart HospitalMajor Hospitals = LGH, MCH, NWRH and RHHStatewide = LGH, MCH, NWRH and RHH |
| Units | The units in which the value is expressed.% = percentage (range from 0 to 100)days = number of daysminutes = number of minutesNo. = Number (count as per indicator title) |
| ReferencePeriodStart | The date of the start of the reference period. |
| ReferencePeriodEnd | The date of the end of the reference period.The month and year of the end of the reference period are typically used to designate the reference period. See the health system dashboard on the HealthStats website for appropriate usage.The reference period is the specific period of time (such as a month) relevant to an indicator value. There are three broad methods of construction for the indicators included in the dataset.As at the end of this month, where a census is taken on the last day of the month. The start of the reference period and the end of the reference period are both the last day of the month. This method applies to stock variables, such as the number of people on a waiting list.For this month (monthly), where all of the events occurring from the beginning of the month through to the end of the month are in scope. The start of the reference period is the first day of the month and the end of the reference period is the last day of the month. This method applies to flow variables, such as monthly emergency department presentations.For the 12 months to this month, where all of the events occurring from the beginning of the 12 month period through to the end of the current month are in scope. The start of the reference period is the first day of the month, from eleven months prior, and the end of the reference period is the last day of the month. This will be a period of 365 days, or 366 days where February has 29 days. This method applies to flow variables, such as elective surgery disaggregations presented over 12 months. |
| Value | The value of the indicator for the reference period.Note, a null (empty/blank) value is used where the value is not applicable, or missing or equal to zero. Context available on the HealthStats website (<https://www.healthstats.dhhs.tas.gov.au>) may assist to differentiate between null categories. |

INDICATOR DESCRIPTIONS AND CAVEATS

Indicators are described on the relevant breakout pages on the HealthStats website (<https://www.healthstats.dhhs.tas.gov.au>). Select the relevant Subject tile to display the default breakout page and navigate to the relevant tab if necessary. Indicators are described in the brief text above the table and in the *about the measure* section below the table.

Notes on indicators, including caveats, are included on the relevant breakout pages on the HealthStats website. Note, caveats are only included if they are relevant to the current edition of the health system dashboard. Notes and caveats may be included in the *about the measure* section or the *about the data* section below the table.

The following indicator description and caveat information is from the March 2018 edition, or earlier editions, of the health system dashboard. It is reproduced here because it applies to a particular point in time and this information is either no longer available on the HealthStats website, or is likely to become unavailable in the future.

| Indicator [identifier component] | Description and caveat |
| --- | --- |
| Elective surgery [08]Admitted median waiting time for Myringotomy [080109]Admitted median waiting time for Other [080116] | Myringotomy is not separately reported after the 12 months to March 2017 and is instead included within the Other category. |
| Ambulances [12]Median response time [1201]Incidents [1202]Dispatches [1203] | *About the data*: A new computer aided dispatch system was implemented in August 2016. At the same time changes were made to Ambulance Tasmania State Operations Centre workflows and practices. Because of these changes data from August 2016 onwards is not directly comparable with historical data (superseded system). |
| Ambulances [12]Median response time [1201]Median emergency response time (superseded measure) [12010202] | *About the measure*: In Tasmania, a call to 000 for an ambulance is dealt with by an emergency medical dispatcher. The time stamp recorded when the emergency medical dispatcher creates a case in the dispatch system is used as the measure of when the call is answered by the ambulance service. This is the earliest time stamp in the dispatch system and is a good match with the national definition.Prior to October 2015, median ambulance emergency response times were reported differently, referred to as the superseded measure. The superseded measure used the time stamp recorded when the emergency medical dispatcher had enough information to dispatch a crew to an incident. On average, this was 0.7 minutes after the case was created in the dispatch system. This results in the median response time being around 0.7 minutes longer than for the old measure. |
| Mental Health [13]Community and residential active clients [13020101] | *About the data:* Data for July 2015 and later months includes clients of the clozapine outpatient clinic at the Royal Hobart Hospital. Data for June 2015 and earlier months did not include these clients. On average, inclusion of these clients increases the number of active clients by approximately 75 clients per month.Australian Government funded dementia behaviour management advisory services were delivered by Mental Health Services for most of 2016, but were subsequently delivered by a non-government organisation. The impact of this change is to reduce the number of active clients under the care of Mental Health Services by approximately two hundred clients per month. This reduction occurred over the period from July 2016 through to November 2016. |