

Data Quality Statement for *SOUTH AUSTRALIA*

1. Overview of costing environment

- 1.1 The Department of Health and Wellbeing (DHW) coordinate and support the costing on behalf of the Local Health Networks (LHNs) but is largely informed by LHNs given it represents the outcomes of their location operations. The DHW work with the LHNs to ensure all costs and activity are accounted for and processed in accordance with AHPCS Version 4.
- 1.2 Costing is undertaken for December (6 Months YTD), March (9 Months YTD) and then June (Full Year) at select sites across all LHNs.
- 1.3 SA Health uses Power Performance Manager from PowerHealth Solutions as its system to support the production of costing outputs.
- 1.4 Some attempts were made to try and cost blood products and Private Pathology however there was a lack of data to include these costs accurately.

2. Submitted cost data

- 2.1 Data was submitted for 20 Hospitals in South Australia, 10 Metropolitan Hospitals and 10 Major Country Hospitals.
- 2.2 There were no significant movements from the previous year as far as average cost per encounter is concerned, overall costs increased by roundly 8% on the previous year and activity also increased by roundly 5%.

	Costs (\$m)			Activity		
	17-18	18-19	Movement	17-18	18-19	Movement
SA Health	3,770	4,089	8.44%	2,358,846	2,468,943	4.67%

- 2.3 There are no major influences that affected the Round 23 costed data from previous years.
- 2.4 There were no specific challenges with costing the patient level data, apart from matching blood costs and private pathology costs. These two cost elements were excluded from patient level costing for this reason.

- 2.5 Each year, a statewide review of costed results is conducted at site and DRG level. All results were reviewed and any significant variances were investigated and resolved before submission.

3. Adherence to the Australian Hospital Patient Costing Standards

- 3.1 SA Health adheres to the patient costing standards and costs in accordance with its guidelines and principles.
- 3.2 SA Health does not cost blood products or private pathology at patient level as data matching is not accurate enough to provide robust costings. Teaching Training and Research (TTR) direct costs are not reported at the patient level. They are however reported in the reconciliation of total costs. TTR costs have been treated in compliance with AHPCS version 4.
- 3.3 There are no specific areas of variance from the AHPCS apart from blood products and private pathology not being included in patient level costing

4. Governance and use of cost data


- 4.1 Public Hospital data is used for benchmarking against the NEP, other hospitals in South Australia, monitoring improvement initiatives and help forecast the cost/funding required for future programs.
- 4.2 LHN's submit data annually to the Health Round Table. This submission is compiled from data within the SA Health costing system, Power Performance Manager.
- 4.3 All LHNs use the same guidelines for costing of patient level data. Some LHNs have better feeder systems to enable a more direct attribution of costs to patients while other LHNs use different techniques to assign costs to patients.
- 4.4 Every year, the DHW meet with the LHNs to do a thorough review of all costings at DRG level (Called a DRG review). Any noticeable discrepancies are then addressed and costing continued until the LHNs are satisfied that their data is fit for purpose. Once the LHN has signed off on their costings, the DHW then goes through a process of building the necessary data for submission to the NHCDC.

Declaration

All data provided by South Australia to Round 23 (2018-19) of the National Hospital Cost Data Collection (NHCDC) submitted to the Independent Hospital Pricing Authority has been prepared in adherence with the Australian Hospital Patient Costing Standards (AHPCS) Version 4.0 as described in Section 3 of this statement with the two noted exceptions.

The process leading to data provided to this submission has been reviewed for adherence to the AHPCS Version 4.0 and designed to promote a complete data submission, free of known material errors.

Assurance is given that to the best of my knowledge the data provided are suitable to be used for the primary purpose of the NHCDC, which includes development of the National Efficient Price.



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SA Health

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