



# ANZDATA Technical Updates

SEPTEMBER 2024

## ANZDATA Technical Updates – September 2024

### A) Australian National Death Index linkage with ANZDATA for inclusion of non-reported deaths

ANZDATA has commenced using an annual linkage to the Australian National Death Index (NDI) to identify deaths that have not been reported by contributing units. Where these deaths have been identified, the date of death has now been included in the patients' ANZDATA record. This occurred for 684 additional death dates for the 2023 analysis dataset. The breakdown by latest reported patient status prior to the death date is shown in Table 1. The largest number (234) were from 2023, but historical deaths were included from as early as 2001. There were 588 additional deaths over the period 2018-2023 which will be included in the coming release of individual hospital reports.

Table 1: Latest Reported Patient Status Prior to Additional NDI-matched Deaths in 2023 analysis dataset

Status	N	%
Functioning Transplant	291	42.5
Dialysis	151	22.1
Lost to Follow Up	144	21.1
Recovery of Renal Function	90	13.2
Withdrawal from Dialysis	8	1.2
Total	684	100

Due to cause of death coding differences between the NDI and ANZDATA, the NDI cause of death has not been included in the ANZDATA record. Units with these additional death dates were followed up with queries for the cause of death when the death occurred during 2023. In 144 instances, a unit was not assigned at the date of death, with the patient either reported to have been lost to follow-up or moved overseas.

This linkage only applies to deaths in Australia. As a consequence, for the 2018-2023 individual hospital reports, there may be higher patient mortality rates for hospitals in Australia, and greater proportions of deaths without a cause of death reported.

Additional death dates were also included where available for 2024 (n=114), with these to appear in the 2024 analysis dataset. Queries for the cause of death will be sent to units if these are not provided with the 2024 annual survey data.

Linkage errors can occur due to false matches, and there were 53 records of death dates from the NDI where the patient appeared alive in ANZDATA with data long after the fact. These death dates have not been included. Any incorrect death dates should be notified to the registry for removal.

## B) Approach to using the Aboriginal and Torres Strait Islander population estimates

In calculation of rates of incidence and prevalence of kidney disease among Aboriginal and/or Torres Strait Islander people, ANZDATA uses the population figures from the Australian Bureau of Statistics. In turn, these are based on the Census. In July 2024, the Australian Bureau of Statistics (ABS) released updated estimates and projections for the population of Aboriginal and Torres Strait Islander Australians from the 2021 Census:

<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/2011-2031>

Essentially, the change in the number of people who identify as Aboriginal and/or Torres Strait Islander is greater than accounted for by reported births or deaths. The presumption is this reflects a change in propensity of people to identify as Aboriginal and/or Torres Strait Islander people. Because this identification of Aboriginal and/or Torres Strait Islander people has changed significantly between Censuses, the ABS also produced population “backcast” estimates which span the period 2011 to 2020.

As the population estimates for prior to 2011 produced from previous censuses are not consistent with these latest estimates, the 2024 ANZDATA annual report will only include rates per Aboriginal and Torres Strait Islander population from 2011 onwards. This will ensure a consistent “denominator” is used for comparing trends over time.

## Document History

Revision	Date	Author	Description
0.1	17/09/2024	C Davies	Creation
0.2	05/10/2024	S McDonald	Revision
1.0	08/10/2024	-	Published