National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY4.0 (CC BY4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 62-Hospitalisation for injury and poisoning, 2012
METEOR identifier:	435901
Registration status:	Health, Retired 25/06/2013
Description:	The number of hospital separations with a principal diagnosis of injury and poisoning
Indicator set:	National Healthcare Agreement (2012) Health, Superseded 25/06/2013
Outcome area:	Social Inclusion and Indigenous Health Health, Standard 07/07/2010 Indigenous, Standard 11/09/2012
Data quality statement:	National Healthcare Agreement: PI 62-Hospitalisation for injury and poisoning, 2012 QS Health, Retired 14/01/2015

Collection and usage attributes

Computation description:	Injury and poisoning diagnoses are defined by ICD-10-AM codes S00-T98.	
	Rates are directly age-standardised to the 2001 Australian population.	
	Analysis by state and territory is based on location of service.	
	Analysis by remoteness and SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) is based on usual residence of person.	
	Presented per 1,000 population.	
Computation:	1,000 × (Numerator ÷ Denominator)	
Numerator:	Number of separations with a principal diagnosis of injury and poisoning	

Numerator data elements:	Data Element / Data Set
	Episode of care—principal diagnosis, code (ICD-10-AM 6th edn) ANN{.N[N]}
	Data Source
	National Hospital Morbidity Database (NHMD)
	NMDS / DSS
	Admitted patient care NMDS 2009-10
	Guide for use
	Data source type: Administrative by-product data
	Data Element / Data Set
	Injury event—external cause, code (ICD-10-AM 6th edn) ANN{.N[N]}
	Data Source
	National Hospital Morbidity Database (NHMD)
	NMDS / DSS
	Admitted patient care NMDS 2009-10
	Guide for use
	Data source type: Administrative by-product data
Denominator:	Total population
Denominator data	Data Element / Data Set
elements:	Data Element
	Person—estimated resident population of Australia
	Data Source
	ABS Estimated resident population (total population)
	Guide for use
	Data source type: Census-based data plus administrative by-product data
	Data Element / Data Set
	Data Element
	Person—estimated resident population of Australia
	Data Source ABS Indigenous experimental estimates and projections (2001 Census-

Guide for use

based)

Data source type: Census-based data plus administrative by-product data

Disaggregation:

2009–10—Nationally, by SEIFA Index of Relative Socioeconomic Disadvantage (IRSD) deciles

2007–08 (requested by COAG Reform Council) and 2009–10—Nationally, by remoteness and sex

2007–08 (resupplied for revised Indigenous and SEIFA analysis), and 2009–10— State and territory, by:

- sex
- Indigenous status
- remoteness (Australian Standard Geographical Classification Remoteness Structure)
- SEIFA IRSD quintiles
- age group (0-14; 15-24; 25-34; 35-44; 45-54; 55-64; 65 years and over)

Some disaggregation may result in numbers too small for publication. National disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable.

Disaggregation data elements:

-Data Element / Data Set

Establishment-organisation identifier (state/territory), NNNNN

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2009-10

Guide for use

Data source type: Administrative by-product data

- Data Element / Data Set

Person-sex, code N

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2009-10

Guide for use

Data source type: Administrative by-product data

-Data Element / Data Set-

Person-Indigenous status, code N

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2009-10

Guide for use

Data source type: Administrative by-product data

-Data Element / Data Set-

Person—area of usual residence, geographical location code (ASGC 2008) NNNNN

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2009-10

Guide for use

Data source type: Administrative by-product data Used for disaggregation by remoteness and SEIFA IRSD Comments:

Most recent data available for 2012 CRC reporting: 2009-10.

The scope of the National Hospital Morbidity Database (NHMD) is episodes of care for admitted patients in essentially all hospitals in Australia, including public and private acute and psychiatric hospitals, free-standing day hospital facilities, alcohol and drug treatment hospitals and dental hospitals.

For further detailed analysis by Indigenous status see the National Indigenous Reform Agreement (NIRA) report.

Representational attributes

Representation class:	Rate
Data type:	Real
Unit of measure:	Episode
Format:	NN[N].N

Indicator conceptual framework

Framework and	Health behaviours
dimensions:	
	Environmental factors

Data source attributes

-Data Source

ABS Estimated resident population (total population)

Frequency

Quarterly

Data quality statement

ABS Estimated resident population (total population), QS

Data custodian

Australian Bureau of Statistics

Data Source

National Hospital Morbidity Database (NHMD)

Frequency

Annual

Data custodian

Australian Institute of Health and Welfare

-Data Source

ABS Indigenous experimental estimates and projections (2001 Censusbased)

Frequency

Periodic

Data quality statement

ABS Indigenous experimental estimates and projections, QS

Data custodian

Australian Bureau of Statistics

Accountability attributes

Reporting requirements:	National Healthcare Agreement
Organisation responsible for providing data:	Australian Institute of Health and Welfare
Further data development / collection required:	Specification: Long-term

Relational attributes

Related metadata references:	Supersedes <u>National Healthcare Agreement: PI 62-Hospitalisation for injury and</u> poisoning, 2011 <u>Health</u> , Superseded 31/10/2011
	See also <u>National Indigenous Reform Agreement: PI 03-Hospitalisation rates by</u> principal diagnosis, 2011 Indigenous, Superseded 01/07/2012
	See also <u>National Indigenous Reform Agreement: PI 03-Hospitalisation rates by</u> principal diagnosis, 2012 Indigenous, Superseded 13/06/2013