

National Healthcare Agreement: PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2019

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006–07 baseline to 8.5 per cent of total hospital admissions, 2019
METEOR identifier:	698942
Registration status:	<ul style="list-style-type: none">• Health, Superseded 13/03/2020

Description: By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006–07 baseline to 8.5 per cent of total hospital admissions (Baseline specification).

There are two parts to this performance benchmark:

1. Improved provision of primary care
2. Reduced potentially preventable hospital admissions

For Part 1, the measure is under development. For Part 2, the measure is defined below.

Indicator set: [National Healthcare Agreement \(2019\) Health](#), Superseded 13/03/2020

Outcome area: [Primary and Community Health Health](#), Standard 07/07/2010

Collection and usage attributes

Computation description: For ICD-10-AM coding details, please refer to the specification for [National Healthcare Agreement Performance Indicator 18–Selected potentially preventable hospitalisations, 2019](#).

Analysis of state/territory is based on usual residence of the person.

Presented as a number and a percentage.

Computation: Number

$100 \times (\text{Numerator} \div \text{Denominator})$

Numerator: Number of potentially preventable hospitalisations, divided into three groups and total:

- vaccine-preventable (e.g. tetanus, measles, mumps, rubella)
- acute conditions (e.g. ear, nose and throat infections, perforated/bleeding ulcer, pelvic inflammatory disease)
- chronic conditions (e.g. diabetes complications, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease)
- all potentially preventable hospitalisations.

Numerator data elements:

Data Element / Data Set

[Episode of admitted patient care—admission date, DDMMYYYY](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Episode of care—additional diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Episode of care—principal diagnosis, code \(ICD-10-AM 9th edn\) ANN{.N\[N\]}](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Episode of admitted patient care—procedure, code \(ACHI 9th edn\) NNNNN-NN](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Denominator:

Total hospital separations

Denominator data elements:

Data Element / Data Set

[Episode of admitted patient care—admission date, DDMMYYYY](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

[Episode of admitted patient care—separation date, DDMMYYYY](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data

Disaggregation:

2016–17—State and territory (by three groups and total) (not reported).

Some disaggregations may result in numbers too small for publication.

Disaggregation data elements:

Data Element / Data Set

[Person—area of usual residence, statistical area level 2 \(SA2\) code \(ASGS 2011\) N\(9\)](#)

Data Source

[National Hospital Morbidity Database \(NHMD\)](#)

NMDS / DSS

[Admitted patient care NMDS 2016-17](#)

Guide for use

Data source type: Administrative by-product data
Used for disaggregation by state/territory

Comments:

Most recent data available for 2019 National Healthcare Agreement performance reporting: 2016–17.

Baseline: 2006–07.

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.

Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: Episode
Format: NN[NN].N

Data source attributes

Data sources: **Data Source**
[National Hospital Morbidity Database \(NHMD\)](#)
Frequency
Annual
Data custodian
Australian Institute of Health and Welfare

Accountability attributes

Reporting requirements: National Healthcare Agreement
Organisation responsible for providing data: Australian Institute of Health and Welfare
Benchmark: National Healthcare Agreement Performance Benchmark:
By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6% over the 2006–07 baseline to 8.5% of total hospital admissions.
Refer: http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/healthcare_national-agreement.pdf
Further data development / collection required: Specification: Minor work required, the measure needs minor work to meet the intention of the indicator.

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2018](#)

- [Health](#), Superseded 19/06/2019

Has been superseded by [National Healthcare Agreement: PB f–By 2014–15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions, 2020](#)

- [Health](#), Standard 13/03/2020

See also [National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2019](#)

- [Health](#), Superseded 13/03/2020

© Australian Institute of Health and Welfare 2015–2023

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 BY 3.0 (CC BY 3.0) 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 upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at www.aihw.gov.au/copyright. The full terms and conditions of this licence are available at <http://creativecommons.org/licenses/by3.0/au/>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.