

# 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, 2021

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	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, 2021
<b>METEOR identifier:</b>	725832
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 16/09/2020</li></ul>

**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 \(2021\) Health](#), Standard 19/11/2020

**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, 2021](#).

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 2018-19](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

[Episode of admitted patient care—procedure, code \(ACHI 10th edn\) NNNNN-NN](#)

**Data Source**

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

**NMDS / DSS**

[Admitted patient care NMDS 2018-19](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

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

**Data Source**

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

**NMDS / DSS**

[Admitted patient care NMDS 2018-19](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

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

**Data Source**

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

**NMDS / DSS**

[Admitted patient care NMDS 2018-19](#)

**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 2018-19](#)

**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 2018-19](#)

**Guide for use**

Data source type: Administrative by-product data

**Disaggregation:**

2018–19—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 \(ASGS 2016\) N\(9\)](#)

**Data Source**

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

**NMDS / DSS**

[Admitted patient care NMDS 2018-19](#)

**Guide for use**

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

**Comments:**

Most recent data available for 2021 National Healthcare Agreement performance reporting: 2018–19.

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 [National Healthcare Agreement 2012](#).

**Further data development / collection required:** Specification: Minor work required, the measure needs minor work to meet the intention of the indicator.

## Source and reference attributes

**Reference documents:** Council of Australian Governments 2012. National Healthcare Agreement (effective 25 July 2012). Viewed 5 May 2020, [http://www.federalfinancialrelations.gov.au/content/npa/health/\\_archive/healthcare\\_national-agreement.pdf](http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/healthcare_national-agreement.pdf)

## 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, 2020](#)

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

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, 2022](#)

- [Health](#), Standard 24/09/2021

See also [National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2021](#)

- [Health](#), Standard 16/09/2020

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