National Healthcare Agreement: PI 16–Potentially avoidable deaths, 2022

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 BY 4.0 (CC BY 4.0) 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 16–Potentially avoidable deaths, 2022

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 16–Potentially avoidable deaths, 2022
METEOR identifier:	740864
Registration status:	Health, Standard 24/09/2021
Description:	Deaths from conditions that are potentially preventable through individualised care and/or treatable through existing primary or hospital care.
Indicator set:	National Healthcare Agreement (2022) Health, Standard 24/09/2021
Outcome area:	Primary and Community Health Health, Standard 07/07/2010

Collection and usage attributes

Population group age to:	Under 75 years
Computation description:	Deaths are defined as avoidable in the context of the present health system.
	International Classification of Diseases (ICD-10, 2019 version) codes in scope are as specified below:

Table 1: Potentially avoidable deaths International Classification of Disease	
(ICD-10) Codes	

Cause of death groups	ICD-10 Codes	Limits (age, sex)
Infections		
Selected invasive infections	A38–A41, A46, A48.1, G00, G03, J02.0, J13–J16, J18, L03	
Viral pneumonia and influenza	J10–J12	
HIV/AIDS	B20–B24	
Cancer		
Cancer of the colon, sigmoid, rectum and anus	C18–C21, C26.0	
Skin	C43, C44	
Breast	C50	Female
Cervix	C53	
Prostate	C61	
Kidney	C64	
Thyroid	C73	
Hodgkin's disease	C81	

Acute lymphoid leukaemia/Acute lymphoblastic leukaemia	C91.0	0-44 years
Diabetes	E10-E14	
Diseases of the circulatory system		
Rheumatic and other valvular heart disease	100–109, 133–137	_
Hypertensive heart and renal disease	110–113	
lschaemic heart disease	120-125	
Cerebrovascular diseases	160–169	
Heart failure	150, 151.1, 151.2, 151.4, 151.5	
Pulmonary embolism	126	
Diseases of the genitourinary system		
Renal failure	N17–N19	
Diseases of the respiratory system		
COPD	J40–J44	
Asthma	J45, J46	
Diseases of the digestive system		
Peptic ulcer disease	K25–K27	
Maternal & infant causes		
Complications of the perinatal period	P00–P96	
Other conditions		
Complications of pregnancy, labour or the puerperium	O00–O99	
Selected external causes of morbidity and mortality		
Falls	W00–W19	
Fires, burns	X00–X09	
Suicide and self-inflicted injuries	X60–X84, Y87.0	
Misadventures to patients during surgical and medical care	Y60-Y69	
Medical devices associated with adverse incidents in diagnostic and therapeutic use	Y70-Y82	
Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure		
Other external causes of morbidity and mortality		
Transport accidents	V01–V99	
Exposure to inanimate mechanical forces	W20–W49	
Exposure to animate mechanical forces	W50–W64	
Accidental drowning and submersion	W65–W74	
Other accidental threats to breathing	W75–W84	
Exposure to electric current, radiation and extreme ambient air temperature and pressure	W85–W99	

Contact with venomous animals and plants	X20–X29
Exposure to forces of nature	X30–X39
Accidental poisoning by and exposure to noxious substances	X40–X49
Overexertion, travel and privation	X50–X57
Accidental exposure to other and unspecified factors	X58,X59
Assault	X85–Y09
Event of undetermined intent	Y10-Y34
Legal interventions and operations of war	Y35, Y36
Drugs, medicaments and biological substances causing adverse effects in therapeutic use	Y40–Y59
Sequelae of external causes of morbidity and mortality	Y85, Y86, Y87.1– Y89

Rates are directly age-standardised to the 2001 Australian population.

Variability bands are to be calculated for single-year rates using the method below.

Presented per 100,000 population.

Computation:

Number

Crude rate: 100,000 x (Numerator ÷ Denominator)

Variability bands are to be calculated for single-year rates using the following method for estimating 95% confidence intervals:

Age-standardised rate

$$CI (ASR)_{95\%} = ASR \pm 1.96 \times \sqrt{\sum_{i=1}^{i} \frac{w_i^2 d_i}{n_i^2}}$$

Where w_{f} = the proportion of the standard population in age group *i*

d_i=the number of deaths in age group i

 n_i =the number of people in the population in age group i

Number of deaths of persons aged less than 75 categorised as potentially avoidable

Numerator:

Numerator data elements:	Data Element / Data Set
	Data Element
	Person—age
	Data Source
	ABS Causes of Death Collection
	Guide for use
	Data source type: Administrative by-product data
	Data Element / Data Set
	Person—underlying cause of death, code (ICD-10 2016 version) ANN{.N}
	Data Source
	ABS Causes of Death Collection
	Guide for use
	Data source type: Administrative by-product data
Denominator:	Population aged less than 75

Denominator data elements:

- Data Element / Data Set

Data Element

Person—projected Indigenous population of Australia, total people N[N(7)]

Data Source

ABS Indigenous estimates and projections (2016 Census-based)

Guide for use

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

- Data Element / Data Set-

Person-age, total years N[NN]

Data Source

ABS Estimated resident population (2016 Census-based)

Guide for use

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

- Data Element / Data Set

Person-age, total years N[NN]

Data Source

ABS Indigenous estimates and projections (2016 Census-based)

Guide for use

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

- Data Element / Data Set

Person-estimated resident population of Australia, total people N[N(7)]

Data Source

ABS Estimated resident population (2016 Census-based)

Guide for use

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

Disaggregation:

2017, 2018, 2019 (resupplied for revision to ABS cause of death data), 2020— State and territory.

2017, 2018, 2019 (updated for revision to ABS cause of death data), 2020— Nationally, by Indigenous status (not reported).

2013–2017, 2014–2018, 2015–2019 (updated for revision to ABS cause of death data), 2016–2020—State and territory, by Indigenous status.

Some disaggregations may result in numbers too small for publication. Disaggregation by Indigenous status will be based on data only from jurisdictions for which the quality of Indigenous identification is considered acceptable—New South Wales, Queensland, South Australia, Western Australia, Northern Territory.

Disaggregation data elements:

-Data Element / Data Set

Person—Indigenous status, code N

Data Source

ABS Causes of Death Collection

Guide for use

Data source type: Administrative by-product data

-Data Element / Data Set-

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2016) N(9)

Data Source

ABS Causes of Death Collection

Guide for use

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

-Data Element / Data Set-

Person—underlying cause of death, code (ICD-10 2016 version) ANN{.N}

Data Source

ABS Causes of Death Collection

Guide for use

Data source type: Administrative by-product data

Most recent data available for 2022 National Healthcare Agreement performance reporting:

- 2020 (total population and Indigenous status at national level)
- aggregated data 2016–2020 (Indigenous status).

A number of updates to the ICD-10 were applied to 2013 and subsequent years causes of death data. Details of the impact of these changes on the mortality data are described in <u>ABS Implementation of Iris Software: Understanding Coding and Process Improvements</u>.

Data from 2018 onwards was coded using an updated version of Iris, the automated cause of death coding software. Coding updates as a result of this process are described in <u>Update to Iris coding software: Implementing WHO</u> <u>updates and improvement in coding processes</u>.

2013 data are coded using ICD-10 (2013 version). 2014, 2015, 2016 and 2017 data are coded using ICD-10 (2015 version). 2018 data are coded using ICD-10 (2016 version). 2019 and 2020 data are coded using ICD-10 (2019 version).

Due to the small number of Indigenous deaths reported each year, 5-year combined data will be reported for state and territory disaggregations.

Estimated Residential Population (ERP) data for the total population and the Indigenous population are sourced from ERP rebased after the 2016 Census.

Data by remoteness may be available, pending assessment of data quality.

Data are based on the state or territory of usual residence of the deceased, regardless of where in Australia the death occurred and was registered.

Registrars of Births, Deaths and Marriages in New South Wales, Queensland and the Northern Territory took a number of initiatives in recent years to improve processing systems and timeliness of registrations of births. These issues affected the birth counts of these jurisdictions. Care should therefore be taken when interpreting changes in mortality rates for these jurisdictions and national totals.

Rates derived from administrative data counts are not subject to sampling error but might be subject to natural random variation, especially for small counts. Variability bands associated with each estimate are reported to account for this (for example, 80.0 ± 2.7). Variability bands can be used for comparisons within jurisdictions or over time, but not between jurisdictions or between jurisdictions and national totals.

Further details on potentially avoidable deaths among Indigenous Australians are available from the Aboriginal and Torres Strait Islander Health Performance Framework (measure 1.24: Avoidable and preventable deaths).

Representational attributes

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

Indicator conceptual framework

Framework and	<u>Deaths</u>
dimensions:	

Data source attributes

-Data Source

ABS Indigenous estimates and projections (2016 Census-based)

Frequency

Periodic

Data custodian

Australian Bureau of Statistics

-Data Source-

ABS Causes of Death Collection

Frequency

Annual

Data quality statement

ABS causes of death collection, QS

Data custodian

Australian Bureau of Statistics

-Data Source

ABS Estimated resident population (2016 Census-based)

Frequency

Quarterly

Data custodian

Australian Bureau of Statistics

Accountability attributes

Reporting requirements:	National Healthcare Agreement
Organisation responsible for providing data:	Australian Bureau of Statistics (ABS).
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:	Australian Bureau of Statistics (ABS) 2015. <i>Causes of Death, Australia, 2013</i> , ABS cat. no. 3303.0. Canberra: ABS. Viewed 14 May 2020, <u>https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3303.0</u> <u>Main+Features12013?OpenDocument</u>
	ABS (Reference period: 2019). <i>Causes of Death, Australia</i> . ABS Website. Viewed 22 February 2021, <u>https://www.abs.gov.au/statistics/health/causes-death-australia/latest-release</u>
	Australian Institute of Health and Welfare (AIHW) 2020. <i>Aboriginal and Torres Strait Islander Health Performance Framework</i> . Canberra: AIHW. Viewed 19 February 2021, <u>https://indigenoushpf.gov.au/</u>

Relational attributes

Supersedes <u>National Healthcare Agreement: PI 16–Potentially avoidable deaths</u>, 2021

Health, Standard 03/07/2020

See also Australian Health Performance Framework: PI 1.2.1–Rates of current daily smokers, 2020 Health, Standard 13/10/2021

See also Australian Health Performance Framework: PI1.2.3–Levels of risky alcohol consumption, 2020 Health, Standard 13/10/2021

See also Australian Health Performance Framework: PI1.3.1–Prevalence of overweight and obesity, 2020 Health, Standard 13/10/2021

See also Australian Health Performance Framework: PI 2.1.4–Selected potentially preventable hospitalisations, 2020

Health, Standard 01/12/2020

See also <u>Australian Health Performance Framework: PI2.1.6–Potentially</u> avoidable deaths, 2020

Health, Superseded 31/03/2023

See also <u>Australian Health Performance Framework: PI2.1.6–Potentially</u> <u>avoidable deaths, 2021</u> <u>Health</u>, Superseded 02/02/2024

See also <u>National Healthcare Agreement: PI03–Prevalence of overweight and</u> <u>obesity, 2022</u>

Health, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 04–Rates of current daily smokers</u>, 2022

Health, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 05–Levels of risky alcohol</u> consumption, 2022

Health, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 06–Life expectancy, 2022</u> <u>Health</u>, Standard 24/09/2021

See also <u>National Healthcare Agreement: P107–Infant and young child mortality</u> rate, 2022

Health, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 08–Major causes of death, 2022</u> <u>Health</u>, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 18–Selected potentially preventable</u> hospitalisations, 2022

Health, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 23–Unplanned hospital readmission</u> rates, 2022

Health, Standard 24/09/2021