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

Exported from METEOR (AIHW's Metadata Online Registry)

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

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, 2022

METEOR identifier: 740898

Registration status: Health, Standard 24/09/2021

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 (2022)
Health, Standard 24/09/2021

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, 2022.

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

Presented as a number and a percentage.

Computation: Number

100 × (Numerator ÷ 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.

Data Element / Data Set

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 2019-20

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Episode of care—additional diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2019-20

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Episode of care—principal diagnosis, code (ICD-10-AM 11th edn) ANN{.N[N]}

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2019-20

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Episode of admitted patient care—procedure, code (ACHI 11th edn) NNNNN-NN

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2019-20

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—separation date, DDMMYYYY

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2019-20

Guide for use

Data source type: Administrative by-product data

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 2019-20

Guide for use

Data source type: Administrative by-product data

Disaggregation: 2019–20—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 2019-20

Guide for use

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

Comments: Most recent data available for 2022 National Healthcare Agreement performance reporting: 2019–20.

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

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, 2021
Health, Standard 16/09/2020

See also National Healthcare Agreement: PI 18–Selected potentially preventable hospitalisations, 2022
Health, Standard 24/09/2021