Australian Health Performance Framework: PI 3.1.5– Hospitalisation for injury and poisoning, 2021

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Australian Health Performance Framework: PI 3.1.5– Hospitalisation for injury and poisoning, 2021

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	AHPF PI 3.1.5–Hospitalisation for injury and poisoning, 2021
METEOR identifier:	778000
Registration status:	Health, Standard 07/09/2023
Description:	Rate of hospitalised injury cases with a principal diagnosis of injury and poisoning
Indicator set:	Australian Health Performance Framework, 2021 Health, Standard 11/07/2023

Collection and usage attributes

Computation description:	The number of hospitalised injury cases is calculated as the number of hospital separations with a principal diagnosis code in the ICD-10-AM (11th edition) range S00–T75 or T79 (but excluding any with *Z50 Care involving use of rehabilitation procedures* appearing in any additional diagnosis field for any separations that ended on 1 July 2015 or later), less those records that are likely to represent subsequent episodes of care after the initial hospitalisation. To reduce overcounting, separations with a mode of admission of 'transferred from another hospital' are excluded, as are separations where the mode of admission is 'statistical admission' and the care type is not listed as acute. Separations are episodes of admitted-patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). Episodes that began with transfer from another acute care hospital or statistical admission are likely to have been preceded by another episode that also met the case selection criteria, and so are omitted from estimated case counts. Rates are crude age-specific rates or directly age-standardised to the 2001 Australian population. Analysis by state and territory is based on location of service. Analysis by remoteness is based on usual residence of person. Presented per 1,000 population.
Computation:	100,000 × (Numerator ÷ Denominator)
Numerator:	Number of hospitalised injury cases with a principal diagnosis of injury and poisoning

Numerator data elements:

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 NBEDS 2019-20](#)

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

[Injury event—external cause, 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

Denominator: Total population

Denominator data elements:	**Data Element / Data Set**
	Data Element
	Person—estimated 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 data 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 data plus administrative by-product data

Disaggregation:

2019–20—Nationally, by:

- External cause (not reported)
- Sex
- Age group (0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65–69, 70–74, 75–79, 80–84, 85–89, 90–94, 95 years and over)
- Indigenous status
- Remoteness (Australian Statistical Geography Standard Remoteness Structure).

2019–20—State and territory

State and territory, by (not reported):

- Sex
- Age group.

2019–20—Primary Health Network

Primary Health Network, by (not reported):

- Sex
- Age group.

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

[Person—date of birth, 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

Data Element / Data Set

[Person—sex, code 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

[Person—Indigenous status, code 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

[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 and remoteness

Data Element / Data Set

[Injury event—external cause, 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

Comments:	Most recent data available for 2021 Australian Health Performance Framework reporting: 2019–20.
	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.
	Similar data elements were used to those listed above for the 2019–20 Admitted patient care NMDS.
	NSW implemented a change in how admissions are counted in 2017-18, resulting in a break in the series of injury data for. Data from 2017-18 should therefore not be compared with data from previous years.
	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:	N[NNNN][.N]

Indicator conceptual framework

Framework and dimensions:	1. Health conditions

Data source attributes

Data sources:

> **Data Source**
>
> ABS Indigenous estimates and projections (2016 Census-based)
>
> **Frequency**
>
> Periodic
>
> **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 Estimated resident population (2016 Census-based)
>
> **Frequency**
>
> Quarterly
>
> **Data custodian**
>
> Australian Bureau of Statistics

Accountability attributes

Reporting requirements: Australian Health Performance Framework

Organisation responsible for providing data: Australian Institute of Health and Welfare

Accountability: Australian Institute of Health and Welfare

Release date: 01/02/2010

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: Steering Committee for the Review of Government Service Provision, National Agreement Performance Information 2017-18: National Indigenous Reform Agreement. Canberra: PC. Viewed 24 August 2021. https://www.pc.gov.au/research/supporting/national-agreements/indigenous-reform/indigenous-reform-agreement-2017-18.pdf

Relational attributes

Related metadata references: Supersedes Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2020
Health, Superseded 07/09/2023

Has been superseded by Australian Health Performance Framework: PI 3.1.5–Hospitalisation for injury and poisoning, 2022
Health, Qualified 09/04/2024