

Appendix 5: Potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of potentially preventable hospitalisation may indicate an increased prevalence of the conditions in the community or poorer functioning of the non-hospital care system. On the other hand, a high rate of PPHs may indicate an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions which may be preventable. The ICD-10-AM code specifications and the categories included for PPHs may therefore be subject to change in future reports.

The three broad categories of PPHs that have been used in this report include *Vaccine-preventable*, *Acute* and *Chronic* (see *Chapter 7* for descriptions of these categories). PPH categories have been sourced from *The Victorian ambulatory care sensitive conditions study* (Department of Human Services Victoria 2002).

A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Table A1.5 accompanying this report on the CD and Internet.

Tables A5.1, A5.2 and A5.3, (accompanying this report on the CD and Internet at <www.aihw.gov.au>) present a range of statistics for PPHs by the state or territory of residence (Table A5.1), remoteness area of usual residence of the patient (Table A5.2) or the socioeconomic status group (Table A5.3; see *Appendix 1* for information on geographical data). These tables include separation rates, standardised separation rate ratio (SRR) against the national total and the 95% confidence interval of the SRR. Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories as well as rates for individual conditions.

There were about 690,000 selected PPHs in Australia in 2008–09 (Table A5.1), 8.5% of all separations, which translates to a rate of 30.6 per 1,000 population. The rates ranged from 23.0 per 1,000 population in the Australian Capital Territory to 47.8 per 1,000 population in the Northern Territory. The separation rate for *Vaccine-preventable* PPHs in the Northern Territory was 3.2 times the national rate, and the separation rate for the Australian Capital Territory was 0.7 times the national rate.

Table A5.2 highlights that separation rates were higher for the more remote areas for most PPHs. For example, the rate for *Congestive Cardiac Failure* in *Major cities* and *Inner regional* was 1.8 and 1.9 per 1,000 separations, respectively, 2.3 for *Outer regional*, 3.1 for *Remote* and 3.7 for *Very remote* areas.

Table A5.3 presents these data by socioeconomic status (SES) group (see *Appendix 1*). Overall, total PPHs had higher SRRs for patients living in areas classified as being in the lowest SES group with a rate of 1.2 compared to 0.7 in the highest SES group.

The PPH category with highest variation between SES groups was *Diabetes complications* with SRRs ranging 0.55 for for patients living in areas classified as being in the highest SES group to 1.34 for the lowest SES group.