

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 PPHs 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* (DHS 2002). A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Table A1.5, which accompanies this report online.

Tables A5.1, A5.2 and A5.3 (which accompany this report online) 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)
- socioeconomic status group (Table A5.3; see *Appendix 1* for information on geographical data).

These tables include separation rates and the standardised separation rate ratio (SRR) against the national total. 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 696,000 selected PPHs in Australia in 2009–10 (Table A5.1), 8.1% of all separations, which translates to a rate of 30.4 per 1,000 population. The rates ranged from 20.7 per 1,000 population in the Australian Capital Territory to 49.0 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 more remote areas for most PPHs. For example, the rate for *Diabetes complications* per 1,000 separations was 0.9 in *Major cities*, 1.1 in both *Inner regional* and *Outer regional* areas and 3.0 and 2.7 for *Remote* and *Very remote* areas, respectively.

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 from 0.6 for patients living in areas classified as being in the highest SES group to 1.4 for the lowest SES group.