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Spotlight on areas with most preventable hospitalisations

People living in some areas in Australia are nine times more likely than others to be admitted to hospital for a condition that could have been more effectively treated in the community by GPs or other health workers, a new National Health Performance Authority report shows.

Measuring 'potentially preventable hospitalisations' provides important insights into how well health systems are performing in keeping Australians healthy and out of hospital. The report finds that across more than 300 local areas called Statistical Areas Level 3 (SA3s) in 2013–14, the rate of these potentially preventable hospitalisations varied from as few as 1,400 hospitalisations per 100,000 people in one area, to as many as 12,700 per 100,000 people in another – even after adjusting for differences in the age of people across local areas.

The new report is the Performance Authority's second that looks at the number and population rate of potentially preventable hospitalisations in public and private hospitals in local areas across the country. As some conditions tend to require longer stays in hospital than others, the report also states the numbers of hospital bed days that each of the conditions accounts for in each geographic area.

Nationally, there were 600,276 admissions in 2013–14 for the 22 conditions for which hospitalisation has been agreed by all governments as being potentially preventable, accounting for 6% of the total of 9.7 million hospital admissions in that year. These 600,276 potentially preventable hospitalisations also accounted for about 2.4 million bed days, nearly 8% of the total number of bed days across Australia.

For the first time, this new report focuses on a subset of five of the 22 conditions that accounted for almost half of all potentially preventable hospitalisations and nearly two-thirds of hospital bed days for these conditions in 2013–14 – allowing local areas to identify with greater precision which conditions could most benefit from different models of care.

The report finds:

- Across local areas (SA3s), potentially preventable hospitalisations ranged from 1,406 hospitalisations per 100,000 people in Pennant Hills-Epping (NSW) to 12,705 per 100,000 people in Barkly (NT)
- Across similar local areas in major cities with lower socioeconomic status, the rate of potentially preventable hospitalisations varied more than two-fold, ranging from 1,800 hospitalisations per 100,000 people in Hurstville (NSW) to 4,062 per 100,000 in Mount Druitt (NSW)
- Across all 31 Primary Health Network (PHN) areas, hospitalisation rates for each of the five conditions ranged markedly: for COPD, from 112 hospitalisations per 100,000 people in Northern Sydney to 600 per 100,000 in the Northern Territory; while for cellulitis, rates ranged from 149 hospitalisations per 100,000 people in Perth North to 696 per 100,000 in Western Queensland.

Performance Authority CEO Dr Diane Watson said the fact that hospitalisations for a specific condition had been classified as potentially preventable did not mean a person admitted to hospital for one of those conditions did not need to be hospitalised at the time.

“Rather, it indicates that the admission may have been prevented by timely access to adequate primary health care to prevent the condition, or that the condition once developed could have been better treated in the community,” Dr Watson said.

To assist PHNs and health decision-makers to target improvements in their community, one-page ‘result profiles’ for each PHN area are included in the report that help spotlight which conditions are responsible for the most hospitalisations in their communities. Additionally, a new interactive web tool has been launched on the [MyHealthyCommunities](#) website that allows users to easily search results for their community across all 22 conditions.

Coinciding with this report release hand hygiene data have been updated on the [MyHospitals website](#) (Audit Period 1, ending March 2015 and Audit Period 2, ending June 2015) for more than 500 public and private hospitals.

Note to media

- The interactive web tool can be found on the [MyHealthyCommunities](#) website
- The full list of the 22 conditions for which hospitalisation is considered potentially preventable is located at Attachment A.

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Box 2: Classification of selected potentially preventable hospitalisations

In January 2015, a new national standard for potentially preventable hospitalisations was agreed by national health data standards committees (for details see <http://meteor.aihw.gov.au/content/index.phtml/itemId/559032>). To maintain national consistency in reporting, the Authority adopted this standard. This group of conditions have been agreed by clinical and technical experts. They exclude some specific health areas such as mental health.

Chronic conditions

- Angina
- Asthma
- Bronchiectasis
- Chronic obstructive pulmonary disease (COPD)
- Congestive cardiac failure
- Diabetes complications
- Hypertension
- Iron deficiency anaemia
- Nutritional deficiencies
- Rheumatic heart diseases.

These chronic conditions may be managed in a primary health care setting to prevent the condition worsening and requiring hospitalisation.

Acute conditions

- Cellulitis
- Convulsions and epilepsy
- Dental conditions
- Ear, nose and throat infections
- Eclampsia
- Gangrene
- Kidney and urinary tract infections
- Pelvic inflammatory disease
- Perforated/bleeding ulcer
- Pneumonia (not vaccine preventable).

While these acute conditions may not be preventable, hospitalisation should not become necessary if people receive timely and adequate access to primary health care. These types of acute conditions are less likely to be impacted by differences in patient's health needs or the treatment preferences of patients.

Vaccine-preventable conditions

- Pneumonia and influenza
- Other vaccine-preventable conditions (such as measles).

For these vaccine-preventable conditions, the condition is considered preventable rather than the hospitalisation.