

Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017-18

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Citation

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The potentially preventable hospitalisations (PPH) indicator is a proxy measure of primary care effectiveness. PPH are certain hospital admissions that potentially could have been prevented by timely and adequate health care in the community. There are 22 conditions for which hospitalisation is considered potentially preventable, across 3 broad categories: chronic, acute and vaccine-preventable conditions. This 2017-18 data update provides information by Primary Health Network (PHN) and Statistical Area Level 3 (SA3). Rates for two age groups (for people aged under 65 years, and 65 years and over) are also included.

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Findings from this report:

- Around 7% of all hospitalisations were classified as potentially preventable
- Nearly 10% of all hospital bed days were for potentially preventable hospitalisations
- Rates of potentially preventable hospitalisations varied greatly across local areas
- There were nearly 748,000 potentially preventable hospitalisations in Australia in 2017-18

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Overview

Potentially preventable hospitalisations (PPH) for this report are defined in accordance with the [National Healthcare Agreement indicator PI 18-Selected potentially preventable hospitalisations](#).

The term PPH does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather the hospitalisation could have potentially been prevented through the provision of appropriate preventative health interventions and early disease management in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). PPH rates are indicators of the effectiveness of non-hospital care. The rate of PPH in a local area may reflect access to primary health care, as well as sociodemographic factors and health behaviours (Falster & Jorm 2017).

There are 22 conditions for which hospitalisation is considered potentially preventable across 3 broad categories:

1. Vaccine-preventable conditions

These are diseases that can be prevented by vaccination. These are grouped as pneumonia and influenza (vaccine-preventable) and other vaccine-preventable conditions. Other vaccine-preventable conditions include:

- chicken pox (varicella)
- diphtheria
- haemophilus meningitis
- hepatitis B
- German measles (rubella)
- measles
- mumps
- polio
- rotavirus
- tetanus
- whooping cough (pertussis)

2. Acute conditions

These are conditions that theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. They include:

- cellulitis
- convulsions and epilepsy
- dental conditions
- ear, nose and throat infections
- eclampsia
- gangrene
- pelvic inflammatory disease
- perforated/bleeding ulcer
- pneumonia (not vaccine-preventable)
- urinary tract infections (including kidney infections)

3. Chronic conditions

These are conditions that may be preventable through behaviour modification and lifestyle change, but can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. They include:

- angina
- asthma
- bronchiectasis
- chronic obstructive pulmonary disease (COPD)
- congestive cardiac failure
- diabetes complications
- hypertension
- iron deficiency anaemia
- nutritional deficiencies
- rheumatic heart diseases

Reducing hospitalisations for these conditions might involve vaccination, early diagnosis and treatment, and/or good ongoing management of risk factors and conditions in community settings.

The data from 2017-18 are presented at the national level, for states and territories, and the 31 Primary Health Network (PHN) areas and more than 300 smaller local areas, known as Statistical Areas Level 3 (SA3s). All information relates to where a person lived, not where they went to hospital.

The data from 2017-18 are also available by age group—people aged under 65 years, and 65 years and over—at the national, PHN and SA3 level.

This local-level information can be used as an indicator of patients' access to primary health care services and the appropriateness or effectiveness of care, as well as preventive health interventions. It is intended to assist local health professionals to develop strategies for change where needed, in the context of their local area.

References

Falster M & Jorm L 2017. [A guide to the potentially preventable hospitalisations indicator in Australia](#). Centre for Big Data Research in Health, University of New South Wales in consultation with Australian Commission on Safety and Quality in Health Care and Australian Institute of Health and Welfare: Sydney.

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Notes

Amendments

Caution should be used when comparing PPH rates over time due to changes that have occurred in geography, classifications and coding standards.

Further details about data sources and methods can be found in the explanatory notes in the [data tables](#).

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Data

[Data tables: Potentially preventable hospitalisations in Australia by small geographic areas](#)

Reporting years: 2013-14, 2014-15, 2015-16 and 2016-17

[Download Data tables: Potentially preventable hospitalisations in Australia by small geographic areas. Format: XLSX 3Mb XLSX 3Mb](#)

[Data tables: Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2016-17](#)

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