Glossary

Item	Definition
Acute care	Short-term medical care especially for serious sudden on-set of disease or trauma.
Admission	An admission is the formal process, using registration procedures, under which a person is accepted by a health service facility as an inpatient.
Age-standardised and age-adjusted Also see standardised separation and mortality ratios, incidence	Age standardisation (or adjustment) enables valid comparisons between populations with different age structures (e.g. between different geographic areas and/ or time periods). In this report, directly aged standardised (or `adjusted') rates (and ratios) have used the Australian population as at 30 June 2001 as the standard.
Ambulatory Care Sensitive Conditions (ACSC)	ACSC are those for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered through primary health care (e.g. by GPs or in community health centres). ACSC hospitalisation rates are used as an indicator of access to, and quality of, ambulatory and primary care. ACSC hospitalisations are defined according to selection of Diagnosis Codes (generally just Principal Diagnosis, i.e. first diagnostic variable coded on the hospital separation form, and so final diagnosis that best accounts for inpatient care). The three ACSC categories are: • Chronic, e.g. Diabetes Complications, Chronic Obstructive Pulmonary Disease (COPD), Asthma, Congestive Heart Failure (CHF), Angina. • Acute, e.g. Urinary Tract Infections (UTI)/ Pyelonephritis, Dehydration & Gastroenteritis, Cellulitis. (Acute ACSC may be associated with chronic disease.) • Vaccine-preventable e.g. Influenza & Pneumonia, Pertussis. The categories are based on those developed by the Victorian Government Department of Human Services (Victorian Government Department of Human Services. The Victorian Ambulatory Care Sensitive Conditions Study, 2001-02. Melbourne: VGDHS, 2004), and reviewed by the Public Health Information Development Unit in South Australia.
Attributable – Alcohol, smoking and high BMI attributable hospitalisations	Estimates of the numbers and rates of deaths and hospitalisations attributable to the use of tobacco, alcohol, to high body mass and other risk factors used age and sex-specific aetiologic fractions developed by the School of Population Health, University of Queensland and the Australian Institute of Health and Welfare in 2007 (Begg S, Vos T, Barker B. et al. The burden of disease and injury in Australia, 2003. AIHW Cat. No. PHE 82. Canberra: AIHW, 2007). In this methodology, the prevalence of exposure to a health risk in a population and information on the risk of disease, injury or death from this exposure are derived from meta-analysis of published scientific literature. Calculations result in estimates of the proportions of cases of specific diseases and injuries that could be attributed to each risk factor. There are two steps in applying the aetiologic fractions: • ill-defined categories (e.g. heart failure, unspecified diabetes mellitus and injuries with unspecified intent) are redistributed into specific categories based on other information in the record and/or on a pro rata basis • the aetiologic fractions are applied to categorised records.

Glossary *continued*

Item	Definition
Bed days	Number of days a bed is occupied.
Body mass index (BMI)	BMI is the weight in kilograms divided by the square of the height in metres (kg/m^2). A person considered overweight or obese has a BMI of at least 25 kg/m^2.
Collaborative Care	Public patients are treated in a private hospital where the District has contracted the private hospital to provide the service.
Co-morbidity	The presence of one or more diseases in addition to the primary disease.
Day of surgery admission	Admitted to hospital the day the surgery is to be performed.
Demographic	Describes the social, economic and population characteristics of an Area including seasonal changes that may have an impact on the provision and planning of health services.
Emergency presentation	An emergency 'presentation' is equal to a 'visit' or an 'attendance' at the emergency department. Presentation occurs following the arrival of the patient at the emergency department and is the earliest occasion of the patient being registered clerically or triaged. The patient may be subsequently provided with a service by a treating medical officer or nurse, and a provisional diagnosis is recorded.
High Cost Complex Casemix (HCCC)	HCCC hospitalisations are defined according to a selection of Diagnosis Related Groups, which are ranked by Teaching Hospital, Flows to Metropolitan Hospitals and Mean Cost Weight ranks.
Incidence See Age-standardised and Age-adjusted	Incidence is the rate at which new cases of a disorder occur in the population, i.e. the number of new cases in a specified period, divided by the population at risk of the disorder in that period. Usually reported as (and, where relevant, implies) age standardised rates.
Inflows	Where patients travel from their area of residence (external to SESLHD) for treatment in SESLHD hospitals.
Local Health District (LHD)	LHDs are the Health administration structure applicable in NSW since January 2011.
Local Government Area (LGA) Also see Statistical Local Area	LGA is a geographical area under the responsibility of an incorporated local government council.
Morbidity	The incidence or prevalence of a disease or of all diseases in a population.
Northern Sector	The six Local Government Areas (LGAs) within the Northern Sector of the SESLHD are: *Sydney (part), Woollahra, Waverley, Randwick, Botany Bay and Lord Howe Island.* The part of Sydney LGA included in the SESLHD comprises two of its four Statistical Local Areas (SLA): Sydney Inner SLA and Sydney East SLA.

Glossary *continued*

Item	Definition
Occupancy rate	Number of occupied bed days ÷ (the number of available beds X the number of days in the reporting period) X 100. Exclusions: the following bed types (unit type in HIE) are excluded: 14 - Residential Aged Care-High (Nursing Home); 17 - Emergency Department - Level 3 and above; 23 - Residential Aged Care - Low (Hostel);25 - Hospital in the Home – General; 29 - Collaborative Care Provider – General; 30 - Collaborative Care Provider - Drug & Alcohol; 32 - Collaborative Care Provider - Mental Health; 51 - Respite – High: Federal Govt. Block Funded; 52 - Respite – Low: Federal Govt. Block Funded; 54 - Mental Health Community Residential (24 hour staff); 55 – Mental Health Community Residential (<24 hour staff); 56 - Mental Health Social Day Program; 57 - Aged and Disability Social Day Program; 58 - Emergency Department - Level 1 and 2; 66 - Delivery Suite; 67 - Operating Theatre / Recovery; 70 - Drug and Alcohol Community Residential; 77 - Transitional Care (in Hospital); 78 - Transitional Care (in Community) 83 - Residential Aged Care, Not Further Defined; 84 - ComPacks – Approved Patient Packages;99 - Lodger / Boarder Beds.
Potentially avoidable deaths	Potentially avoidable deaths refer to premature deaths (persons aged under 75 years) that, theoretically, could have been avoided given current understanding of causation, and available disease prevention and health care. They are further differentiated into conditions where death can be averted by prevention ('preventable') or by treatment ('amenable'): • Amenable conditions are defined as those from which it is reasonable to expect death to be averted even after the condition has developed, for example, through early detection and effective treatment (such as for breast cancer). • Preventable conditions include those for which there are effective means of preventing the condition from occurring, for example, where the aetiology is to a considerable extent related to lifestyle factors (such as smoking). Conditions within scope are either considered to be fully amenable to healthcare interventions or fully preventable, with the exception of diabetes, ischaemic (or coronary) heart disease and cerebrovascular disease (or strokes), which are divided 50%/50% between the two categories. While the weightings do not reflect the true level of impact of interventions on individual conditions, they provide a simple and stable means of making comparisons between groups and over time. The methods used are based on a method described in ANZ Atlas of avoidable mortality, which in turn is a revision of the original set of conditions and methodology developed by Tobias and Jackson (Page A, Tobias M, Glover J, Wright C, Hetzel D, Fisher E. Australian and New Zealand atlas of avoidable mortality. Adelaide: PHIDU, University of Adelaide, 2006; Tobias M, Jackson G. Avoidable mortality in New Zealand, 1981-97. Aust N Z J Public Health 2001; 25: 12-20).
Potentially preventable hospitalisations	See Ambulatory Care Sensitive Conditions.
Prevalence	Prevalence is the number of people with a disease / condition at a given time (point prevalence)or in a specified period (period prevalence), divided by the number of people at risk from that disease/ condition. Usually expressed as a percentage.
Southern Sector	The four Local Government Areas (LGAs) within the Southern Sector of the SESLHD are: *Rockdale, Kogarah, Hurstville and Sutherland.*

Glossary *continued*

Item	Definition
Private health insurance	Private health insurance coverage estimates apply to the population aged 15 years and over in 2007-08. These estimates have been accessed from Social Health Atlas of Australia, 2011, as estimated by Public Health Information Development Unit using synthetic predictions from the 2007-08 National Health Survey (self reported data , ABS unpublished), and ABS Estimated Resident Populations (average of 30 June 2007 and 2008).
Rate Ratio and Rate Difference Also see Standardised Separation and Mortality Ratios	Rate Ratio is the ratio of two rates, e.g. the rate of disease in one population group divided by the rate in another population group Rate Difference is the difference between two rates, e.g. the rate of hospitalisation in one population group divided by the rate in another population group. Often expressed as percentage of rate in one population group.
Refugee	A refugee is a person who, "owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside of the country of his nationality and is unable or owing to such fear is unwilling to avail himself of the protection of that country.
Separation	A Separation is the formal process whereby an inpatient leaves a hospital or other facility after completing an episode of care. For example, a discharge to home, discharge to another hospital or nursing home, or death.
Smoothed (statistical smoothing)	Statistical smoothing methods are used to improve the estimates for individual geographic areas by including information on events in adjacent areas which are expected to be similar, and reduces the overall variability between areas. Smoothing has the greatest effect for areas where the number of cases is the lowest.
Standardised Separation and Mortality Ratios (SSR, SMR) Also see Rate Ratio and Rate Difference	SSR and SMR are the ratio of age-standardised rates for a population of interest (eg resident population in a Local Government Area) and a comparison population (eg NSW average). If the ratio less than 1, the rate is lower than in the comparison population (eg NSW). If ratio is more than 1, then the rate is higher than NSW average. In this report a 5% level of significance has been used to indicate a `significant difference', i.e. that the difference is unlikely (1 in 20 chance) to have occurred by chance alone.
Statistical Local Area (SLA) Also see Local Government Area	A Statistical Local Area is a geographic area defined for statistical purposes by the Australian Bureau of Statistics. Within the SESLHD, the LGA and SLA areas are the same, with the following exceptions: • Sutherland – 2 SLAs comprise the 1 LGA • Sydney – 4 SLAs comprise the 1 LGA, and only 2 of these SLAs (Sydney-Inner and Sydney-East) are within the SESLHD. That is, Sydney LGA is split between SESLHD and another NSW LHD.
Sequelae	A disease or disorder that is caused by a preceding disease or injury in the same individual.
Sub acute care	Care which has the predominant treatment goal of enhancement of quality of life and/or functional status. Types of care include rehabilitation, palliative care, psychogeriatric care, geriatric evaluation and management (GEM) and maintenance care.
Unplanned readmissions	Patients unexpectedly returning to hospital within 28 days of their discharge.

Abbreviations

Item	Definition
ABF	Activity Based Funding
ABS	Australian Bureau of Statistics
ACSC	Ambulatory Care Sensitive Conditions
ADV	Assault - Domestic Violence
AGR	Average Growth Rate
aIM2010	Acute Inpatient Modelling tool
ALOS	Average Length of Stay
ANZDATA	Australia and New Zealand Dialysis and Transplant Registry
AV	Aggression - victim
BMI	Body Mass Index (kg/m^2)
CABG	Coronary Artery Bypass Grafts
CALD	Culturally and Linguistically Diverse
CHD	Coronary Heart Disease
CHF	Congestive Heart Failure
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
CWTU	**C**ost **W**eigh**T U**ndiscounted
ED	Emergency Department
eMR	Electronic Medical Record
ESKD (or ESRD)	End Stage Kidney Disease (or End Stage Renal Disease)
FlowInfo	Admitted patient activity tool
GLBT	Gay, Lesbian, Bisexual and Transgender
GPs	General Practitioners
HAART	Highly Active Antiretroviral Therapy
HAI	Health care associated infection
HCCC	High Cost Complex Casemix
HIE	Health Information Exchange
HIV	Human immunodeficiency virus
HOIST	Health Outcomes Information and Statistical Toolkit

Abbreviations *continued*

Item	Definition
ICT	Information and Communication Technology
IHPA	Independent Hospitals Pricing Authority
IIMS	Incident Information Management system
ISC (or APDC)	Inpatients Statistics Collection (or NSW Admitted Patient Data Collection)
LHD	Local Health District
LGA	Local Government Area
LOS	Length of Stay
MDC	Midwives Data Collection
MH-CCP	Mental Health Clinical Care and Prevention Model
NESB	Non English Speaking Background
NHHRA	National Health and Hospitals Reform Agreement
NHHRC	National Health and Hospitals Reform Commission
NHMRC	National Health and Medical Research Council
NHPA	National Health Performance Authority
NSP	Needle and Syringe Program
PCI	Percutaneous Coronary Intervention
PATLAB	Pathology/ Laboratory
PBFF	Property Building Fixture Fitting Surrounds
PLHIV	People living with Human Immunodeficiency Virus (HIV) Infection
SEIFA	Socio Economic Index for Areas
SESLHD	South Eastern Sydney Local Health District
SiAM	Subacute Inpatient Activity Modelling tool
SLA	Statistical Local Area
SMR	Standardised Mortality Ratio
SPaRC	Standard Performance & Reporting Collaboration
SRGs	Service Related Group
SSR	Standardised Separation Ratio
STIs	Sexually transmissible infections
UTI	Urinary Tract Infections