# Indigenous Better Cardiac Care measure: 6.1-Rates of hospitalisation for cardiac conditions, 2016

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## Indigenous Better Cardiac Care measure: 6.1-Rates of hospitalisation for cardiac conditions, 2016

## Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	6.1-Hospitalisations for cardiac conditions
METEOR identifier:	657092
Registration status:	Health!, Standard 17/08/2017
Description:	Rates of hospitalisation for cardiac conditions, by Aboriginal and Torres Strait Islander status.
Rationale:	In addition to the 5 priority areas, the Better Cardiac Care project also includes 2 summary measures, which are designed to monitor hospitalisations from cardiac conditions (measure 6.1—that is, this measure) and mortality from cardiac conditions (measure 6.2).
	These measures, which provide a population-wide perspective on the impact of cardiac conditions over time, are broad indicators of the effectiveness of early risk assessment and preventative care.
Indicator set:	<u>Better Cardiac Care measures for Aboriginal and Torres Strait Islander people</u> (2016) <u>Health!</u> , Standard 17/08/2017

## Collection and usage attributes

Computation description:	The number of hospitalisations for cardiac conditions, divided by the estimated population, and multiplied by 1,000.
	Age-standardised rates are calculated for comparisons between Indigenous and non-Indigenous Australians, and for analysis of change over time.
	Presentation:
	Hospitalisations per 1,000 population.
	Definitions:
	Hospitalisation (separation)—an episode of care for an admitted patient that can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of care type (for example, from acute care to palliative care).
	<i>Cardiac condition</i> —separations with a principal diagnosis of ICD–10–AM (8th edn.) codes I00–I52, which includes acute rheumatic fever (ARF), chronic rheumatic heart diseases (RHDs), hypertensive diseases, ischaemic heart diseases, pulmonary heart disease and diseases of pulmonary circulation, and other forms of heart disease.
Computation:	(Numerator ÷ Denominator) x 1,000
	Age-standardised rate: calculated using the direct method, and the Australian standard population as at 30 June 2001.
Numerator:	Number of admitted patient separations in the reference period with a principal diagnosis of a cardiac condition, excluding separations with a care type of <i>Newborn</i> that did not include qualified days.

#### -Data Element / Data Set

Episode of admitted patient care (newborn)—number of qualified days, total N[NNNN]
Data Source
National Hospital Morbidity Database (NHMD)
NMDS / DSS
Admitted patient care NMDS 2013-14
Guide for use
Data source type: Administrative by-product data

#### – Data Element / Data Set–

Hospital service—care type, code N[N]

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2013-14

Guide for use

Data source type: Administrative by-product data

#### -Data Element / Data Set-

Episode of care-principal diagnosis, code (ICD-10-AM 8th edn) ANN{.N[N]}

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2013-14

Guide for use

Data source type: Administrative by-product data

**Denominator:** 

Estimated population at the middle of the reference period. Where numerator data pertain to a single financial year, the denominator is the estimated population at 31 December, calculated from the average of the populations at 30 June at the beginning and end of the financial year. Where numerator data are summed across multiple years, the denominator is calculated by summing the mid-point population data for the relevant years.

Denominator data elements:	Data Element / Data Set
elements:	Person—estimated resident population of Australia
	Data Source
	ABS Estimated resident population (2011 Census-based)
	Data Element / Data Set
	Person—estimated and projected Indigenous resident population
	Data Source
	ABS Indigenous estimates and projections (2011 Census-based)
	Guide for use
	Data source type: Census-based plus administrative by-product data
Disaggregation:	Current period (2011–14), national data, by:
	<ul> <li>Indigenous status</li> <li>Indigenous status, sex and age group (0–34, 35–44, 45–54, 55–64, 65+)</li> <li>Indigenous status and remoteness area</li> </ul>
	Time series (2004–05 to 2013–14), New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory combined by:
	Indigenous status.
Disaggregation data elements:	Data Element / Data Set
	Episode of admitted patient care—admission date, DDMMYYYY
	Data Source
	National Hospital Morbidity Database (NHMD)
	NMDS / DSS
	Admitted patient care NMDS 2013-14
	Guide for use
	Data source type: Administrative by-product data
	Data Element / Data Set
	Person—date of birth, DDMMYYYY
	Data Source
	National Hospital Morbidity Database (NHMD)
	NMDS / DSS
	Admitted patient care NMDS 2013-14
	Guide for use
	Used together with date of admission for calculation of age.

- Data Element / Data Set		
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Person—Indigenous status, code N		
Data Source		
National Hospital Morbidity Database (NHMD)		
NMDS / DSS		
Admitted patient care NMDS 2013-14		
Guide for use		
Data source type: Administrative by-product data		

## -Data Element / Data Set-

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2014-15

Guide for use

Used for disaggregation by remoteness area and state/territory.

Data source type: Administrative by-product data

#### General:

The data for this measure are drawn from the Australian Institute of Health and Welfare (AIHW) NHMD. For 2016 reporting, the most recent data available are for 2013–14. With the exception of time trends, data are reported for the 3-year period 2011–14 to enable for disaggregation of the data by the variables of interest. Single year data are reported for the time trend analysis.

Data reported for this measure are a count of hospitalisations for cardiac conditions. It is not a count of individuals because some of the hospitalisations would represent transfers for ongoing care or hospitalisations of 1 individual at different times of the year. It is also not a count of cardiac events such as ST-segment-elevation myocardial infarctions (STEMIs) because the diagnosis codes used were for the full range of cardiac conditions, rather than just those for events such as STEMIs. This differs from the approach used for Priority 3 measures (measures <u>3.1, 3.3</u> and <u>3.5</u>) in which data relate to hospitalised events, which were estimated by only using diagnosis codes for specific cardiac events and by excluding hospitalisations ending in transfer to another acute hospital.

Indigenous identification:

While there is some under-identification of Indigenous Australians in the NHMD, data for all states and territories are considered to have adequate Indigenous identification from 2010–11 onwards (AIHW 2013).

Time series comparisons are based on data for the 6 jurisdictions that were assessed by the AIHW as having adequate identification of Indigenous hospitalisations from 2004–05 onwards—namely, New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (AIHW 2010). These 6 jurisdictions represent about 95% of the Australian Indigenous population (AIHW 2015b).

## **Representational attributes**

Representation class:		Rate	
Data type:			Real
Unit of measure:			Episode
Format:			NN.N

Data source attributes

#### -Data Source

ABS Estimated resident population (2011 Census-based)

Frequency

Quarterly

Data custodian

Australian Bureau of Statistics

-Data Source

#### National Hospital Morbidity Database (NHMD)

Frequency

Annual

Data custodian

Australian Institute of Health and Welfare

-Data Source

ABS Indigenous estimates and projections (2011 Census-based)

Frequency

Periodic

Data custodian

Australian Bureau of Statistics

## Accountability attributes

Reporting requirements:	Annual reporting by the Australian Institute of Health and Welfare (AIHW 2015a, 2016).	
Organisation responsible for providing data:	Australian Institute of Health and Welfare	
Release date:	24/11/2016	
Source and reference attributes		

## Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Origin:	AIHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no. IHW 169. Canberra: AIHW.

**Reference documents:** ACCD (Australian Consortium for Classification Development) 2013. The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian modification (ICD-10-AM). 10th edn. Adelaide: Independent Hospital Pricing Authority, Lane Publishing.

AlHW (Australian Institute of Health and Welfare) 2010. Indigenous identification in hospital separations data: quality report. Health services series no. 35. Cat. no. HSE 85. Canberra: AlHW.

AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.

AIHW 2015a. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: first national report 2015. Cat. no. IHW 156. Canberra: AIHW.

AIHW 2015b. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.

AIHW 2016. Better Cardiac Care measures for Aboriginal and Torres Strait Islander people: second national report 2016. Cat. no. IHW 169. Canberra: AIHW.

## **Relational attributes**

Related metadata references:

See also Indigenous Better Cardiac Care measure: 6.2-Mortality due to cardiac conditions, 2016 Health!, Standard 17/08/2017