

## Glossary

### Accessible

Accessible health care is characterised by the ability of people to obtain appropriate health care at the right place and right time irrespective of income, cultural background or geography.

### Acute

Defined as having a short and relatively severe course of illness.

### Acute care

An intervention (or set of interventions) to alter the course of an acute episode of illness. Clinical services provided to patients, including performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay, although acute care services may also be provided to non-admitted patients. (See Appendix 1 for further information.)

### Acute hospital

A hospital that provides at least minimal medical, surgical or obstetric services for inpatient (admitted patient) treatment and/or care, and provides round the clock comprehensive qualified nursing services as well as other necessary professional services. It must be licensed by a State or Territory health authority or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.

### Allocative efficiency

Allocative efficiency is the capacity of the system to achieve optimal outcomes at the least cost. An allocatively efficient system would provide improved outcomes for the same or less cost. It is noted that within the health field, methodologies to measure allocative efficiency are in the development stages.

### Appropriate

Identified in the framework as care, intervention or action that is considered to be appropriate to the patient's particular needs, requests and prognosis. Appropriate care or treatment should be based on established and accepted standards, such as evidence-based clinical guidelines.

### AR-DRG

An Australian system of Diagnosis Related Groups (DRGs). See DRG.

### Asymptomatic

Without symptom/s of a particular illness.

### Average case weight

A number describing the overall relative costliness of the patients treated by a hospital or group of hospitals compared with another hospital or group, or compared with the unit value (1.00).

### Average length of stay (ALOS)

The average of the lengths of stay for a group of admitted patients in a hospital or group of hospitals. The length of stay for a patient is the difference between the date of separation and date of admission, less any leave days. For same day patients, the length of stay is attributed a value of one day.

### Benchmarking

The ongoing, systematic process to search for and introduce best practice into an organisation. Benchmarking is generally used to compare an organisation or service with similar leading organisations or services to provide a catalyst to improve performance.

### Best practice

The cooperative way in which organisations and their employees undertake business activities in all key processes – and the use of benchmarking – that can be expected to lead to sustainable world class positive outcomes.

### Body Mass Index (BMI)

A person's weight (body mass) relative to height. It is a measure of body mass corrected for height that is used to assess the extent of weight deficit or excess. In sedentary populations, body mass index (BMI) also provides an imprecise but practical indicator of the level of body fat. Adult body mass index is calculated by: weight (kg) divided by (height (m) squared). (See AIHW, National Health Data Dictionary (NHDD) for further information.)

### Breast cancer screening: program sensitivity

BreastScreen Australia is the national publicly funded mammographic screening program. Program sensitivity is the proportion of invasive breast cancers that are detected within the BreastScreen Australia Program out of all breast cancers (interval cancers plus screen detected cancers) diagnosed in Program-screened women in the screening interval. The measure should ideally cover a 24-month period (the recommended screening interval) after a negative screening round. However, such data are not yet available for all States and Territories.

**Capable**

For the purposes of this report, capable relates to an individual's or service's capacity to provide a health care/service/intervention based on skills and knowledge.

**Casemix**

The number and type of patients treated by a hospital or group of hospitals. In Australia, casemix for inpatients is described using the AR-DRG classification system.

**Casemix adjusted separations**

The number of separations for a hospital or group of hospitals multiplied by the average case weight. This product is often termed the units of care.

**Case weight**

The relative costliness of a particular DRG, determined so that the average case weight for all DRGs is 1.00.

**Community capacity**

Characteristics of communities and families such as population density, age distribution, health literacy, housing, community support services and transport that indicate resilience and capability.

**Continuing care**

Uninterrupted, seamless and integrated care that is provided across the continuum. (See Appendix 1 for further information.)

**Cost effectiveness**

Cost effectiveness analysis compares the cost of inputs to outcomes measured in natural units (e.g. cost per life saved, fracture avoided etc.) for a number of similar alternative activities in order to determine the most cost effective one. A more cost effective approach will achieve a better outcome for the same or less inputs.

Cost utility analysis is a type of cost effectiveness analysis where outcomes include a quality of life component (QALYs, DALYs, etc).

**Depreciation**

A representation of the service potential of an asset consumed during a financial period.

**Disability**

Disability in the context of DALE and DALY terms is defined as any departure from full health, and can include a short-term disability from a common cold, through to a long-term disability such as quadriplegia. This is a broader definition of

disability than that often used in common language.

**Disability adjusted life expectancy (DALE)**

Disability adjusted life expectancy (DALE) is estimated from three kinds of information:

- the fraction of the population surviving to each age calculated from birth and death rates;
- the prevalence of each type of disability at each age; and
- the weight assigned to each type of disability which may or may not vary with age. (See *Disability weights*.)

Survival at each age is adjusted downward by the sum of all the disability effects, each of which is the product of the weight and prevalence of the respective condition in the population. The sum of all conditions in the population determines prevalent YLD.

The DALE measure is calculated from prevalent YLD (as opposed to incident YLD which are usually presented in DALYs). It takes the sum of prevalent YLD from all non-fatal health states as a proportion of the years lived by the population of interest in the year of study by age and sex. These proportions are then applied to the L (x) column in a life table and thus adjust the life expectancy measure for disability. See also *Disability weights* and *YLD*.

In its *World Health Report 2000*, the World Health Organization (WHO) used DALE as a healthy life expectancy measure. The occurrence of disabling health states is greater in poorer countries and therefore the DALE measure gives a better representation of the health differentials between countries than life expectancy alone<sup>1</sup>.

**Disability adjusted life years (DALYs)**

The DALY measure is the number of years lost due to premature mortality (relative to a standard life expectancy) combined with years lived in states of less than full health and is known as a health gap measure. The Global Burden of Disease study used a standard life table (West Level 26) with life expectancy at birth of 82.5 years in women and 80 years in men as the reference to calculate the YLL component of DALYs. The Australian Burden of Disease studies opted to use the 1996 Australian cohort life expectancy as the reference. The cohort life expectancy is correction of period life expectancy by a projected continuing decline in age-and-sex specific mortality rates. (See also *Disability weights*.)

<sup>1</sup> World Health Organization (2000), *World Health Report, Health Systems – Improving Performance*, Geneva, released 21 June 2000. (<http://www.who.int/whr/>)

**Disability weights**

Disability weights are constructed from use of a preference measure indicating society's willingness to prevent, cure or treat that health state in relation to other health problems. As such, it does not imply any value on an individual experiencing an illness or disability. There may, however, be issues around the acceptability to some groups of people with a disability of both the DALE and DALY concepts in general, and the specific weights assigned to various disabilities. There is a need for discussion within the community as to how well the weights (especially those derived from overseas research) reflect the views of both the people most affected by disability and Australian society as a whole.

It is important to note a methodological difference in the calculation of estimates for years lived with disability (YLD), a component of both the DALY and DALE measures. The contribution of *each* disease to the overall result is accounted for within the DALY measure, while this is not the case for the DALE measure. The DALE measure is therefore conceptually closer to the more familiar notion of life expectancy without adjustment due to a narrower definition of the term 'disability'.

**DRG**

DRGs (Diagnosis Related Groups) provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each DRG represents a class of patients with similar clinical conditions requiring hospital services.

**DTP - Diphtheria tetanus pertussis**

A vaccine that protects against diphtheria, tetanus and pertussis (whooping cough).

**Effective**

Identified in the framework as care, intervention or action that achieves a desired result in an appropriate timeframe.

**Efficient system**

A system which achieves desired results with the most cost effective use of resources. (See also *technical efficiency* and *allocative efficiency*.)

**Enhanced Primary Care (EPC) package**

The Enhanced Primary Care package is made up of a range of innovative programs designed to assist people with chronic illnesses and complex care needs (many of whom are older Australians) as well as their carers and the health professionals who look after them. The aim of the programs is to promote a more integrated

approach to service delivery among health professionals and other service providers (see <http://www.health.gov.au/pubs/budget99/fact/hfact2.htm>). Importantly, these programs encourage a greater role for consumers in making decisions about their health. The Package includes the following initiatives: helping GPs participate in multidisciplinary care planning, Commonwealth Carelink Centres, further coordinated care trials, preventing falls in older people and IT initiatives to keep health providers in touch.

**Environmental factors**

Physical, chemical and biological factors such as air, water, food and soil quality. These factors may be affected by chemical pollution and waste disposal.

**Health behaviours**

Health behaviours are an accumulation of attitudes, beliefs, knowledge and practices that result in a person's health behaviours e.g. patterns of eating, physical activity, excess alcohol consumption and smoking.

**Health condition**

Prevalence of disease, disorder, injury or trauma or other health-related states.

**Health literacy**

Community awareness and knowledge of health related issues.

**Health outcome**

A change in the health of an individual, or group of people or population, that is attributable to an intervention or series of interventions.

**Hib - Haemophilus influenzae type b**

A vaccine that protects against a bacterium that causes meningitis and other serious infections in young children.

**Human function, alterations to**

Alterations to body, structure or function (impairment), activities (activity limitation) and participation (restrictions in participation).

**Immunisation**

A process of inducing immunity to an infectious agent by administering a vaccine.

### **Medicare Benefits Schedule Item 720**

Services by a medical practitioner, in consultation with a multidisciplinary care plan team, to develop a multidisciplinary community care plan for a patient.

### **MMR**

Measles-mumps-rubella vaccine.

### **Morbidity**

Any departure from a state of physiological or psychological wellbeing. Collectively, morbidity refers to the details of conditions and treatments relating to a group of patients.

### **National Health Data Dictionary (NHDD)**

The NHDD provides national standard data definitions and specifies national minimum data sets.

### **National Health Information Knowledgebase (NHIK)**

The NHIK is an electronic repository and information management environment for metadata and data standards. The Knowledgebase is an Internet application designed and created by the Australian Institute of Health and Welfare. The web site address is: <http://www.aihw.gov.au/knowledgebase/index.html>

### **National Hospital Morbidity Database (NHMD)**

The NHMD is a compilation of electronic summary records collected in admitted patient morbidity systems in public and private hospitals. Almost all hospitals in Australia are included. The exceptions are public hospitals not within the jurisdiction of a State or Territory health authority or the DVA (such as hospitals operated by correctional authorities and hospitals located in offshore territories). The database is managed and maintained by the AIHW.

### **National Public Hospital Establishments Database (NPHEd)**

The NPHEd is held by the AIHW and is a collation of data on all public hospitals operated by the State and Territory health authorities and the DVA. The data are provided for acute care hospitals, psychiatric hospitals, drug and alcohol hospitals, and dental hospitals. However, the database does not include information on private hospitals, and excludes some smaller hospitals not within the jurisdiction of the State and Territory health authorities (such as those run by correctional authorities and those in offshore territories).

### **OPV - Oral Polio Vaccine**

Oral polio vaccine, also known as Sabin vaccine.

### **Performance indicator**

In the context of this report, a performance indicator is a statistic or other unit of information which reflects, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome.<sup>2</sup>

### **Population health/Public health**

Population health, sometimes referred to as public health, is the organised efforts of society to protect and promote people's health with an emphasis on prevention. Population health actions are delivered to whole populations or sub-groups rather than through individual services and treatments. It addresses the issues, problems and priorities of the population as a whole as a starting point and population subgroups (in particular at-risk groups). (See Appendix 1 for further information).

### **Primary care**

Primary care includes care delivered by general practitioners and community health services (including Aboriginal and Torres Strait Islander health services). (See Appendix 1 for further information.)

### **Public (hospital) patient**

An eligible person who receives or elects to receive a public hospital service free of charge or whose treatment is contracted to a private hospital.

### **Quality-adjusted life years (QALYs)**

A single measure of health outcome that simultaneously captures gains from reduced morbidity (quality gains) and reduced mortality (quantity gains). With QALYs reduced morbidity gains are equal to the improvement in quality of life from a particular intervention, (measured on a scale between 0 and 1), multiplied by the number of years the improvement lasts. The principal difference between QALYs and DALYs is that the severity weighting (or 'utility') is derived from asking patients to rate their health status while in DALYs severity weights are derived from asking health experts or the general public to rate a whole series of health states. A minor difference is that in the disability weight in DALYs a value of 0 represents a state of full health and 1 the worst possible health state while in QALYs the inverse notation is used.

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<sup>2</sup> National Health Information Management Group (NHIMG) (2000), *National Summary of the 1998 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health National Performance Indicators for Aboriginal and Torres Strait Islander Health*, AIHW Cat. no. 5. AIHW, Canberra.

**Responsiveness**

Responsiveness is defined as 'a service that provides respect for persons and is client orientated'.<sup>3</sup>

**Safe**

Identified in the framework as the avoidance or reduction to acceptable levels of actual or potential harm from health care management or the environment in which health care is delivered.

Note: The definition of this indicator will be considered by the Australian Council for Safety and Quality in Health Care as part of its process in developing definitions.

**Self-assessed health**

Self-assessed health is a measure of an individual's perception of their health generally. There are standardised survey instruments (SF36) of self-rated health which reflect physical health problems and mental health problems. It has been shown to be an independent predictor of survival.

**Separation**

The term used to refer to the episode of care, which 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 type of care (for example, from acute to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

**Socioeconomic quintiles**

This method uses an index that classifies people according to the average disadvantage of their statistical local area (SLA) of usual residence. The Index of Relative Socio-Economic Disadvantage (IRSD), developed by the Australian Bureau of Statistics, is constructed using principal components analysis. It is derived from social and economic characteristics of the local area such as a low income, low educational attainment, high levels of public sector housing, high unemployment, and jobs in relatively unskilled occupations.

Data are classified into quintiles of socioeconomic disadvantage according to the IRSD for people's SLA of usual residence, with quintile 1 including the most disadvantaged households and quintile 5 the least. SLAs are grouped into quintiles so that each quintile contains approximately 20% of the total Australian population.

**Sustainable**

Within the context of the report, sustainable relates to a health system that provides infrastructure such as workforce, facilities and equipment, is innovative and responsive to emerging needs (e.g. research, monitoring).

**Technical efficiency**

Technical efficiency is the degree to which the least cost combination of resource inputs occurs in production of a particular service. A more technically efficient system will provide more outputs for the same inputs. This can be achieved through such measures as achieving economies of scale.

**Triage category**

The urgency of the patient's need for medical and nursing care.

**Years of life lived with disability (YLD)**

This measure relates to years lived with disability. See *Disability* and *Disability weights*.

Note: This definition is found in the Global Burden of Disease study published by the Harvard School of Public Health on behalf of the World Health Organization and the World Bank.<sup>4</sup> The Australian Burden of Disease study refers to YLD as 'years of life lost due to disability'.<sup>5</sup>

**Years of life lost (YLL)**

This measure relates to years lost to premature mortality.

Note: Further definitions of terms can be found in the relevant sources.

<sup>3</sup> World Health Organization (2000), *World Health Report, Health Systems – Improving Performance*, Geneva, released 21 June 2000.

<sup>4</sup> Murray C.J. and Lopez A.D. (eds.) (1996), *The Global Burden of Disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*, Harvard School of Public Health (on behalf of the World Health Organization and the World Bank), Harvard University, Cambridge, MA.

<sup>5</sup> Australian Institute of Health and Welfare (1999), *The Burden of Disease and Injury in Australia*, by Mathers C., Vos T. and Stevenson C., AIHW Cat. no. PHE 17, Canberra.