

GLOSSARY

AR-DRG

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

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.

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).

Casemix

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

Casemix adjusted separations

The number of inpatient 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.

Disability-adjusted life years (DALYs)

The DALY measure is the number of years lost due to premature mortality (relative to average life expectancy) combined with years lived in states of less than full health (i.e. years lived with disability) and is known as a health gap measure.

Disability in the context of the DALY term 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.

The methodology used to calculate 'Years of life lived with disability' requires further consultation and debate within Australia. The weights assigned to various disabilities are derived from overseas research that attempted to measure the extent to which people were prepared to trade off reductions in mortality against reductions in disability (i.e. years of life with good health against years of life with various disabilities). There may be issues around the acceptability to the Australian community in general and to various disability groups of both the basic trade-off methodology and the specific weights assigned to various disabilities. See also *Disability weights*.

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 the DALY concepts in general, and the specific weights assigned to various disabilities. At the very least, 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.

DRG

A DRG (Diagnosis Related Group) provides a clinically meaningful way of relating the number and type of patients treated in a hospital (i.e. its casemix) to the resources required by the hospital. Each DRG represents a class of patients with similar clinical conditions requiring hospital services.

Eligible public patient

An eligible person who receives or elects to receive public hospital service free of charge.

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.

Full-time Workload Equivalent for GPs

Data have been extracted by major practice postcode of general practitioners in the June quarter of each financial year. A full-time workload equivalent value is calculated for each practitioner by dividing the practitioner's Medicare billing (schedule fee value of claims processed by the Health Insurance Commission during the financial year) by the mean billing of full-time practitioners for that financial year (for instance, the minimum threshold in 1999–2000 was \$75,585). While often used in counting doctors, full-time workload equivalent values are really a measure of service provision. Because they take into account doctors' varying workloads, they are generally considered to provide a better overall indicator of medical workforce supply under Medicare than are head counts.

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.

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). Military hospitals are also excluded. The database is managed and maintained by the AIHW.

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. (Source: 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.)

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 (e.g. 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 Socioeconomic 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 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 their SLA of usual residence, with quintile 1 including the most disadvantaged households and quintile 5 the least. SLAs were grouped into quintiles so that each quintile contained approximately 20% of the total Australian population.

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 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.¹ The Australian Burden of Disease study refers to YLD as 'years of life lost due to disability'.²

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.

¹ 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.

² 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.