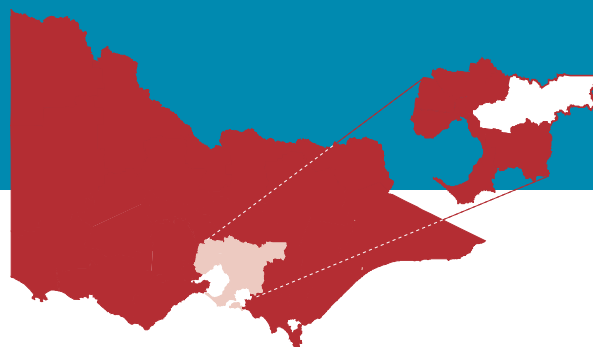


ACSC 2002–2003 Update

Eastern Metropolitan Region and Primary Care Partnerships



Victorian Ambulatory Care Sensitive Conditions Study

Ambulatory care sensitive conditions (ACSCs) are those for which hospitalisation is thought to be avoidable if preventive care and early disease management are applied, usually in an ambulatory setting¹. In theory, access to timely and effective ambulatory care can reduce the risks of hospitalisation.

The Victorian Ambulatory Sensitive Conditions Study is updated annually by the Health Surveillance and Evaluation Section of the Department of Human Services (DHS). This fact sheet presents analyses of ACSCs for the DHS Eastern health region as a whole and for the Primary Care Partnerships in this region, using the Victorian Admitted Episodes Dataset (VAED) from 1993–94 to 2002–03. Rates of admission were age- and sex-standardised to the Victorian population (1996) using the direct method.

Eastern Metropolitan Region

The Eastern Metropolitan Region covers an area of 2,966 square kilometres and includes inner suburbs such as Kew and Hawthorn, large outer metropolitan suburbs such as Croydon, and semi-rural townships such as Healesville. It had an estimated population of 973,957 in 2003. The region includes three Primary Care Partnerships – Boroondara, Outer East and Central East.

Variations in rates of ACSCs admissions, 1993–94 to 2002–03

There were 24,551 admissions for total ACSCs in 2002–03, with an average of 5.03 bed days. The admission rate for total ACSCs increased from 15.31 per 1000 persons (15.06–15.56) in 1993–94 to 24.15 per 1000 persons (23.85–24.45) in 2002–2003 (Figure 1).

Variations in rate ratios of ACSCs admissions, 1993–94 to 2002–03

During the 10-year study period the region's admission rate ratios were lower than the Victorian averages (Figure 2).

Contents

Eastern Metropolitan Region	1
Boroondara Primary Care Partnership (PCP 4)	3
Outer East Primary Care Partnership (PCP 5)	4
Central East Primary Care Partnership (PCP 6)	5

Figure 1: ACSCs admission rates, Eastern Metropolitan Region, 1993–94 to 2002–03

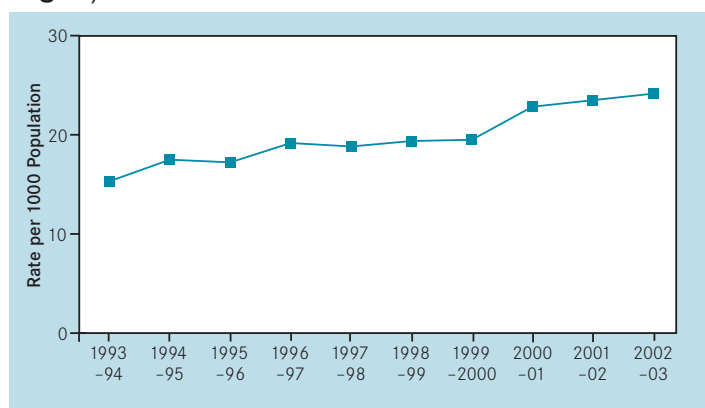
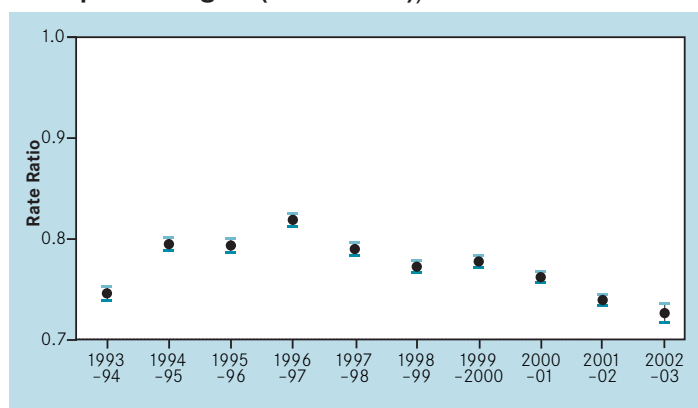


Figure 2: Total ACSCs admission rate ratios, Eastern Metropolitan Region (Victoria = 1), 1993–94 to 2002–03



¹ Billings J, Zeitel L, Lukomnik J, Carey T, Blank A, Newman L. Impact of socioeconomic status on hospital use in New York City. *Health Affairs*, 1993, 12, 162–173.



Top 10 individual ACSCs admissions, 2002–03

Table 1 summarises the admission rates and average bed days for the top 10 ACSCs in 2002–03. In addition to including chronic ACSCs, the top five also includes admissions for dehydration and gastroenteritis and dental conditions. The top 10 ACSCs accounted for 88.70 per cent of the total ACSCs admission in the region. The average bed days for the top 10 ACSCs was 5.34 in 2002–03.

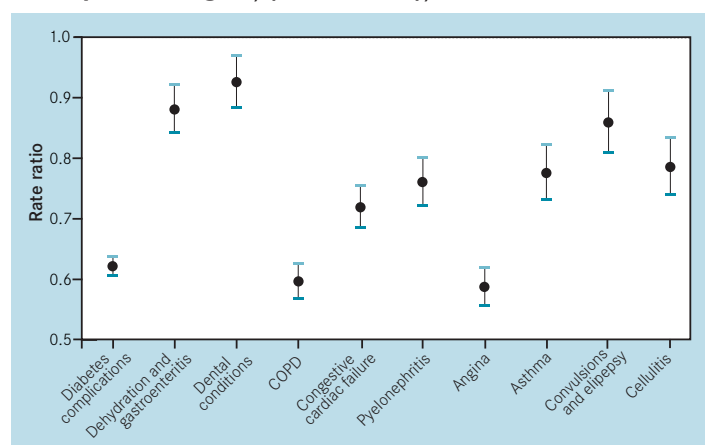
Table 1: Top 10 ACSCs in Region 8 – Eastern Metropolitan, 2002–03

ACSCs	Number of admissions	Rate per 1000 persons	Lower CI	Upper CI	Average bed days	Total bed days
Diabetes complications	6,647	6.4129	6.26	6.57	8.15	54,149
Dehydration and gastroenteritis	2,251	2.2210	2.13	2.31	2.44	5,490
Dental conditions	2,087	2.1670	2.08	2.26	1.14	2,376
Chronic obstructive pulmonary disease	1,915	1.8328	1.75	1.92	7.75	14,846
Congestive cardiac failure	1,894	1.7238	1.65	1.80	7.10	13,442
Pyelonephritis	1,615	1.5626	1.49	1.64	4.83	7,805
Angina	1,561	1.4659	1.39	1.54	2.38	3,712
Asthma	1,286	1.3691	1.30	1.45	2.70	3,477
Convulsions and epilepsy	1,289	1.3414	1.27	1.42	3.04	3,915
Cellulitis	1,231	1.1922	1.13	1.26	5.77	7,105

Admission rate ratios for top 10 ACSCs, Eastern Metropolitan Region, (Victoria = 1), 2002–03

Compared with the Victorian average, the region's admission rate ratios were significantly lower for all of the top 10 ACSCs (Figure 3). The region's lowest admission rate ratio was for angina, which was 0.58 (0.56–0.62).

Figure 3: Top 10 ACSCs admission rate ratios for Eastern Metropolitan Region, (Victoria = 1), 2002–03



Key findings – Eastern Metropolitan Region

- Admission rates for ACSCs increased in the region over the ten-year period 1993–94.
- Over the period 1993–94 to 2002–03 the region's ACSCs admission rate ratios were lower than the Victorian average.
- In addition to including chronic conditions, the top 5 ACSCs also included dehydration and gastroenteritis and dental conditions.
- The region's admission rate ratios for the top ten ACSCs were significantly below the Victorian averages for 2002–03.

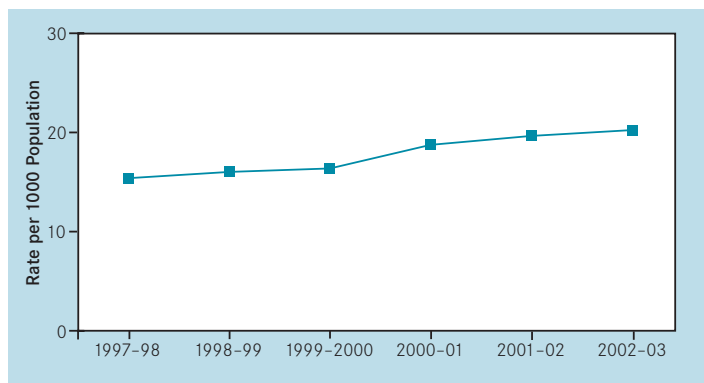


Boroondara Primary Care Partnership (PCP 4)

Variations in rates of ACSCs admissions, 1997-98 to 2002-03

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the six-year period. The admission rates for total ACSCs increased from 15.39 per 1,000 persons (14.8-16.0) in 1997-98 to 20.24 per 1,000 persons (19.61-20.90) in 2002-03 (Figure 4).

Figure 4: ACSCs admission rates in Boroondara PCP, 1997-98 to 2002-03



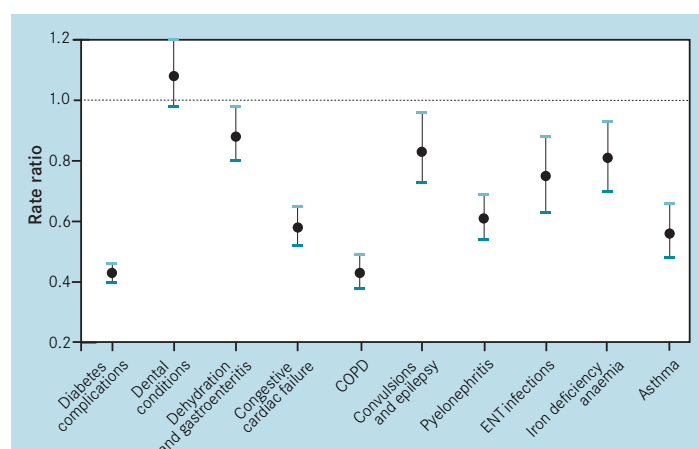
Top 10 individual ACSCs admissions, 2002-03

Table 2 summarises the admission rates and average bed days for the top 10 ACSCs in 2002-2003. Diabetes complications and dental conditions were the PCP's two leading causes of ACSC admissions in 2002-03. The top 10 ACSCs accounted for 85.98 per cent of the total ACSCs in the region. The average bed days for the top 10 ACSCs was 5.34 in 2002-03.

Admission rate ratios for the top 10 individual ACSCs, (Victoria = 1), 2002-03

The PCP's admission rate ratios for the top 10 ACSCs (except dental conditions) were significantly lower than the Victorian averages in 2002-03.

Figure 5: Top 10 ACSC admission rate ratios in Boroondara PCP, (Victoria = 1), 2002-03



Key findings – PCP4 – Boroondara

- The PCP's admission rate for total ACSCs increased over the six-year period.
- The PCP's admission rate ratios for the top 10 ACSCs (except dental conditions) were significantly lower than the Victorian averages for 2002-03.

Table 2: Top 10 ACSCs in PCP4 – Boroondara, 2002-03

ACSC	Number of admissions	Rate per 1000 persons	Lower CI	Upper CI	Average bed days	Total bed days
Diabetes complications	853	4.45	4.16	4.76	8.98	7,662
Dental conditions	403	2.54	2.30	2.80	1.11	449
Dehydration and gastroenteritis	402	2.23	2.02	2.46	2.49	999
Congestive cardiac failure	355	1.40	1.26	1.55	8.19	2,907
Chronic obstructive pulmonary disease	272	1.33	1.18	1.49	7.78	2,115
Convulsions and epilepsy	210	1.30	1.14	1.49	3.28	689
Pyelonephritis	251	1.25	1.10	1.41	5.63	1,412
Ear, nose and throat infections	146	1.05	0.89	1.23	1.53	223
Iron deficiency anaemia	185	0.99	0.86	1.14	2.11	390
Asthma	149	0.99	0.84	1.16	2.60	387

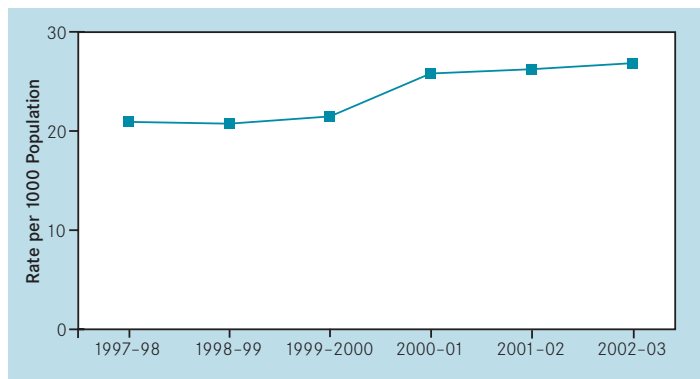


Outer East Primary Care Partnership (PCP 5)

Variations in rates of ACSCs admissions, 1997-98 to 2002-03

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the six-year period. The admission rates for total ACSCs increased from 20.92 per 1,000 persons (20.41-21.42) in 1997-98 to 26.84 per 1,000 persons (26.30-27.38) (Figure 6).

Figure 6: ACSCs admission rates in Outer East PCP, 1997-98 to 2002-03



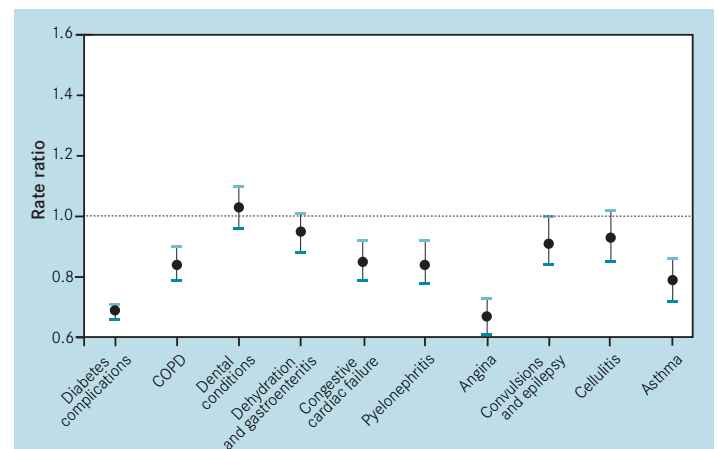
Top 10 individual ACSCs admissions, 2002-03

Table 3 summarises the admission rates and average bed days for the top 10 ACSCs in 2002-2003. Diabetes complications and chronic obstructive pulmonary disease were the leading causes of ACSCs admission in 2002-03. The top 10 ACSCs accounted for 89.18 per cent of the total ACSCs admissions in the region. The average bed days for the top 10 ACSCs was 5.10 in 2002-03.

Admission rate ratios for the top 10 individual ACSCs, (Victoria = 1), 2002-03

The PCP's admission rate ratios for most of the top 10 ACSCs were significantly lower than the Victorian averages in 2002-03.

Figure 7: Top 10 ACSC admission rate ratios in Outer East PCP, (Victoria = 1), 2002-03



Key findings – PCP5 – Outer East

- The PCP's admission rates for total ACSCs increased over the six-year period.
- The PCP's admission rate ratios for most of the top 10 ACSCs were significantly lower than the Victorian averages for 2002-03.

Table 3: Top 10 ACSCs in PCP1 – South West, 2002-03

ACSC	Number of admissions	Rate per 1000 persons	Lower CI	Upper CI	Average bed days	Total bed days
Diabetes complications	2,398	7.07	6.80	7.36	8.27	19,834
Chronic obstructive pulmonary disease	855	2.59	2.42	2.77	7.56	6,460
Dental conditions	934	2.41	2.26	2.57	1.14	1,062
Dehydration and gastroenteritis	871	2.38	2.23	2.55	2.09	1,819
Congestive cardiac failure	679	2.04	1.89	2.20	6.75	4,580
Pyelonephritis	625	1.73	1.60	1.88	4.50	2,812
Angina	575	1.66	1.53	1.81	2.27	1,305
Convulsions and epilepsy	533	1.43	1.31	1.56	2.55	1,360
Cellulitis	523	1.42	1.30	1.54	5.35	2,796
Asthma	524	1.39	1.27	1.51	2.69	1,411

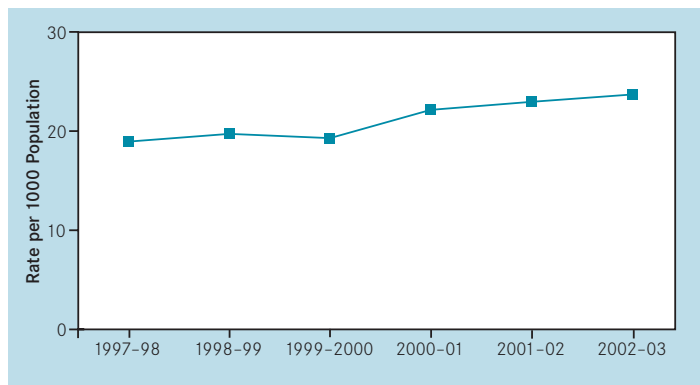


Central East Primary Care Partnership (PCP 6)

Variations in rates of ACSCs admissions, 1997-98 to 2002-03

The PCP's admission rates for total ACSCs increased from 18.95 per 1,000 persons (18.53-19.37) in 1997-98 to 23.69 per 1,000 persons (23.26-24.13) in 2002-2003 (Figure 8).

Figure 8: ACSCs admission rates in Central East PCP, 1997-98 to 2002-03



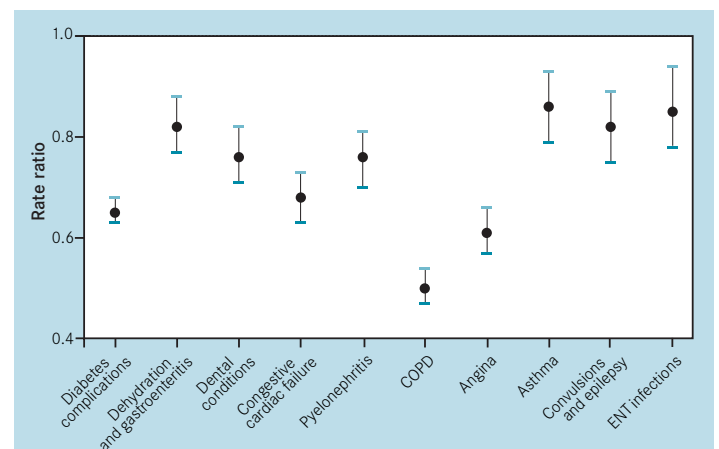
Top 10 individual ACSCs admissions, 2002-03

Table 4 summarises the admission rates and average bed days for the top 10 ACSCs in 2002-2003. Diabetes complications and dehydration and gastroenteritis were the leading causes of ACSCs admissions in 2002-03. The top 10 ACSCs accounted for 88.19 per cent of the total ACSCs admissions in the region. Only two of the top five conditions were chronic ACSCs. Chronic ACSCs accounted for 42.90 per cent of admissions for the PCP's top ten ACSCs. The average bed days for the top 10 ACSCs was 5.26 in 2002-03.

Admission rate ratios for the top 10 individual ACSCs, (Victoria = 1), 2002-03

The PCP's admission rate ratios for all of the top 10 ACSCs were significantly lower than the Victorian averages in 2002-03.

Figure 9: Top 10 ACSCs admission rate ratios in Central East PCP, (Victoria = 1), 2002-03



Key findings – PCP6 – Central East

- The PCP's admission rates for total ACSCs increased over the six-year period.
- The PCP's admission rate ratios for all of the top 10 ACSCs were significantly lower than the Victorian averages for 2002-03.

Table 4: Top 10 ACSCs in PCP6 – Central East, 2002-03

ACSC	Number of admissions	Rate per 1000 persons	Lower CI	Upper CI	Average bed days	Total bed days
Diabetes complications	3,396	6.75	6.53	6.98	7.85	26,653
Dehydration and gastroenteritis	978	2.07	1.95	2.21	2.73	2,672
Dental conditions	750	1.79	1.66	1.92	1.15	865
Congestive cardiac failure	860	1.63	1.53	1.74	6.92	5,955
Pyelonephritis	739	1.55	1.45	1.67	4.85	3,581
Chronic obstructive pulmonary disease	788	1.53	1.43	1.65	7.96	6,271
Angina	793	1.53	1.43	1.64	2.44	1,935
Asthma	613	1.51	1.40	1.64	2.74	1,679
Convulsions and epilepsy	546	1.28	1.17	1.39	3.42	1,866
Ear, nose and throat infections	458	1.20	1.09	1.31	1.48	678

Suggested citation

Health Surveillance & Evaluation Section, Public Health, Department of Human Services (2004). *Ambulatory care sensitive conditions 2002–03 update: Eastern Metropolitan Region and Primary Care Partnerships*. Melbourne, Victoria: Victorian Government.

Additional information

Full details of the methodology are available from earlier ACSC reports which can be downloaded from the Department of Human Services website at:

www.health.vic.gov.au/healthstatus

Contact details

Dr. Zahid Ansari
Health Surveillance & Evaluation Section
Email: Zahid.Ansari@dhs.vic.gov.au



ACSC 2002–2003 UPDATE

