

**The Victorian Ambulatory Care Sensitive
Conditions Study, 2001–02**

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Foreword

Better access to primary health care prevents unnecessary hospitalisations and improves the health status of the population. Analyses from the Victorian Ambulatory Care Sensitive Conditions (ACSCs) study identified significant differentials and inequalities in access to the primary health care system in Victoria. It has provided an evidence-based platform for policies that aim to reduce demand on hospital services by offering opportunities for targeted interventions at the Primary Care Partnerships (PCPs) level.

This report presents further detailed analysis of ACSCs in Victoria. It delivers timely information for regional and rural health planning by providing evidence on differentials in access to primary health care. It supplies regional and community profiles of ACSCs for community planning and evaluation. The analyses in the report identify gaps in the delivery of primary health care services in rural and regional Victoria. In this way, it offers opportunities for improved planning for public health and health services interventions that can decrease access barriers, improve the adequacy of primary care and reduce demand on the hospital system in Victoria.

Local and regional health planners are challenged by an ever growing array of data and information sources. From a complex maze of materials, they are required to provide an informed assessment of health needs and priorities within their communities. Increasingly, they need to make informed decisions about services under considerable pressure and time constraints.

This report is designed to provide small area-level indicators that have both relevance and application to health planning, especially in the context of Department of Human Services regions and PCPs. The information here is relevant because it fills a major information gap about differentials in the performance of primary care services across the whole State. It has particular application to the context of PCPs because it presents comprehensive information and a set of indicators for use in reviewing appropriate community-based primary care services and evaluating service performance.

As diabetes complications are the leading cause of admissions for ACSCs, detailed analyses of diabetes complications are presented, with regional and community profiles for long and short term complications to support community planning and evaluation.

The presentation of the material has been designed to make complex data accessible. It is hoped that users of this report will engage in a dialogue with colleagues and members of the community about the report content and the many questions raised that are likely to be of importance to the health of Victorians.



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Executive Summary

Background

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 the ambulatory setting. In theory, timely and effective ambulatory care can reduce the risks of hospitalisation by preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition. The concept of preventable or avoidable hospitalisation has been developed as an indicator of health outcomes for evaluating the adequacy of primary care. ACSCs admission rates have also been proposed as a measure of access to health care.

Previous analyses from the Victorian ACSCs study identified significant differentials and inequalities in access to the primary health care system in Victoria. These analyses provided an evidence-based platform for policies that aim to reduce demand on hospital services. Policy workers and planners can achieve this by offering opportunities for targeted interventions at the Primary Care Partnerships (PCPs) level.

This report presents further detailed analyses of ACSCs in Victoria. It delivers timely information for regional and rural health planning by providing evidence on differentials in access to primary health care. Detailed analyses of diabetes complications in 2001–02 are presented as a separate report in a compact disc format, which has been placed at the back of this report.

Purpose

The purpose of this report is to provide regional and community (PCP-level, for example) profiles of ACSCs for community planning and evaluation.

The analysis in the report identifies gaps in the delivery of primary health care services in rural and regional Victoria, and offers opportunities for targeting public health and health services interventions that can decrease access barriers, improve adequacy of primary care and reduce the call on the hospital system in Victoria. More specifically, this report identifies trends in hospitalisations, urban/rural differentials, regional variations and variations by PCPs.

Methods

The Victorian Admitted Episodes Dataset (VAED) was analysed from 1993–94 to 2001–02. Rates of admission were age and sex standardised to the Victorian population (1996) using the direct method.

Key findings

Victoria

- There were 149,826 admissions for ACSCs in 2001–02, with an average of 5.22 bed days.
- The rate of ACSCs admissions varied from 20.52 per 1,000 persons (20.39–20.65) in 1993–94 to 31.76 per 1,000 persons (31.60–31.92) in 2001–02.
- The admission rate for ACSCs in rural areas increased from 27.06 per 1,000 persons (26.78–27.34) in 1993–94 to

35.27 per 1,000 persons (34.97–35.58) in 2001–02.

- During the same nine year period, the admission rate for ACSCs in metropolitan areas increased from 17.81 per 1,000 persons (17.67–17.96) to 28.31 per 1,000 persons (28.13–28.49).
- The top ten ACSC admissions accounted for 89.91 per cent of the total ACSC admissions for Victoria.
- The average bed days for the top ten ACSC admissions were 5.12.
- Chronic ACSCs and dental conditions were the leading causes of ACSCs admissions.
- The highest number ($n=43,884$) of admissions was for diabetes complications, accounting for 32.58 per cent of the top ten ACSCs admissions.

Departmental Regions and PCPs Summary

- The pattern of ACSCs admission rates within each departmental region was not uniform across the nine year study period. Large variations were apparent across PCPs within regions (especially rural regions).

Barwon South West Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were much closer to the Victorian average in 2001–02 than in 1993–94.

- In addition to including chronic conditions, the top five ACSCs also included dental admissions.
- The region's admission rate ratios for diabetes complications and congestive cardiac failure were significantly lower than the Victorian averages in 2001–02.

Southern Grampians/ Glenelg PCP

- The PCP's admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000 but increased after that.
- The PCP's admission rate ratios for five of the top ten ACSCs were significantly higher than the Victorian averages in 2001–02.
- The PCP's highest admission rate ratio in 2001–02 was for chronic obstructive pulmonary disease, which was 1.60 (1.49–1.71).

South West PCP

- The PCP's admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000 but increased after that.
- The PCP's admission rate ratios for the top ten ACSCs were significantly higher than the Victorian averages in 2001–02.
- The PCP's highest admission rate ratio was for ear, nose and throat infections, which was 1.85 (1.71–2.00).

Barwon PCP

- The PCP's admission rates for total ACSCs showed a consistent increase over the five year period.

- The PCP's highest admission rate ratio was for ear, nose and throat infections, which was 1.41 (1.34–1.47).

Grampians Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were consistently above the Victorian averages except in 1998–99.
- Chronic ACSCs and dental admissions were the leading causes of admissions in the region.
- Dental conditions had the highest admission rate ratio, which was 1.88 (1.82–1.94).
- The region's admission rate ratios in 2001–02 were significantly higher than the Victorian averages for diabetes complications, dental conditions, chronic obstructive pulmonary disease, asthma, angina, and congestive cardiac failure, and significantly lower for pyelonephritis.

Wimmera PCP

- The PCP's admission rates for total ACSCs showed a rising trend from 1997–98.
- Chronic ACSCs and dental conditions were among the PCP's top five ACSCs.
- The PCP's admission rate ratios for most ACSCs were significantly above the Victorian averages in 2001–02.
- The PCP's highest rate ratio in 2001–02 was for dental conditions, which was 2.97 (2.80–3.16).

Grampians/Pyrenees PCP

- The PCP's admission rates for total ACSCs decreased from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased in the last two years of the study period.
- Chronic ACSCs and dental conditions were the PCP's top five ACSCs.
- Most of the PCP's ACSCs admissions (except for pyelonephritis and ear, nose and throat infections) were above the Victorian average.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions, which was 1.94 (1.79–2.12).

Central Highlands PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were among the top five ACSCs.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions.
- The PCP's admission rate ratios were also significantly higher than the Victorian averages for asthma, angina, chronic obstructive pulmonary disease, congestive cardiac failure and diabetes complications.

Loddon-Mallee Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- Compared with Victorian averages, the region's total ACSCs admission rate ratios showed a significant decline during the same period.

- Chronic ACSCs and dental conditions were the leading causes of admissions in 2001–02.
- Dental conditions accounted for the highest admission rate ratio in 2001–02.
- The region's diabetes complications and pyelonephritis admission rate ratios were significantly below the Victorian average in 2001–02.

Northern Mallee PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs, dental conditions and ear, nose and throat infections were among the five leading causes of admissions for ACSCs.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions.

Southern Mallee PCP

- The PCP's admission rates for total ACSCs decreased over the five year period.
- Diabetes complications was the leading cause of admission among the top ten ACSCs.
- The PCP's highest admission rate ratio in 2001–02 was for ear, nose and throat infections.

Bendigo/Loddon PCP

- Admission rates for total ACSCs increased over the five year period.
- The leading cause of admissions among the top ten ACSCs was diabetes complications.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions.

The PCP's admission rate ratios for angina and diabetes complications were also significantly higher than the Victorian averages.

Campaspe PCP

- The admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased in the last two years of the study period.
- The PCP's leading cause of admissions in 2001–02 was for diabetes complications.
- The PCP's admission rate ratios were significantly higher than the Victorian averages for all of the top ten ACSCs (except diabetes complications, convulsions and epilepsy, and ear, nose and throat infections) in 2001–02.

Central Victorian Health Alliance PCP

- The admission rates for total ACSCs increased over the five year period.
- Diabetes complications and dental conditions were the two leading causes of hospital admissions in 2001–02.
- The PCP's highest admission rate ratio in 2001–02 was for ear, nose and throat infections.

Hume Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- There was a significant decline in the admission rate ratios of total ACSCs in the region over the nine year period.

- Chronic ACSCs were the leading causes of admissions in the region in 2001–02.
- Chronic obstructive pulmonary disease, angina, and ear, nose and throat infections accounted for the region's highest admission rate ratios in 2001–02.
- Diabetes complications accounted for the region's lowest admission rate ratio in 2001–02.

Lower Hume PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP's five leading causes of admissions in 2001–02.
- The PCP's highest admission rate ratio in 2001–02 was for asthma.

Goulburn Valley PCP

- The PCP's admission rates for total ACSCs did not change significantly over the five year period.
- Chronic ACSCs were the PCP's three leading causes of admissions in 2001–02.
- Except for diabetes complications, congestive cardiac failure and dental conditions, the PCP's top ten ACSCs admission rate ratios were significantly higher than the Victorian averages in 2001–02.
- The PCP's admission rate ratios for dental conditions were significantly below the Victorian averages in 2001–02.
- The PCP's highest admission rate ratio was for angina.

Central Hume PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP's five leading ACSCs causing admissions in 2001–02.
- Except for diabetes complications, the PCP's top ten ACSCs admissions rate ratios were significantly above the Victorian averages in 2001–02.
- The PCP's admission rate ratio for diabetes complications was similar to the Victorian average in 2001–02.

Upper Hume PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were among the PCP's four leading ACSCs causing admissions in 2001–02.
- Dental conditions was the PCP's fifth leading cause of admissions.
- The PCP's admission rate ratio for chronic obstructive pulmonary disease was significantly above the Victorian average in 2001–02.
- The PCP's admission rate ratios for diabetes complications, dental conditions, dehydration and gastroenteritis, and pyelonephritis were significantly below the Victorian averages in 2001–02.

Gippsland Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.

- The region's admission rate ratios for total ACSCs were much closer to the Victorian averages in 2001–02 than in 1993–94.
- Chronic ACSCs and dental conditions were the leading causes of admissions in the region in 2001–02.
- Dental conditions accounted for the region's highest admission rate ratio in 2001–02.

East Gippsland PCP

- The admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP's five leading causes of admissions in 2001–02.
- The PCP's highest admission rate ratio in 2001–02 was for cellulitis.

Wellington PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were the PCP's three leading causes of admissions in 2001–02.
- The PCP's admission rate ratios were significantly higher than the Victorian averages for all top ten ACSCs (except diabetes complications, congestive cardiac failure and dental conditions) in 2001–02.
- The PCP's highest admission rate ratio was for dehydration and gastroenteritis.

Central West PCP

- The PCP's admission rates for total ACSCs increased over the five year period.

- The PCP's highest admission rate ratio was for diabetes complications.
- The PCP's admission rate ratios were also significantly higher than the Victorian averages for dental conditions, angina, chronic obstructive pulmonary disease and cellulitis.

South Coast Health Services Consortium PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP's five leading causes of admissions in 2000–01.
- The PCP's admission rate ratios for dental conditions, angina, asthma, congestive cardiac failure, pyelonephritis and ear, nose and throat infections were significantly higher than the Victorian averages in 2001–02.

Western Metropolitan Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs decreased over the nine year period but were still above the Victorian averages.
- Chronic ACSCs were the leading causes of admissions in the region in 2001–02.
- Compared with the Victorian averages, the region's admission rate ratios for diabetes complications, chronic obstructive pulmonary disease, asthma, congestive cardiac failure and pyelonephritis were significantly higher in 2001–02.

Moonee Valley/Melbourne PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- The PCP's five leading causes of admissions in 2001–02 included dental conditions, pyelonephritis and chronic ACSCs.
- The PCP's diabetes complications admission rate ratio was significantly above the Victorian average in 2001–02.
- All of the PCP's ten leading ACSCs admission rate ratios (except diabetes complications) were either lower than or not significantly different from the Victorian averages in 2001–02.

West Bay PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were the PCP's five leading causes of admissions in 2001–02.
- The PCP's admission rate ratios were significantly higher than the Victorian averages for diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure and cellulitis in 2001–02.
- The PCP's highest admission rate ratio was for congestive cardiac failure.

Brimbank/Melton PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and pyelonephritis were the PCP's five leading causes of admissions in 2001–02.

- The PCP's highest admission rate ratio was for diabetes complications in 2001–02.
- The PCP's admission rate ratios for congestive cardiac failure, chronic obstructive pulmonary disease, asthma and pyelonephritis were also significantly higher than the Victorian averages in 2001–02.

Northern Metropolitan Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's total ACSCs admission rate ratios remained below the Victorian averages.
- Chronic ACSCs were the leading causes of admissions in the region in 2001–02.
- Compared with the Victorian average, the region's admission rate ratio for diabetes complications was significantly higher in 2001–02.

Hume/Moreland PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Diabetes complications and chronic obstructive pulmonary disease were the PCP's leading causes of hospital admissions in 2001–02.
- The PCP's admission rate ratios for diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure and pyelonephritis were significantly higher than the Victorian averages in 2001–02.

Banyule/Nilumbik PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Diabetes complications and dental conditions were the PCP's two leading causes of hospital admissions in 2001–02.
- The PCP's admission rate ratios for the top ten ACSCs were either significantly lower than or not significantly different from the Victorian averages in 2001–02.

North Central Metropolitan PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were the PCP's four leading causes of admissions in 2001–02.
- The PCP's admission rate ratios for diabetes complications, congestive cardiac failure and iron deficiency anaemia were significantly higher than the Victorian averages in 2001–02.

Eastern Metropolitan Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs remained significantly below the Victorian averages over the nine-year period.
- Chronic ACSCs, dental conditions, and dehydration and gastroenteritis were the leading causes of admissions in the region in 2001–02.

- The region's admission rate ratios for the top 10 ACSCs were significantly below the Victorian averages in 2001–02.

Boroondara PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Dental conditions, and dehydration and gastroenteritis were among the PCP's five leading causes of admissions for ACSCs in 2001–02.
- The PCP's admission rate ratios for all top ten ACSCs were significantly below the Victorian averages in 2001–02.

Outer East PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs accounted for 60.02 per cent of top ten ACSCs admissions for the PCP.
- The PCP's admission rate ratios for the top ten ACSCs, except cellulitis, were significantly below the Victorian averages in 2001–02.

Central East PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs accounted for 65.39 per cent of admissions for the PCP's top ten ACSCs.
- The PCP's admission rate ratios for the top ten ACSCs were significantly below the Victorian averages in 2001–02.

Southern Metropolitan Region and PCPs

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were mostly below the Victorian averages during the nine year period.
- Chronic ACSCs and dental conditions were the leading causes of admissions in the region in 2001–02.
- The region's admission rate ratio for pyelonephritis was significantly above the Victorian averages in 2001–02.

Inner South PCP

- The PCP's admission rates for total ACSCs increased from 1997–98 to 2001–2002.
- Diabetes complications and chronic obstructive pulmonary disease were the PCP's leading causes of admissions in 2001–02.
- The PCP's admission rate ratios for the top ten ACSCs were significantly greater than the Victorian averages for dehydration and gastroenteritis, and iron deficiency anaemia.

Kingston/Bayside PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Diabetes complications and chronic obstructive pulmonary disease were the PCP's two leading causes of ACSC admissions in 2001–02.
- The PCP's admission rate for iron deficiency anaemia was 1.85 (1.70–2.02), making it the PCP's

seventh leading cause of admissions.

- The PCP's highest admission rate ratio was for iron deficiency anaemia.

South East PCP

- The PCP's admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased over the last two years of the study period.
- Chronic ACSCs were the PCP's five leading causes of admissions in 2001–02.
- The PCP's admission rate ratios were significantly higher than the Victorian averages for angina and pyelonephritis.

Frankston/Mornington Peninsula PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- In addition to chronic ACSCs, dental conditions were among the PCP's five leading admissions for ACSCs.
- The PCP's admission rate ratios for angina, convulsions and epilepsy, ear, nose and throat infections, and diabetes complications were significantly above the Victorian averages in 2001–02.

1 Introduction

1.1 Background

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 the ambulatory setting.¹ In theory, timely and effective ambulatory care can reduce the risks of hospitalisation by preventing the onset of an illness or condition, controlling an acute episodic illness or condition or managing a chronic disease or condition.¹ Billings et al¹ developed the concept of 'preventable or avoidable hospitalisation' as an indicator of health outcomes for evaluating the adequacy of primary care. ACSCs admission rates have also been proposed as a measure of access to health care.

The concept of access to primary health care can be viewed in a variety of ways, but can be broadly defined as 'the timely use of personal health services to achieve the best possible health outcomes'.² This definition accounts for barriers to receiving care, as well as for the quality of the care provided. Using this definition, we can ask whether access-related problems can explain the relatively poorer health outcomes of specific population groups.

Better access to primary health care increases the use of ambulatory care, prevents unnecessary hospitalisations and improves the health status of the population.³ Previous analyses from the Victorian ACSCs study identified significant differentials and inequalities in access to the primary health care system in Victoria.⁴⁻⁸ They provided an evidence-based platform for policies

that aims to reduce demand on hospital services by offering opportunities for targeted interventions at the Primary Care Partnerships (PCPs) level.

This report presents further detailed analyses of ACSCs in Victoria. It delivers timely information for regional and rural health planning by providing evidence on differentials in access to primary health care. It supplies regional and community (PCP-level, for example) profiles of ACSCs for community planning and evaluation. The analysis in the report identifies gaps in the delivery of primary health care services in rural and regional Victoria, and offers opportunities for policy makers and planners to target public health and health services interventions that can decrease access barriers, improve adequacy of primary care and reduce the call on the hospital system in Victoria. More specifically, this report identifies trends in hospitalisations, urban/rural differentials, regional variations and variations by PCPs.

Diabetes complications were the leading cause of admission for ACSCs based on the findings of the Victorian ACSCs study (2000–01). Detailed analyses of diabetes complications in 2001–02 are presented as a separate report. The purpose of this report is to present extensive analysis of specific diabetes complications, with regional and community profiles for long and short term complications to support community planning and evaluation. Due to the length of the report, it is presented in a compact disc format, which has been placed at the back of the report.

1.2 Potential applications of the ACSCs study

In Victoria, ACSCs rates can be used as one of a range of indicators for monitoring the performance of the health system. They can:

- serve as an information tool for planners and policy makers for continuous monitoring of health services in Victoria
- provide means for targeting strategies that can reduce the demand on the hospital system
- highlight barriers to accessing primary care in the community
- help evaluate the performance of initiatives and interventions such as the PCP strategy
- contribute to the evaluation of the impact of other Department of Human Services policies (for example, rural health policy)
- be reported to the government as one of the performance indicators of the health system in Victoria.

1.3 Data sources and methods

1.3.1 Hospital admissions data

Hospital separation data were obtained from the Victorian Admitted Episodes Dataset (VAED). The VAED is a minimum dataset containing data on all admitted patient activity submitted by all public and private acute hospitals, including acute facilities in rehabilitation and extended care institutions and day procedure centres.⁹

Clinical data are stored as ICD-9-CM codes in 12 diagnosis and procedure fields (up to 1999–2000) and as ICD-10-AM codes in 25 diagnosis and procedure fields in the VAED.^{10–11} The VAED records were selected on the basis of diagnosis fields, with some exclusions based on procedure fields. The appendix contains the ACSCs identified using the ICD-9-CM and ICD-10-AM codes in the diagnosis fields of the VAED.^{2, 12}

1.3.2 Population data

Population figures by gender and five year age groups were obtained using the estimated resident population figures produced by the Australian Bureau of Statistics. The population data were used for calculating admission rates and 95 per cent confidence intervals (CI in the tables).

1.3.3 Boundaries of catchment areas

To analyse individual ACSCs admissions to hospital, admission rates for defined geographic areas must be calculated. The boundaries of the geographic areas

in Victoria that make up local government areas under the Australian Standard Geographic Classification have changed significantly over the past decade. There are currently 200 statistical local areas, which make up 78 local government areas. These boundaries have been collapsed into 32 PCPs catchment areas. The boundaries were introduced in 1996 but did not apply for 1996–97. For this reason, comparisons across the PCPs are made between 1997–98 and 2001–02, while comparisons across the entire nine years of the study are made at the departmental region level. Victoria is divided into nine health regions, of which four encompass metropolitan Melbourne and five cover the non-metropolitan areas in Victoria.

1.3.4 Calculation of standardised admission rates

Estimates at the local government area level were used to calculate admission rates and 95 per cent confidence intervals for the 32 PCPs catchments in Victoria. Admission rates were age- and sex-standardised (direct method) using

the 1996 Victorian population as the reference. The 95 per cent confidence intervals for the standardised rates were based on the Poisson distribution.

1.3.5 Trend analysis

Data from 1993–94 to 30 June 2002 were used in this analysis. Prior to 1993, not all hospitals were contributing to the database. Also in that year, casemix funding was introduced for hospitals.

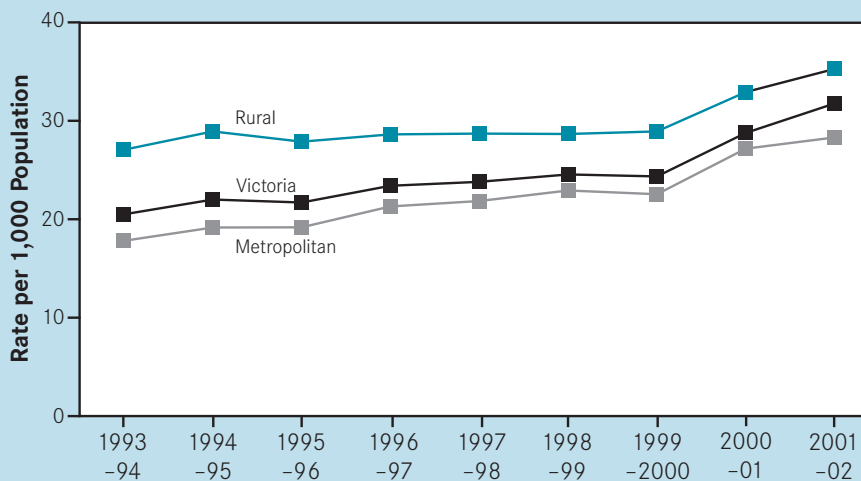
1.3.6 Rural/Metropolitan differences

Standardised admission rates and rate ratios are used throughout the report, providing important information on the relative impact of ACSCs in rural and metropolitan settings based on the departmental classification of rural and metropolitan regions. It is valuable, however, to review the crude numbers of admissions in PCP catchments to obtain additional information about opportunities for high yield targeted interventions.

2 Ambulatory Care Sensitive Conditions admissions in Victoria, 2001–02

2.1 Metropolitan and rural Victoria comparisons

Figure 1: ACSCs admission rates for rural and metropolitan Victoria, 1993–94 to 2001–02



There were 149,826 admissions for Ambulatory Care Sensitive Conditions (ACSCs) in 2001–02, with an average of 5.22 bed days. The rate of ACSCs admissions varied from 20.52 per 1,000 persons (20.39–20.65) in 1993–94 to 31.76 per 1,000 persons (31.60–31.92) in 2001–02 (figure 1). The admission rate for ACSCs in rural areas increased from 27.06 per 1,000 persons (26.78–27.34) in 1993–94 to 35.27 per 1,000 persons (34.97–35.58) in 2001–02. During the same nine year period, the admission rate for ACSCs in metropolitan areas increased from 17.81 per 1,000 persons (17.67–17.96) to 28.31 per 1,000 persons (28.13–28.49).

2.2 Total Victorian top ten ACSCs admissions

Table 1: Top ten ACSCs in Victoria, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	43,884	9.20	9.11	9.29	6.97	305,891
COPD	13,204	2.77	2.72	2.82	7.27	96,052
Dental conditions	12,029	2.52	2.48	2.57	1.15	13,778
Angina	12,126	2.54	2.50	2.59	2.67	32,328
Congestive cardiac failure	11,805	2.47	2.43	2.52	7.67	90,528
Asthma	9,235	1.94	1.90	1.98	2.49	23,020
Dehydration and gastroenteritis	9,625	2.02	1.98	2.06	2.77	26,634
Pyelonephritis	9,024	1.89	1.85	1.93	4.72	42,552
Convulsions and epilepsy	7,202	1.51	1.48	1.54	2.92	21,036
Cellulitis	6,577	1.38	1.35	1.41	5.72	37,594

The total ACSCs admissions in Victoria were 149,826. The top ten ACSCs admissions accounted for 89.91 per cent of the total ACSCs admissions for Victoria. The average bed days for the top ten ACSCs admissions was 5.12.

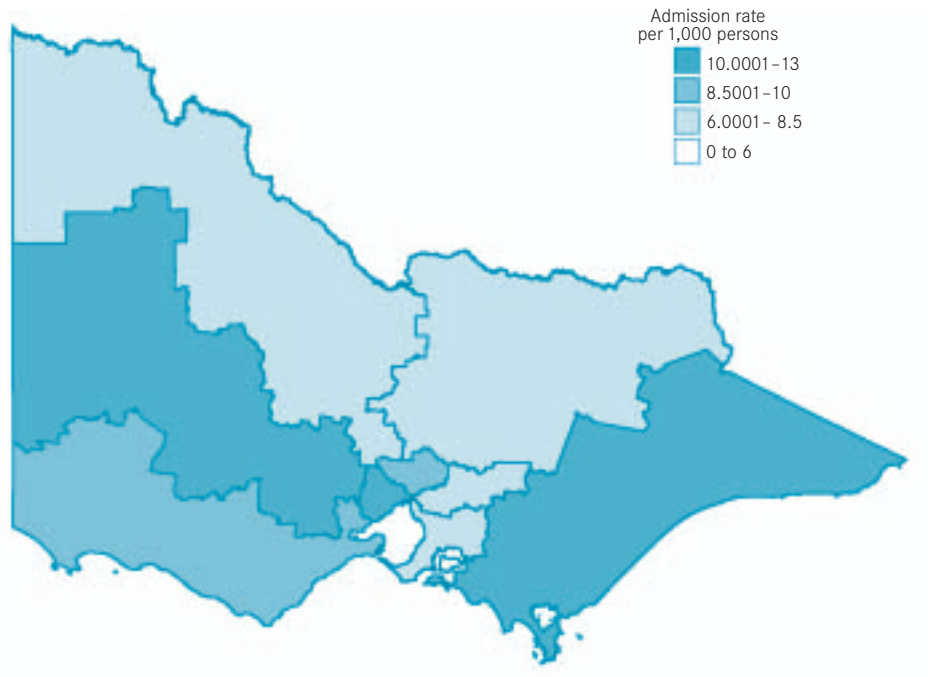
Chronic ACSCs and dental conditions were the leading causes of ACSCs

admissions. The highest number (n=43,884) of admissions was for diabetes complications accounting for 32.58 per cent of the top ten ACSCs admissions.

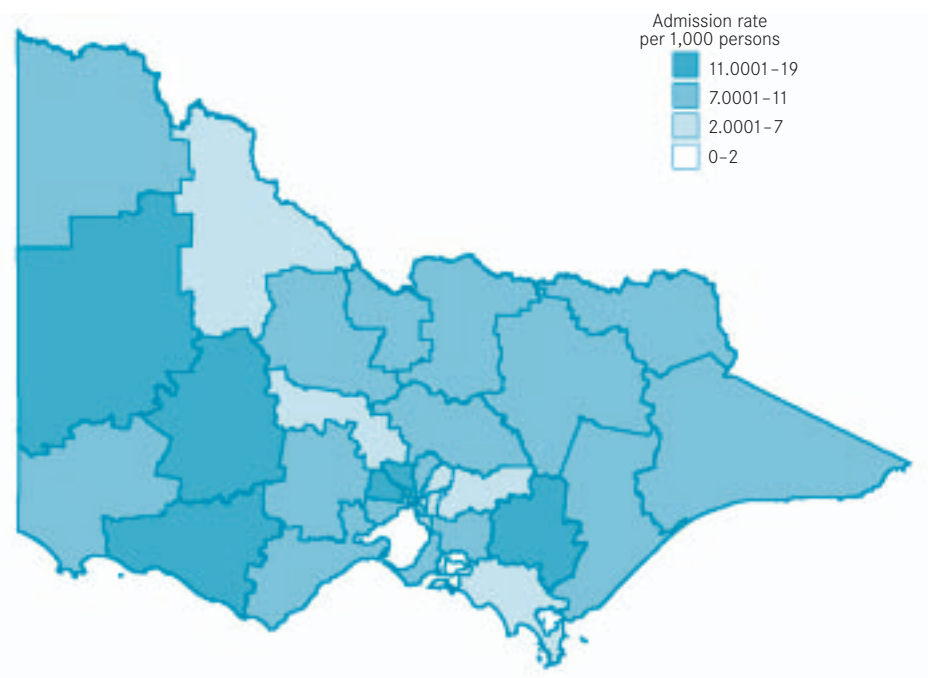
2.3 Mapping of top ten Ambulatory Care Sensitive Conditions in Victoria by regions and Primary Care Partnerships

2.3.1 Diabetes complications admission rates and rate ratios by regions and Primary Care Partnerships, 2001–02

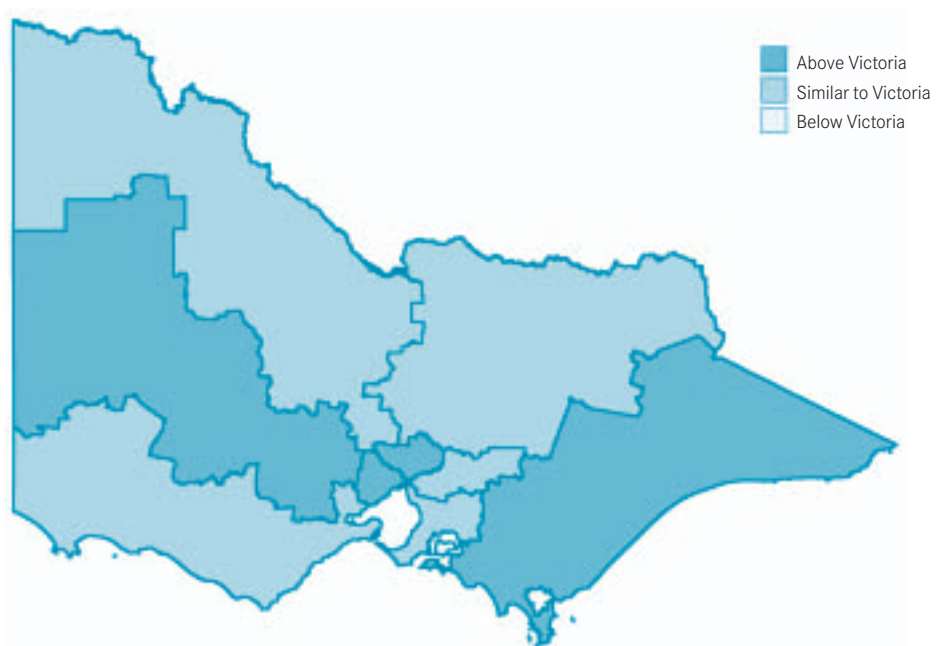
Map 1a Diabetes complications admission rates per 1,000 persons by regions, 2001–02



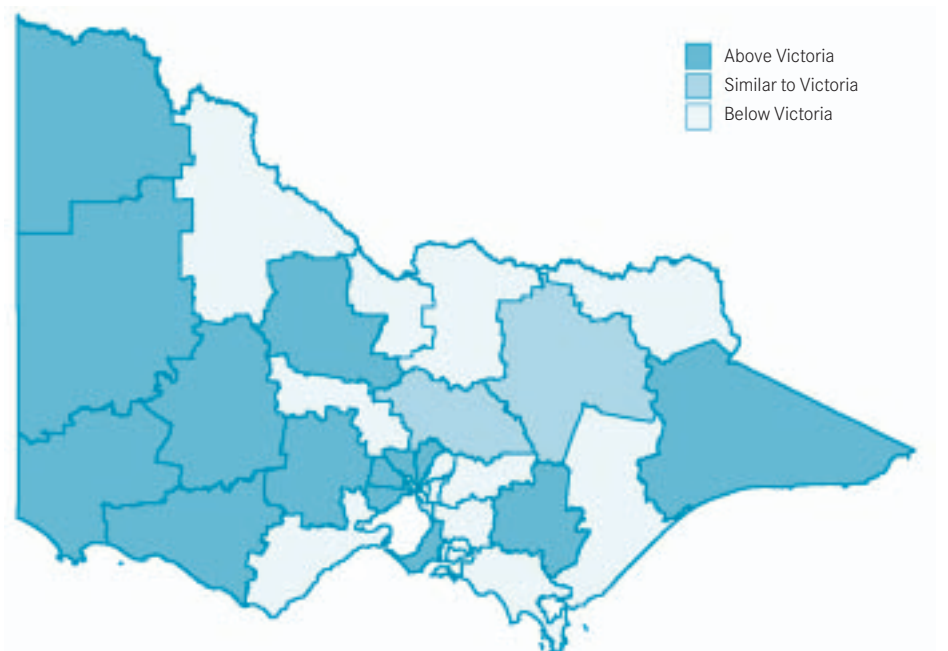
Map 1b Diabetes complications admission rates per 1,000 persons by Primary Care Partnerships, 2001–02



Map 1c Diabetes complications admission rate ratios by regions, 2001-02

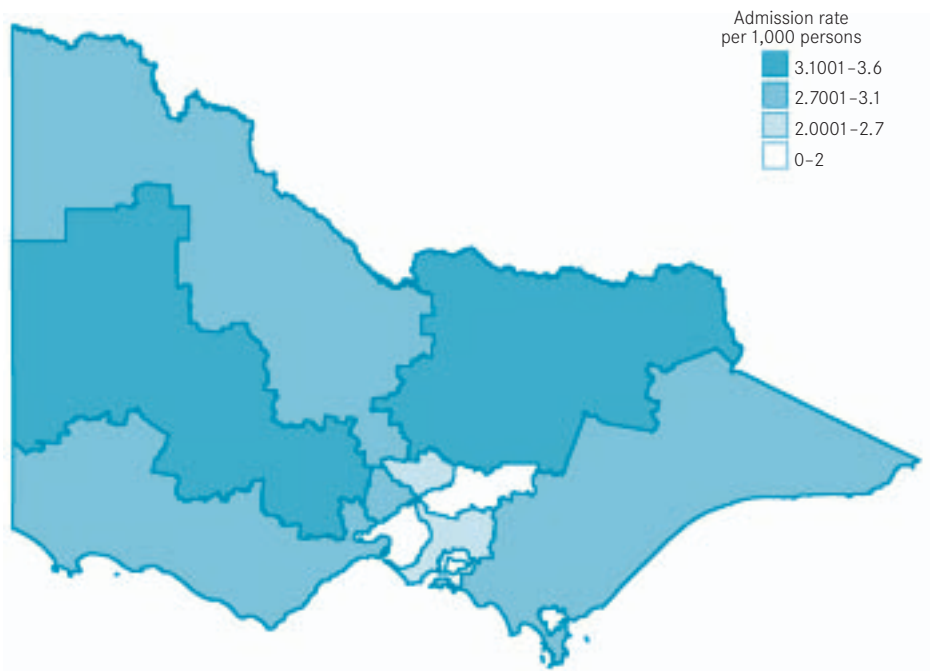


Map 1d Diabetes complications admission rate ratios by Primary Care Partnerships, 2001-02

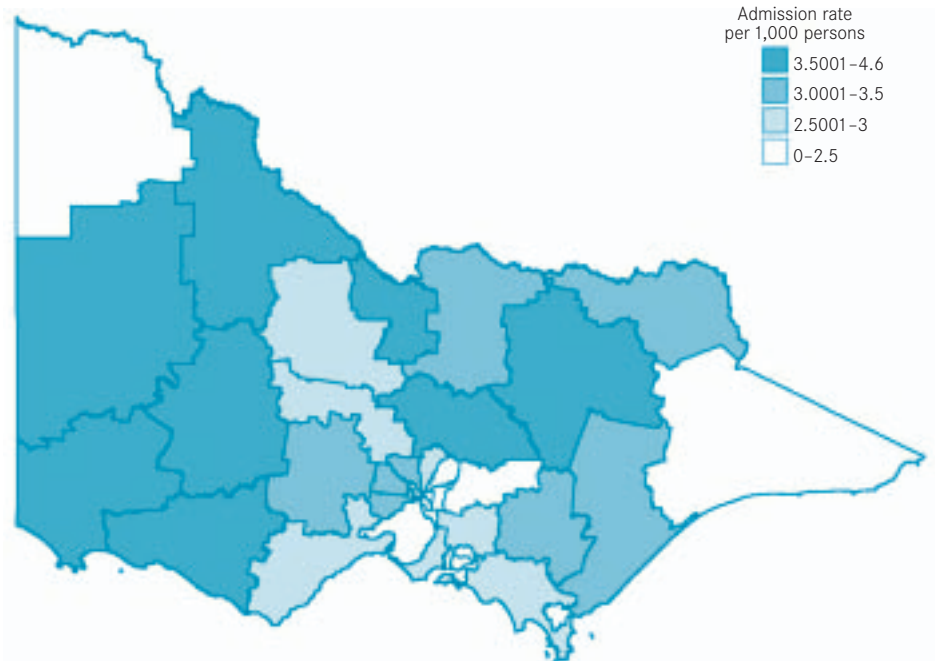


2.3.2 Chronic obstructive pulmonary disease admission rates and rate ratios by regions and Primary Care Partnerships, 2001–02

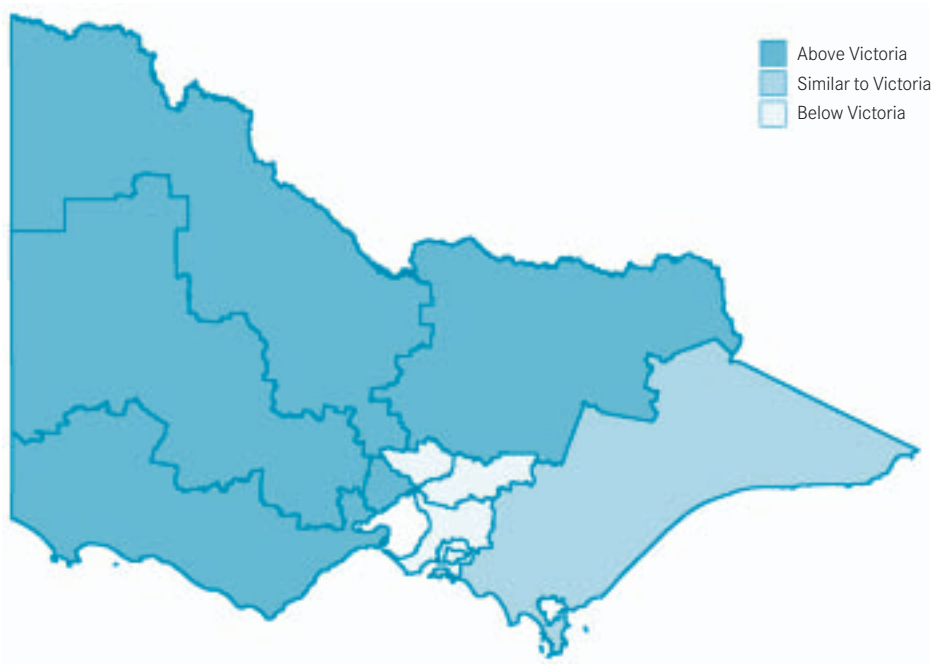
Map 2a Chronic obstructive pulmonary disease admission rates per 1,000 persons by regions, 2001–02



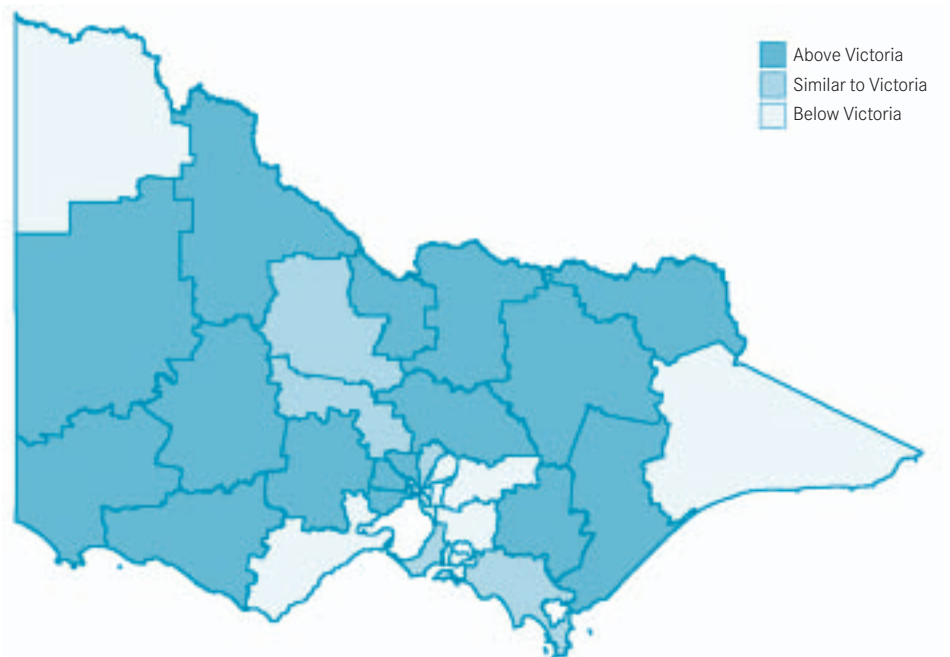
Map 2b Chronic obstructive pulmonary disease admission rates per 1,000 persons by Primary Care Partnerships, 2001–02



Map 2c Chronic obstructive pulmonary disease admission rate ratios by regions, 2001-02

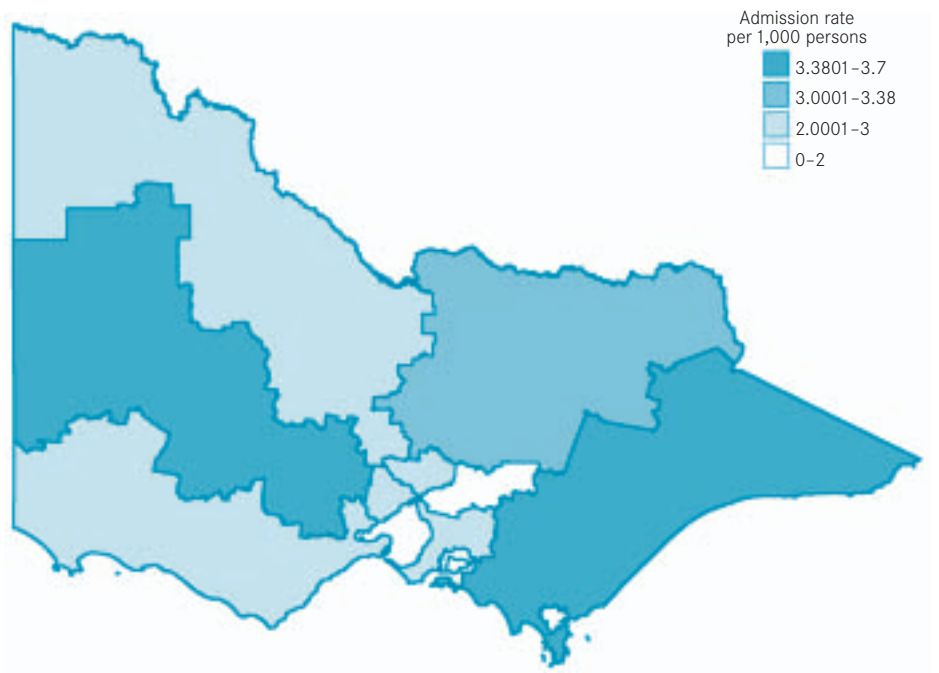


Map 2d Chronic obstructive pulmonary disease admission rate ratios by Primary Care Partnerships, 2001-02

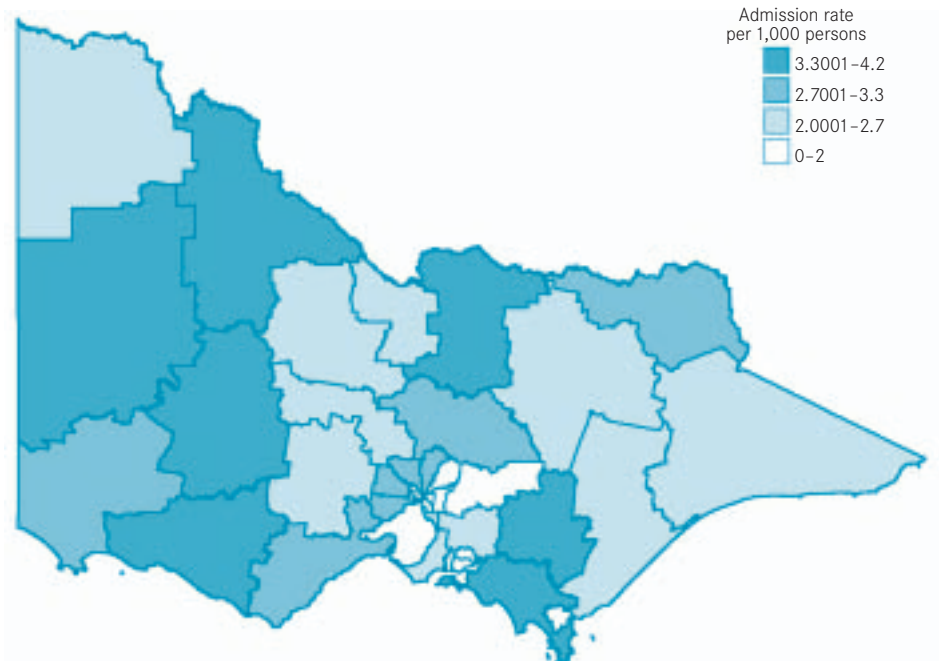


2.3.3 Angina admission rates and rate ratios by regions and Primary Care Partnerships, 2001-02

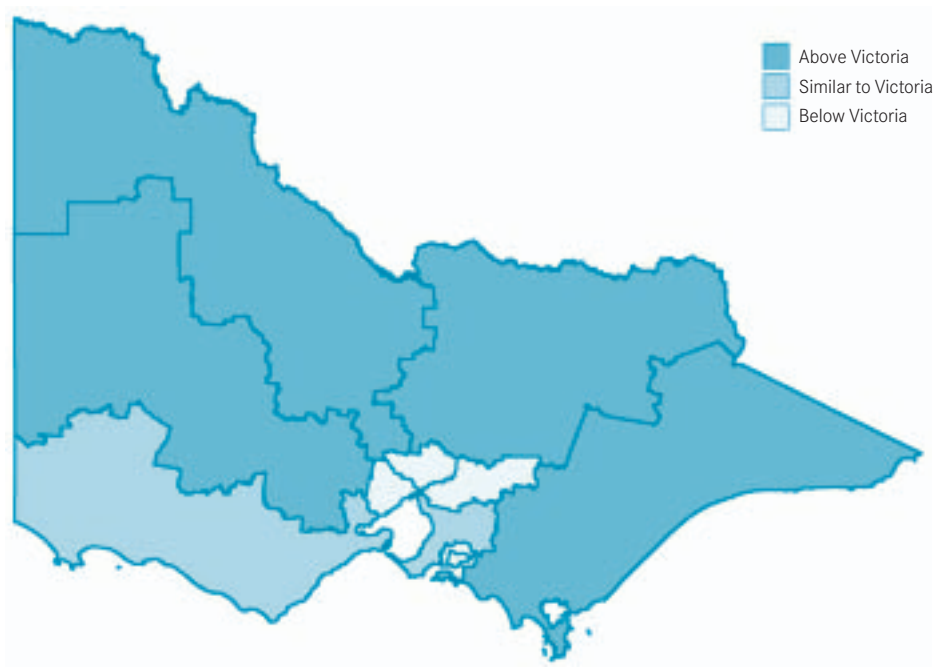
Map 3a Angina admission rates per 1,000 persons by regions, 2001-02



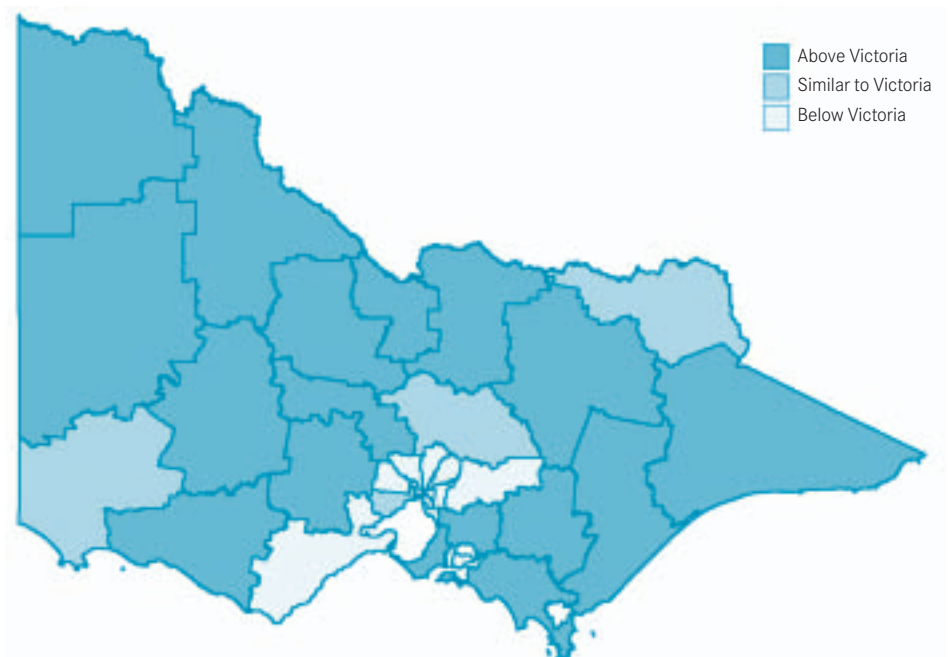
Map 3b Angina admission rates per 1,000 persons by Primary Care Partnerships, 2001-02



Map 3c Angina admission rate ratios by regions, 2001-02

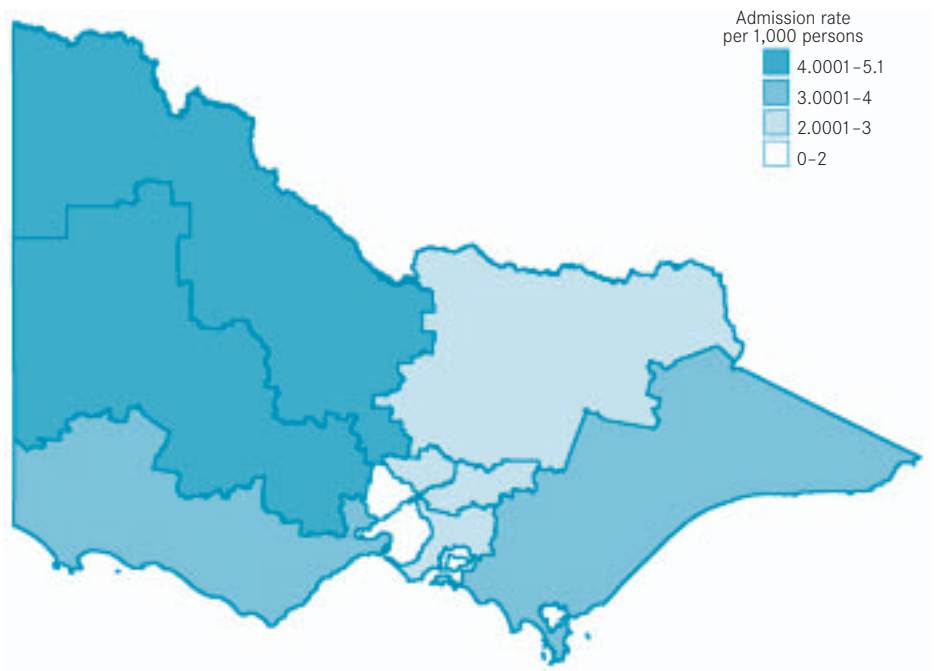


Map 3d Angina admission rate ratios by Primary Care Partnerships, 2001-02

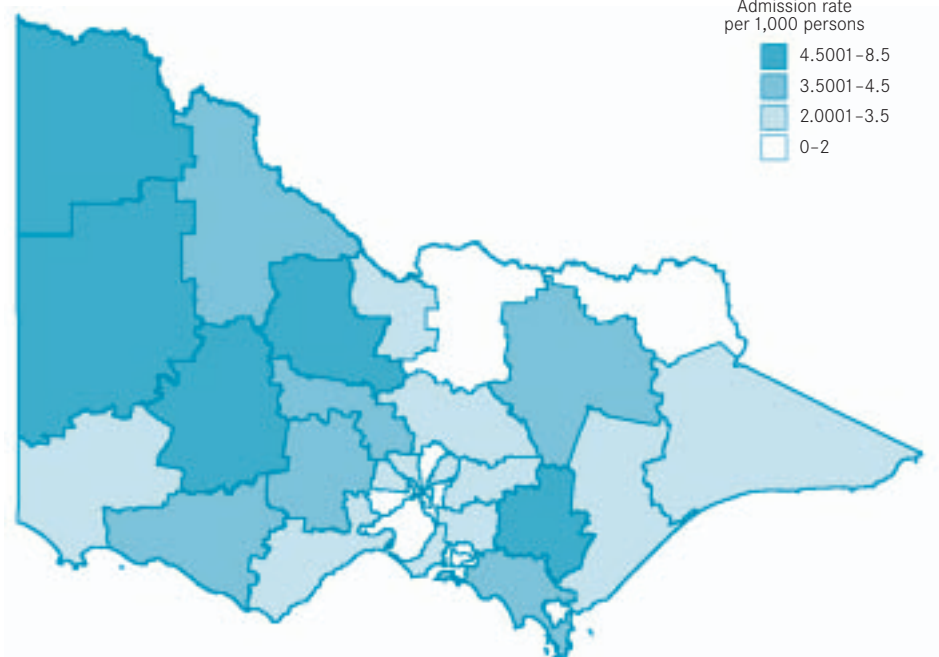


2.3.4 Dental conditions admission rates and rate ratios by regions and Primary Care Partnerships, 2001–02

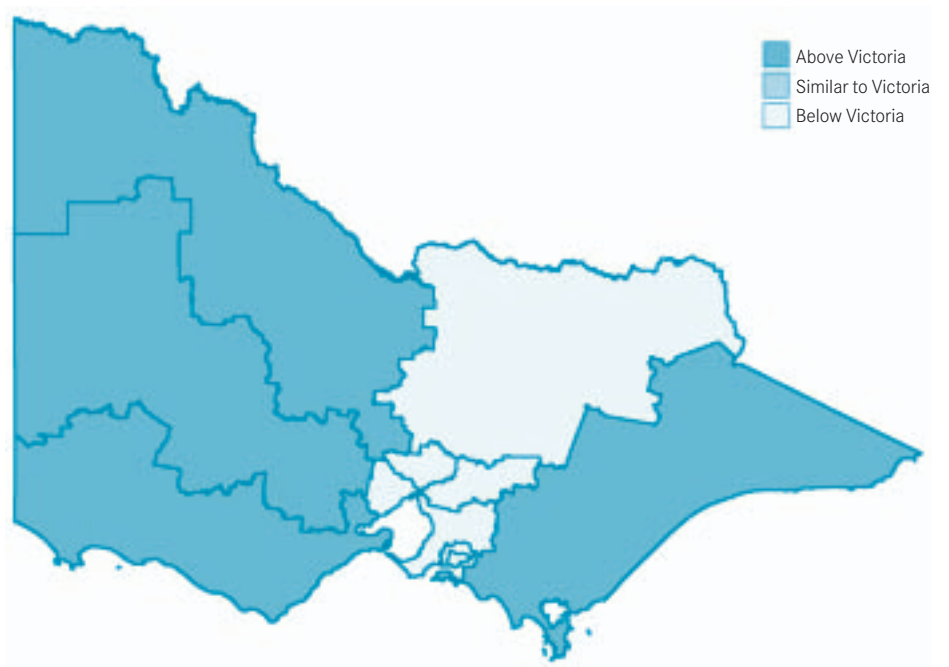
Map 4a Dental conditions admission rates per 1,000 persons by regions, 2001–02



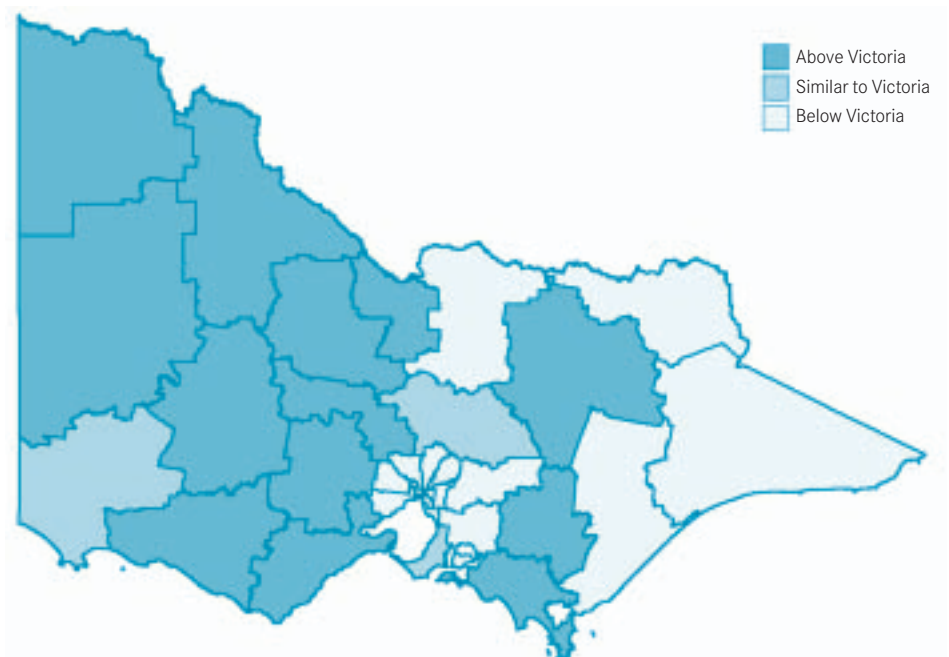
Map 4b Dental conditions admission rates per 1,000 persons by Primary Care Partnerships, 2001–02



Map 4c Dental conditions admission rate ratios by regions, 2001-02

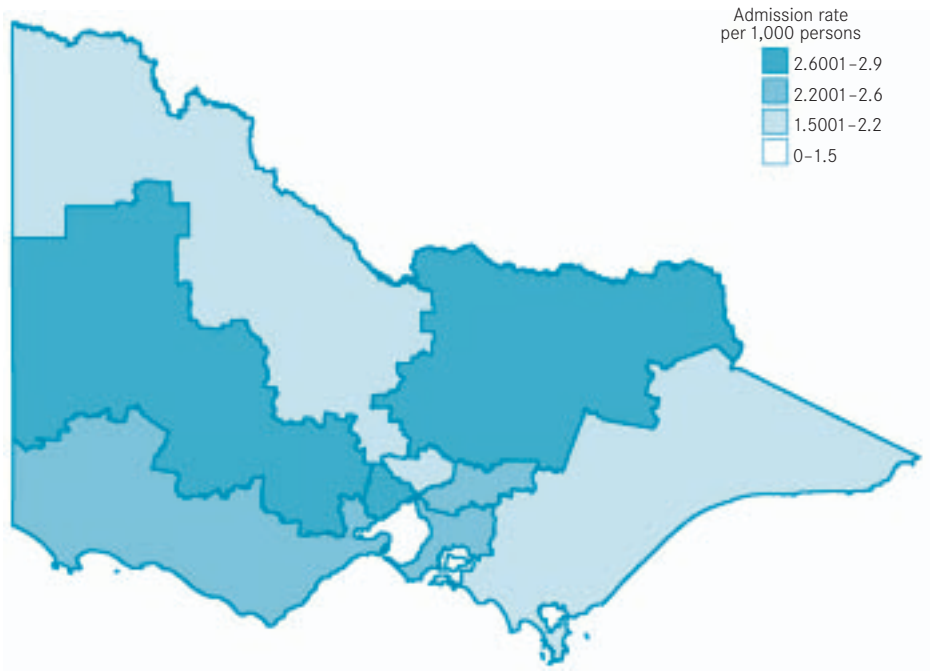


Map 4d Dental conditions admission rate ratios by Primary Care Partnerships, 2001-02

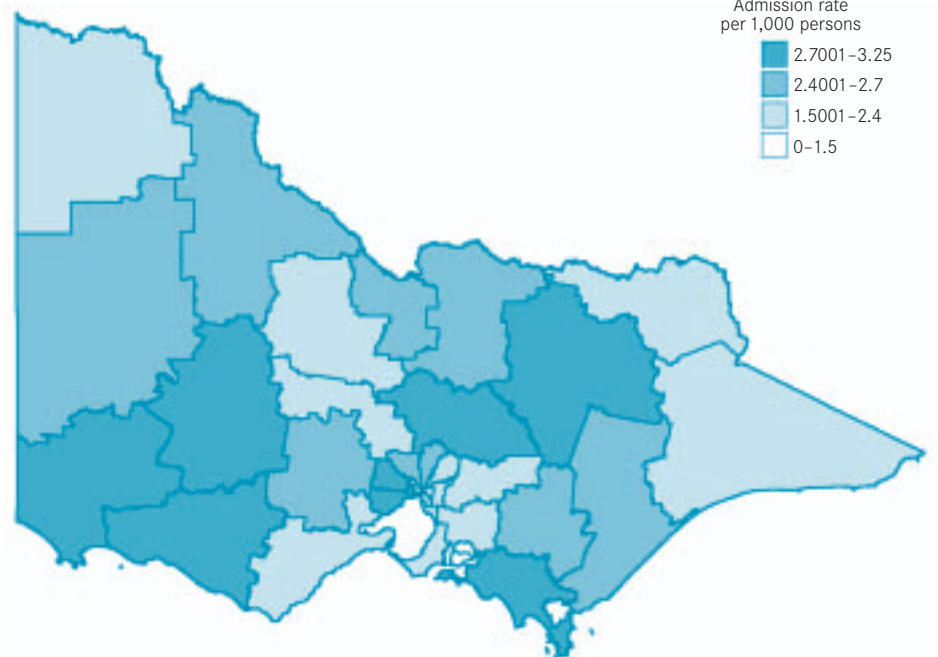


2.3.5 Congestive cardiac failure admission rates and rate ratios by regions and Primary Care Partnerships, 2001-02

Map 5a Congestive cardiac failure admission rates per 1,000 persons by regions, 2001-02



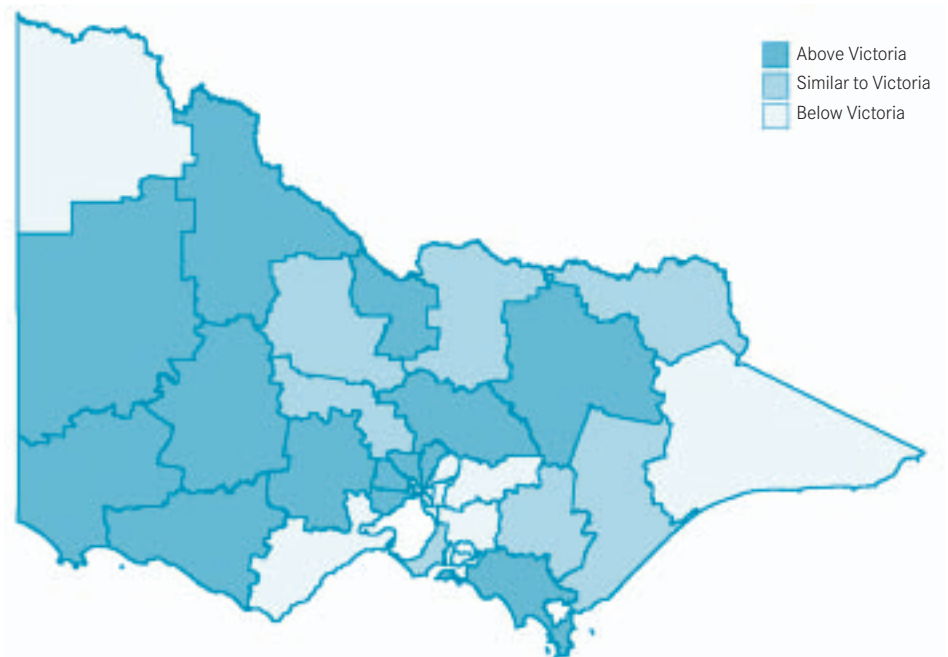
Map 5b Congestive cardiac failure admission rates per 1,000 persons by Primary Care Partnerships, 2001-02



Map 5c Congestive cardiac failure admission rate ratios by regions, 2001-02

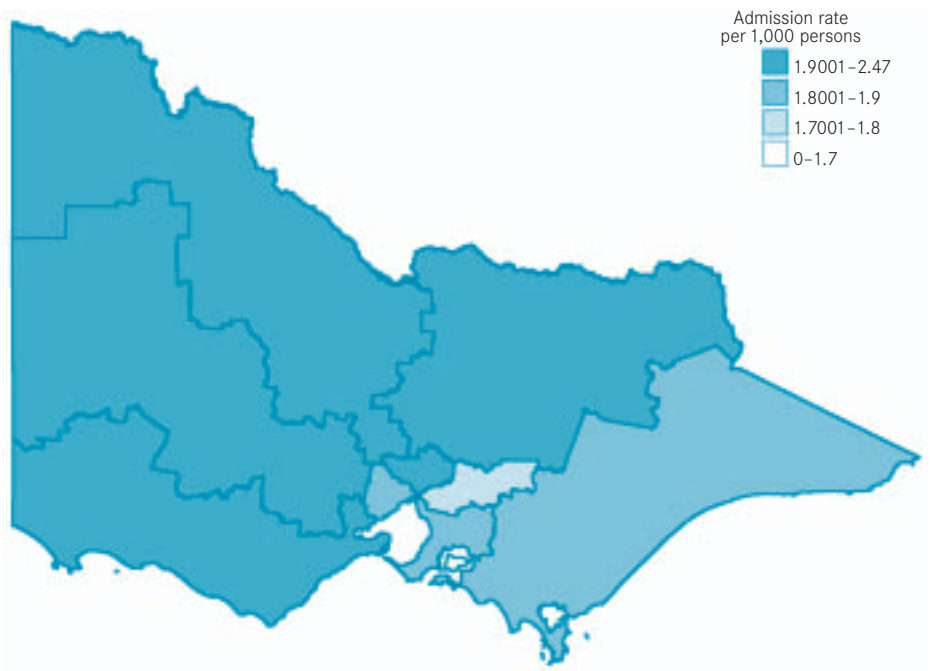


Map 5d Congestive cardiac failure admission rate ratios by Primary Care Partnerships, 2001-02

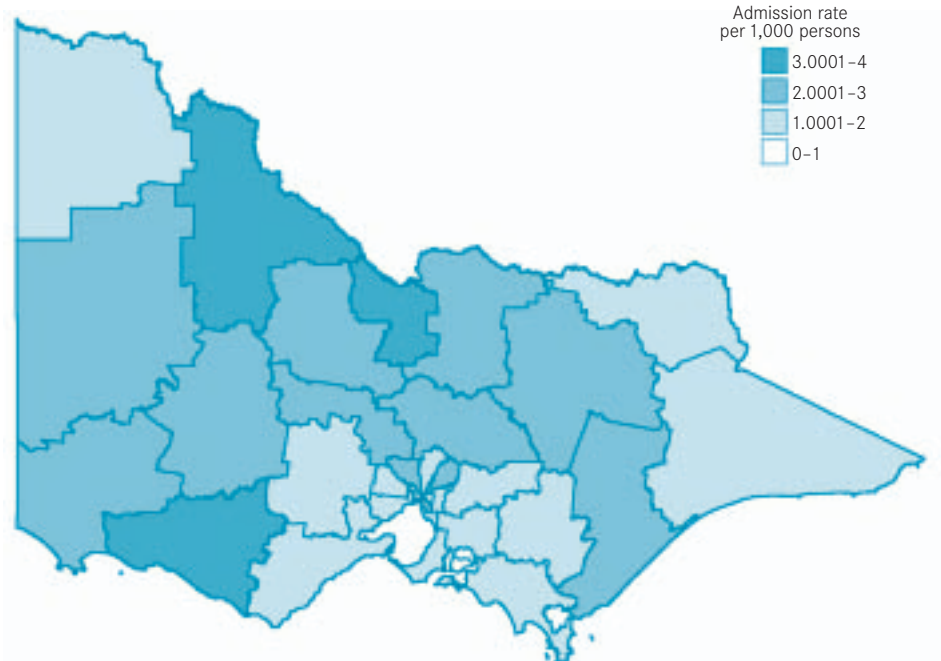


2.3.6 Dehydration and gastroenteritis admission rates and rate ratios by regions and Primary Care Partnerships, 2001–02

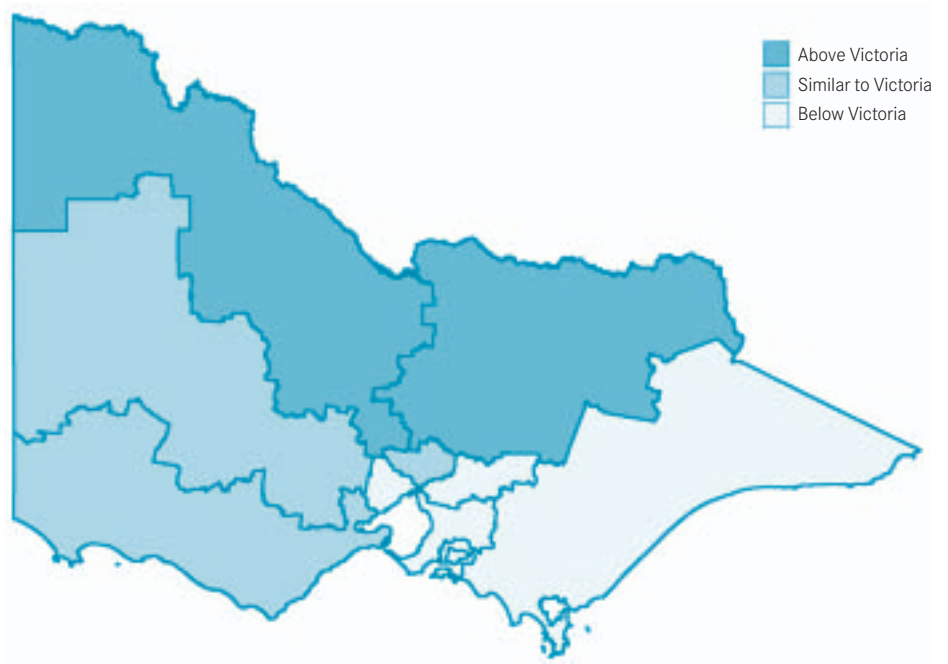
Map 6a Dehydration and gastroenteritis admission rates per 1,000 persons by regions, 2001–02



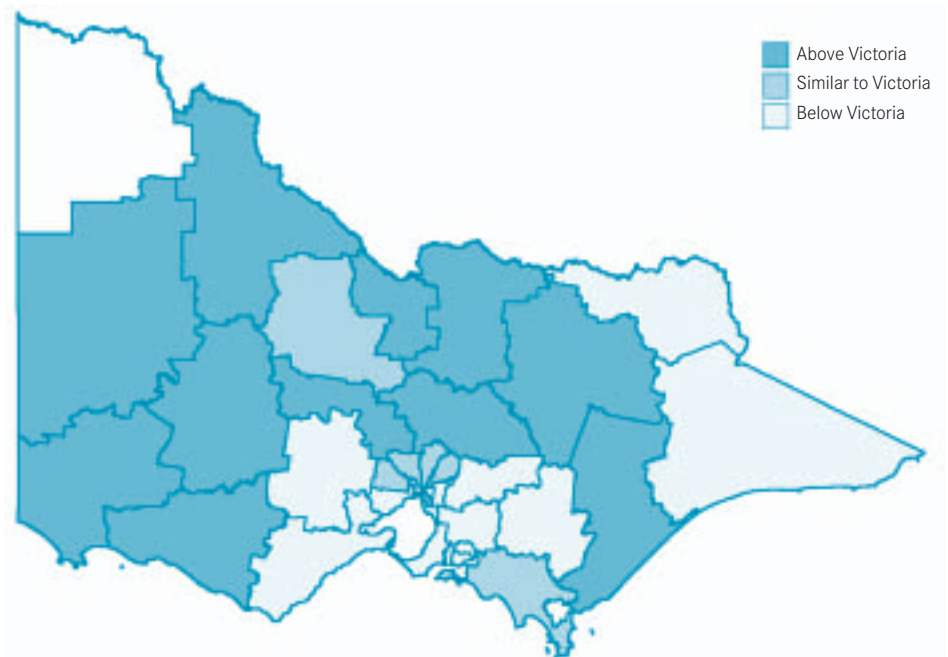
Map 6b Dehydration and gastroenteritis admission rates per 1,000 persons by Primary Care Partnerships, 2001–02



Map 6c Dehydration and gastroenteritis admission rate ratios by regions, 2001-02

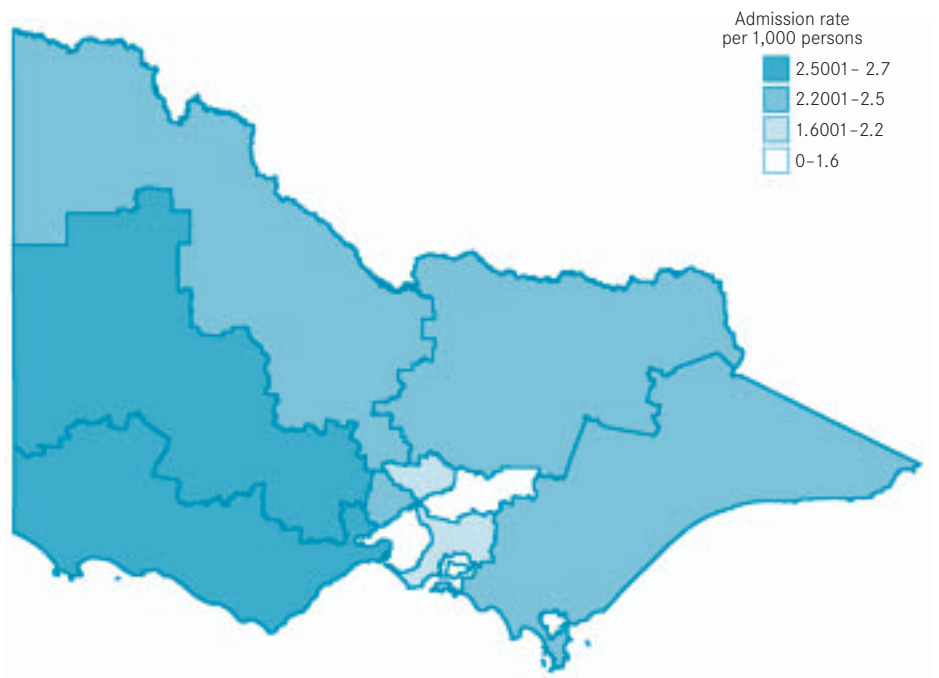


Map 6d Dehydration and gastroenteritis admission rate ratios by Primary Care Partnerships, 2001-02

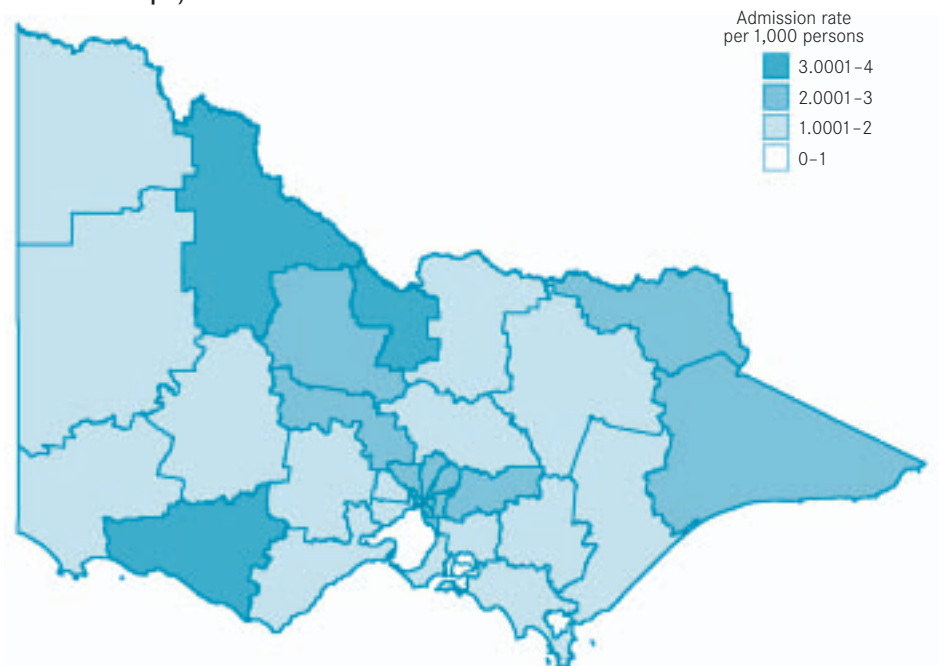


2.3.7 Asthma admission rates and rate ratios by regions and Primary Care Partnerships, 2001-02

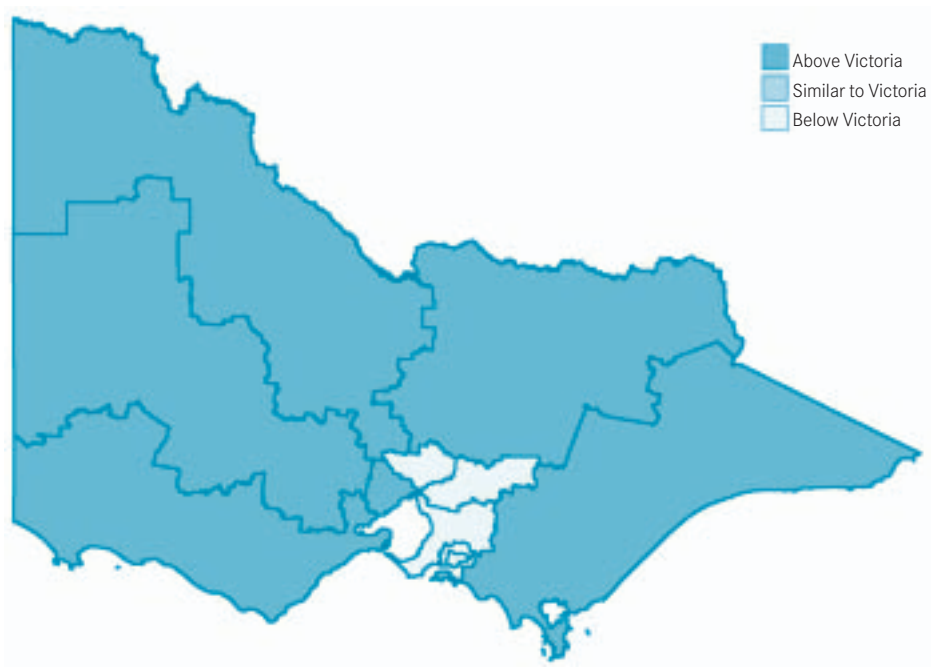
Map 7a Asthma admission rates per 1,000 persons by regions, 2001-02



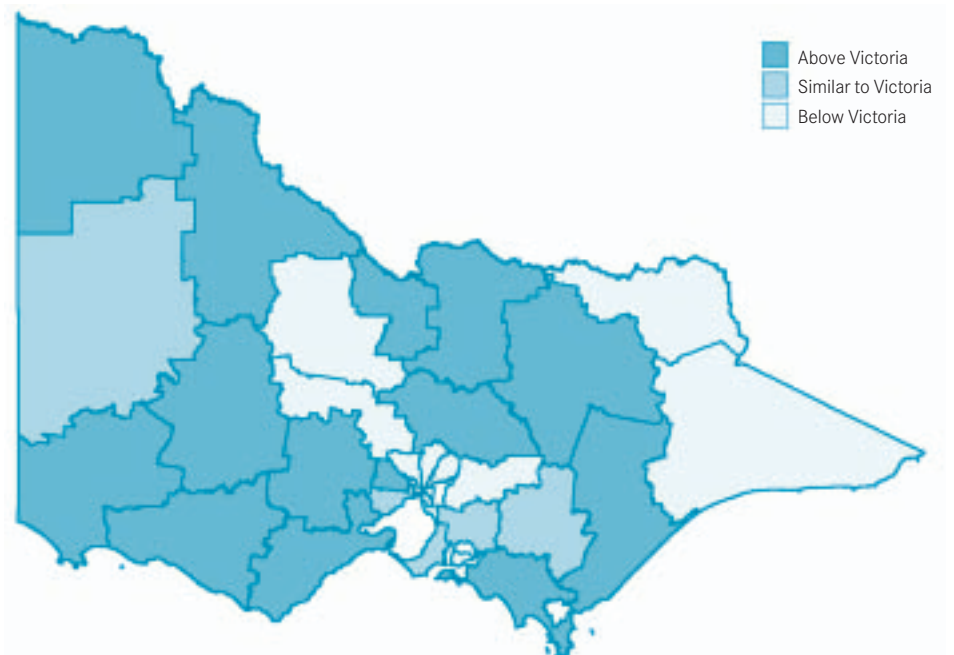
Map 7b Asthma admission rates per 1,000 persons by Primary Care Partnerships, 2001-02



Map 7c Asthma admission rate ratios by regions, 2001–02

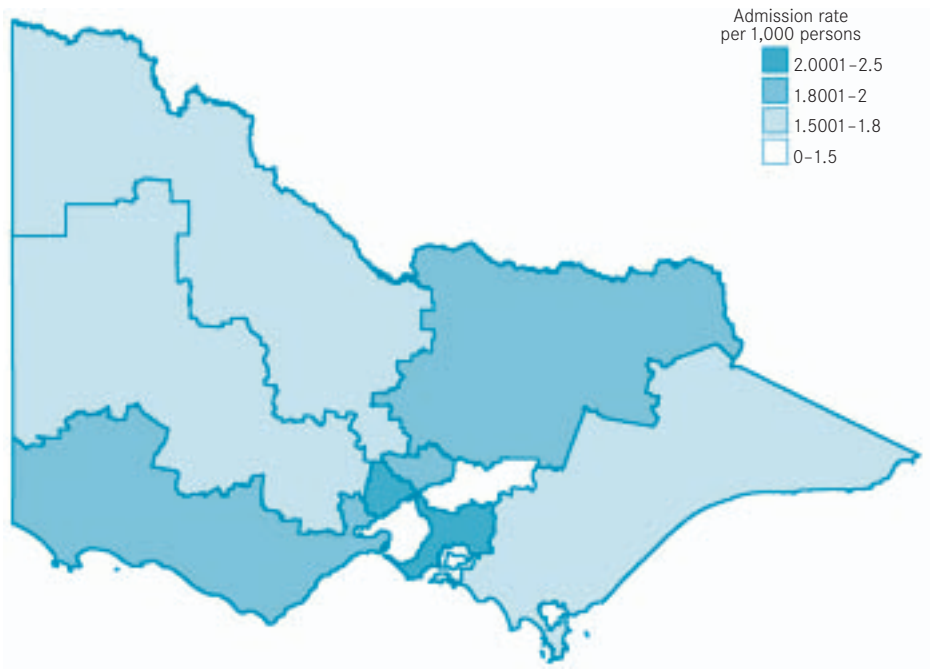


Map 7d Asthma admission rate ratios by Primary Care Partnerships, 2001–02

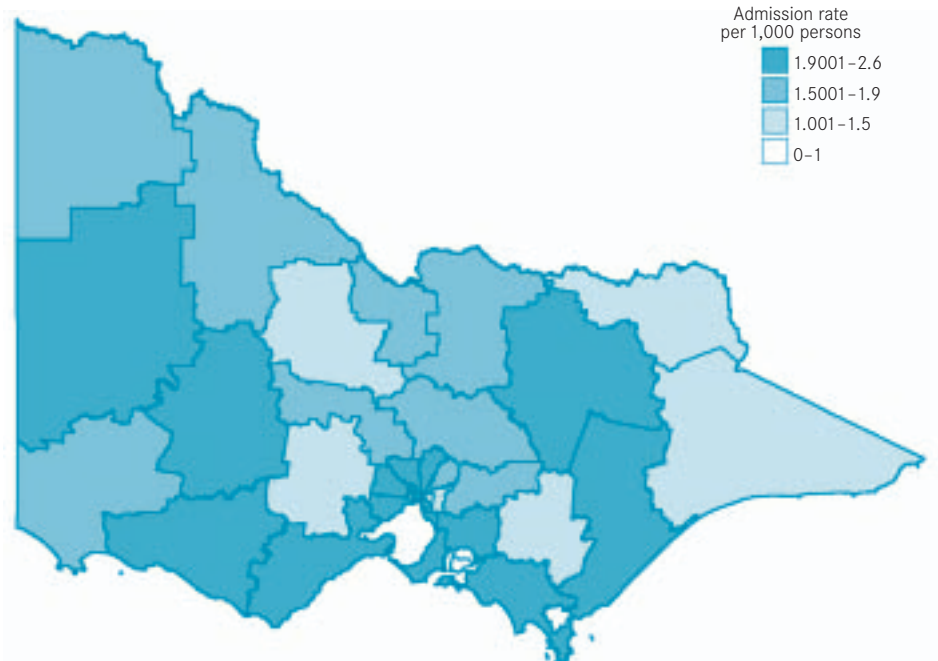


2.3.8 Pyelonephritis admission rates and rate ratios by regions and Primary Care Partnerships, 2001-02

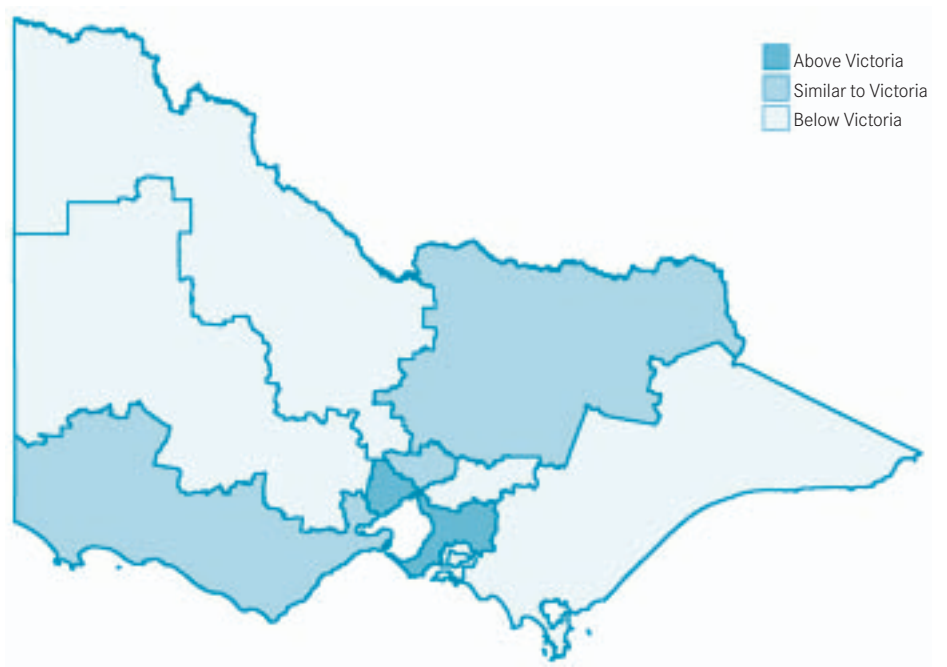
Map 8a Pyelonephritis admission rates per 1,000 persons by regions, 2001-02



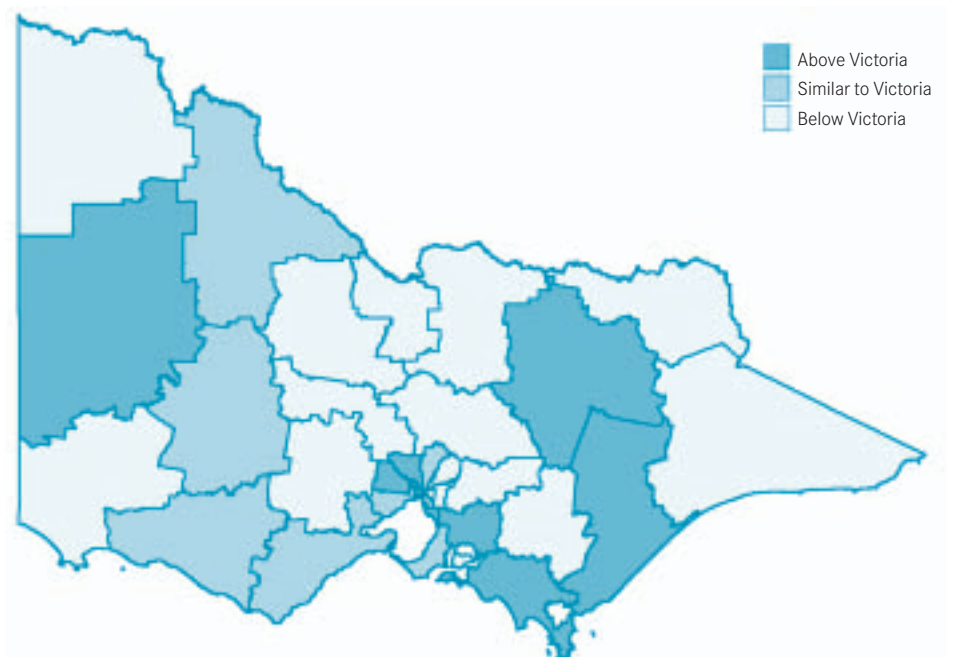
Map 8b Pyelonephritis admission rates per 1,000 persons by Primary Care Partnerships, 2001-02



Map 8c Pyelonephritis admission rate ratios by regions, 2001–02

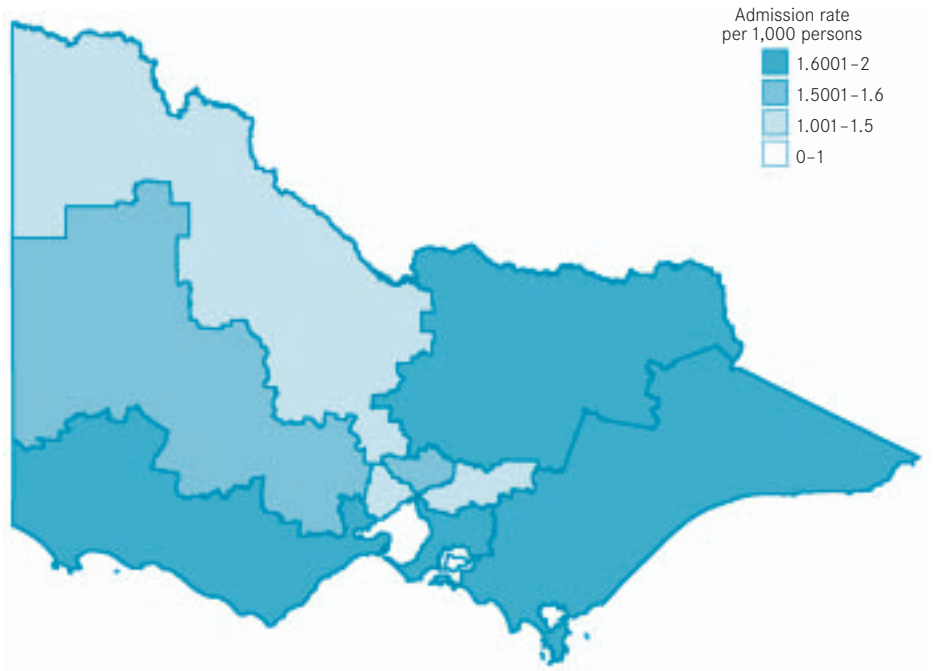


Map 8d Pyelonephritis admission rate ratios by Primary Care Partnerships, 2001–02

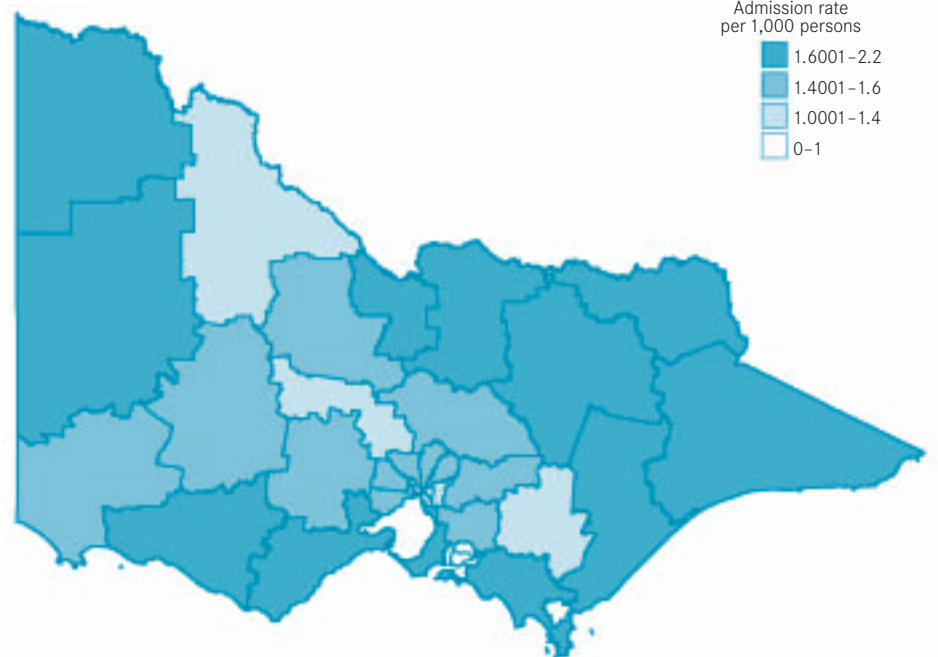


2.3.9 Convulsions and epilepsy admission rates and rate ratios by regions and Primary Care Partnerships, 2001-02

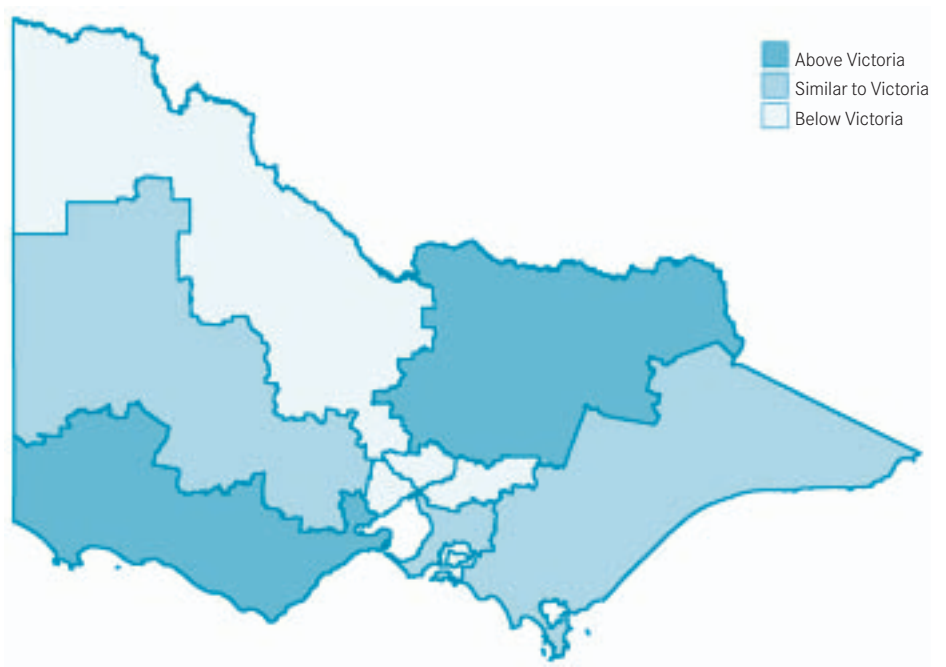
Map 9a Convulsions and epilepsy admission rates per 1,000 persons by regions, 2001-02



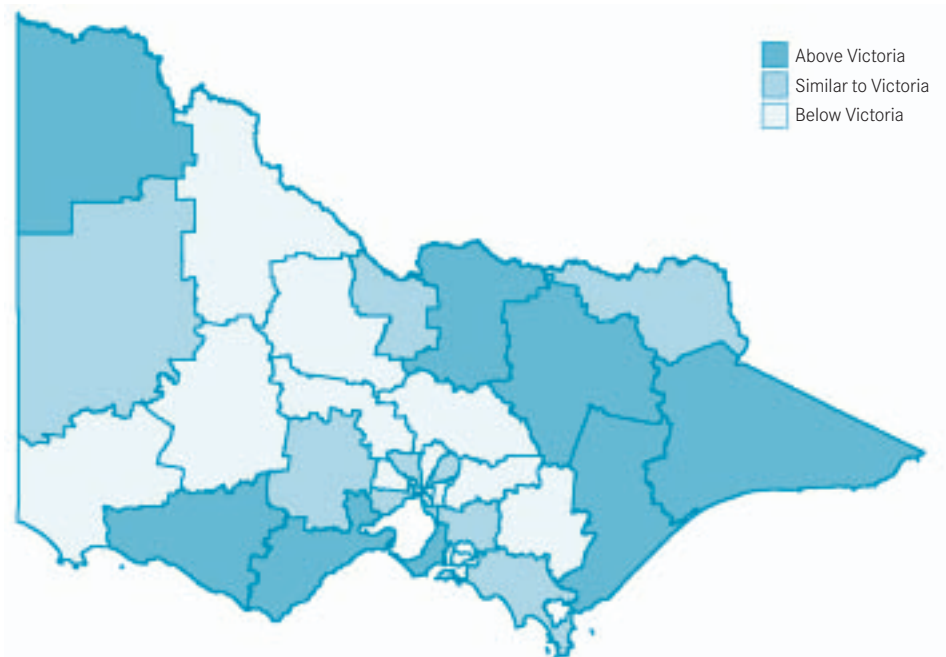
Map 9b Convulsions and epilepsy admission rates per 1,000 persons by Primary Care Partnerships, 2001-02



Map 9c Convulsions and epilepsy admission rate ratios by regions, 2001-02

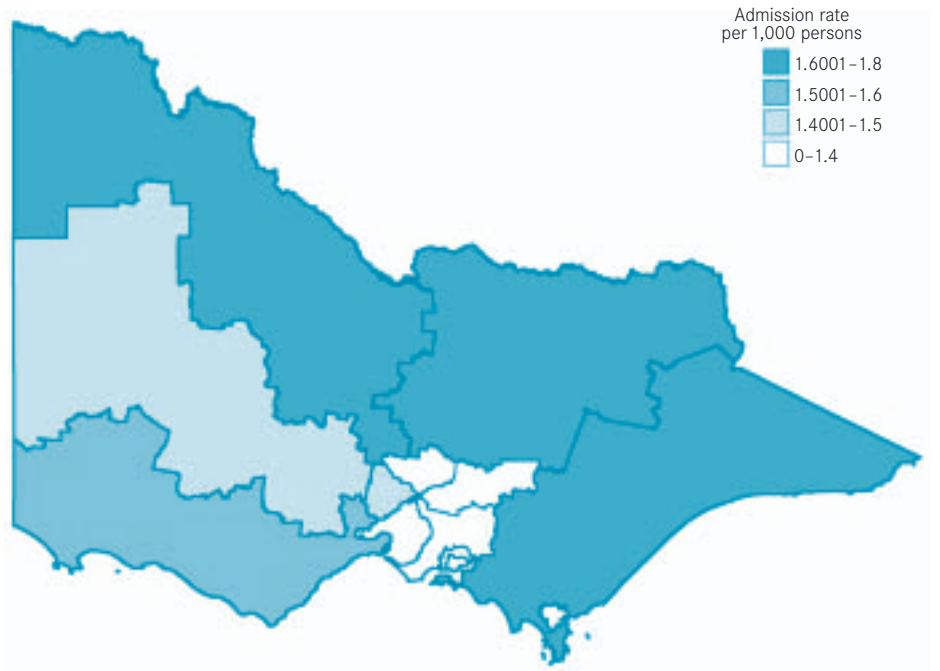


Map 9d Convulsions and epilepsy admission rate ratios by Primary Care Partnerships, 2001-02

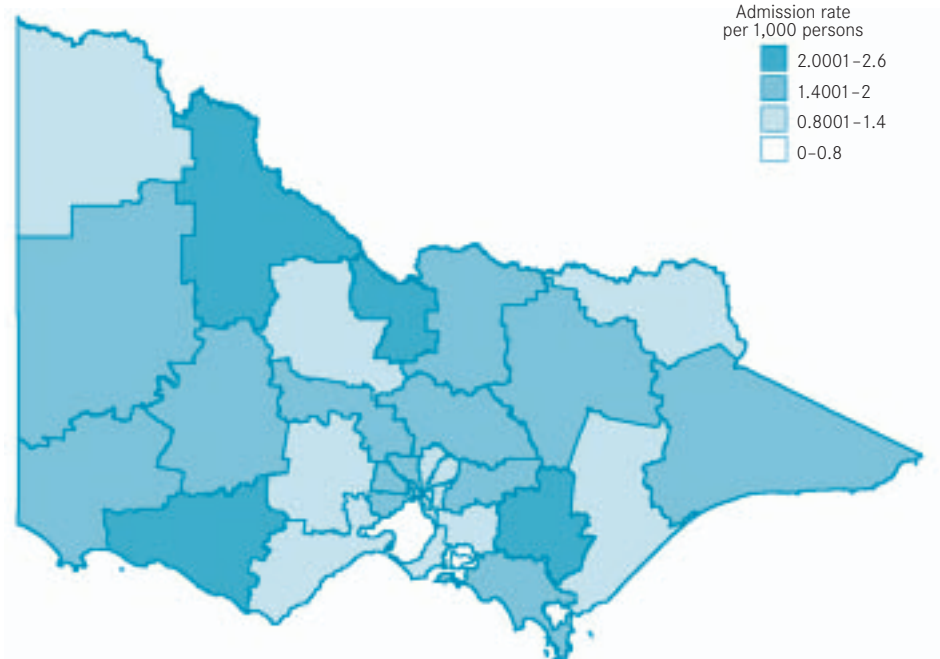


2.3.10 Cellulitis admission rates and rate ratios by regions and Primary Care Partnerships, 2001–02

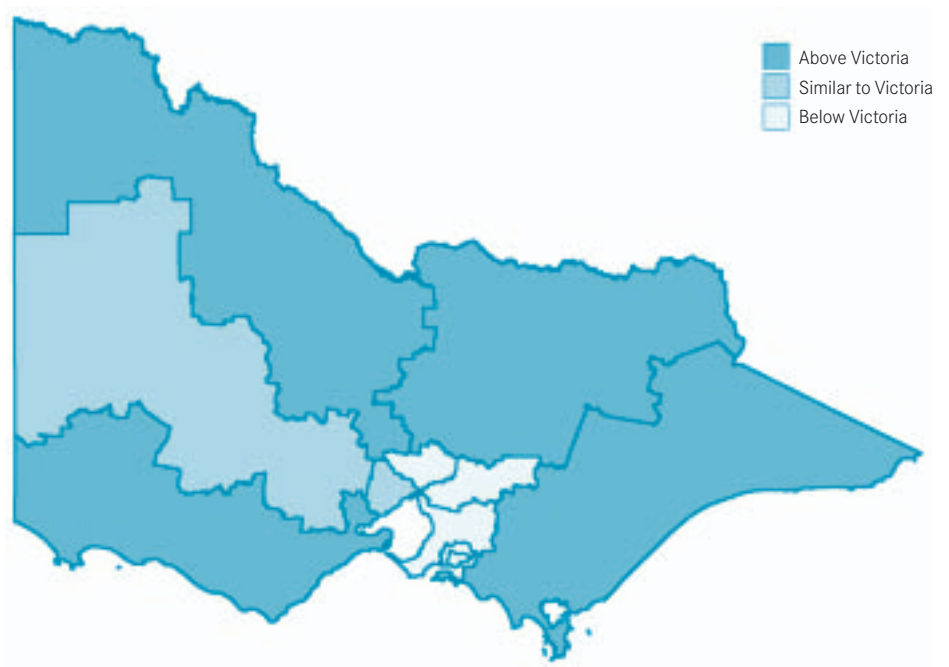
Map 10a Cellulitis admission rates per 1,000 persons by regions, 2001–02



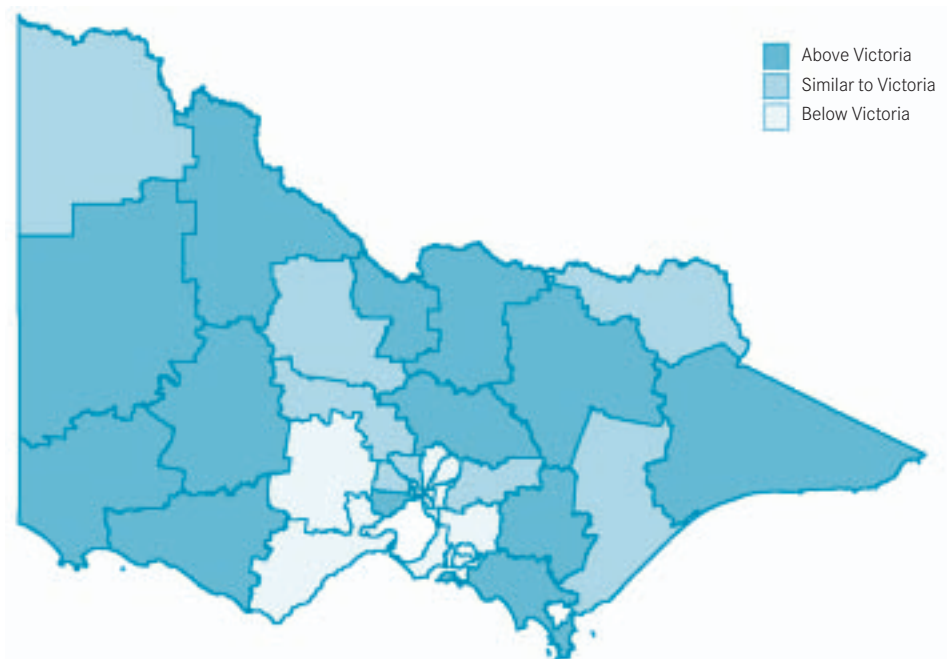
Map 10b Cellulitis admission rates per 1,000 persons by Primary Care Partnerships, 2001–02



Map 10c Cellulitis admission rate ratios by regions, 2001-02



Map 10d Cellulitis admission rate ratios by Primary Care Partnerships, 2001-02



3 Ambulatory Care Sensitive Conditions admissions, 2001–02, regional analyses

3.1 Barwon South West Region

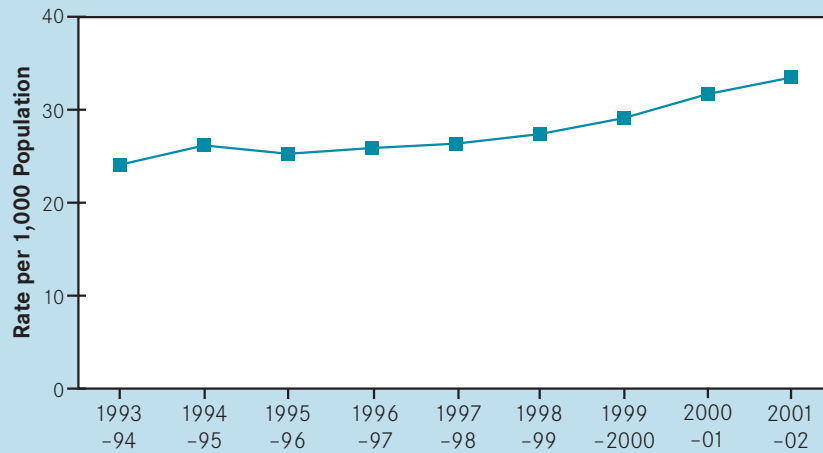
3.1.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 12,529 admissions for total ACSCs in 2001–02, with an average of 5.12 bed days. The admission rate for total ACSCs increased from 24.09 per 1,000 persons (23.57–24.62) in 1993–94 to 33.47 per 1,000 persons (32.89–34.06) in 2001–02.

3.1.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s admission rate ratios for total ACSCs declined between 1993–94 and 2001–02, but remained significantly higher than the Victorian averages.

Figure 2: ACSCs admission rates, Barwon South West Region, 1993–94 to 2001–02



3.1.3 Top ten individual ACSCs admissions, 2001–02

Table 2 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. In addition to including chronic ACSCs, the top five also includes dental admissions. The top ten ACSCs accounted for 91.03 per cent of

the total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 5.09 in 2001–02.

3.1.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

The region’s admission rate ratios were significantly lower than the Victorian average for diabetes complications and congestive cardiac failure in 2001–02 (figure 4). Ear, nose and throat infections accounted for the region’s highest admission rate ratio, which was 1.45 (1.39–1.51).

Figure 3: Total ACSCs admission rate ratios, Barwon South West Region (Victoria=1), 1993–94 to 2001–02.

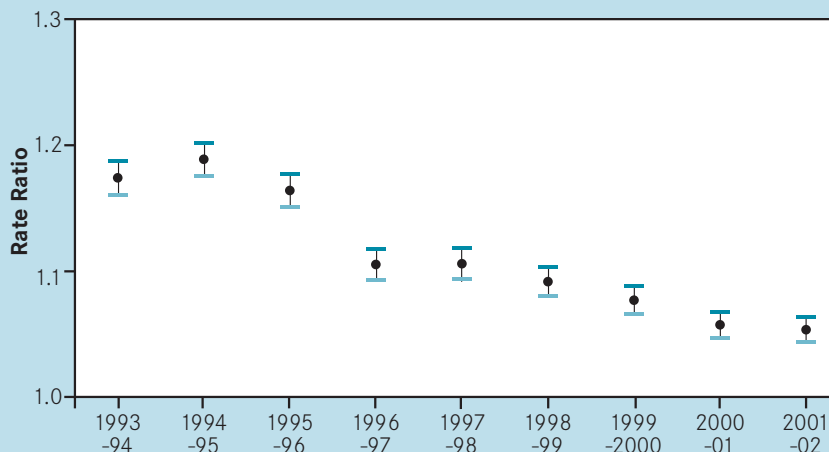


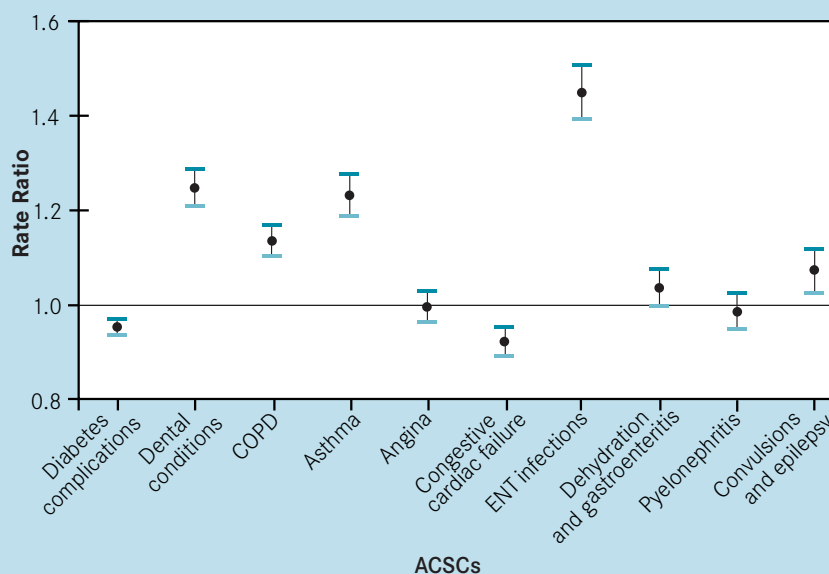
Table 2: Top ten ACSCs in region 1 – Barwon South West, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	3,488	8.75	8.47	9.05	6.93	24,187
Dental conditions	1,097	3.38	3.18	3.58	1.21	1,324
COPD	1,280	3.07	2.91	3.24	8.47	10,841
Asthma	843	2.56	2.39	2.74	2.54	2,143
Angina	1,018	2.43	2.29	2.59	3.06	3,112
Congestive cardiac failure	959	2.19	2.05	2.33	8.67	8,310
ENT infections	691	2.19	2.03	2.36	1.73	1,198
Dehydration and gastroenteritis	756	2.13	1.98	2.29	2.79	2,113
Pyelonephritis	708	1.89	1.76	2.04	4.48	3,173
Convulsions and epilepsy	565	1.72	1.58	1.87	3.01	1,698

3.1.5 Key findings—Barwon South West Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were much closer to the Victorian average in 2001–02 than in 1993–94.
- In addition to including chronic conditions, the top five ACSCs also included dental admissions.
- The region's admission rate ratios for diabetes complications and congestive cardiac failure were significantly lower than the Victorian averages in 2001–02.

Figure 4: Top ten ACSCs admission rate ratios, Barwon South West Region (Victoria=1), 2001–02



3.2 Grampians Region

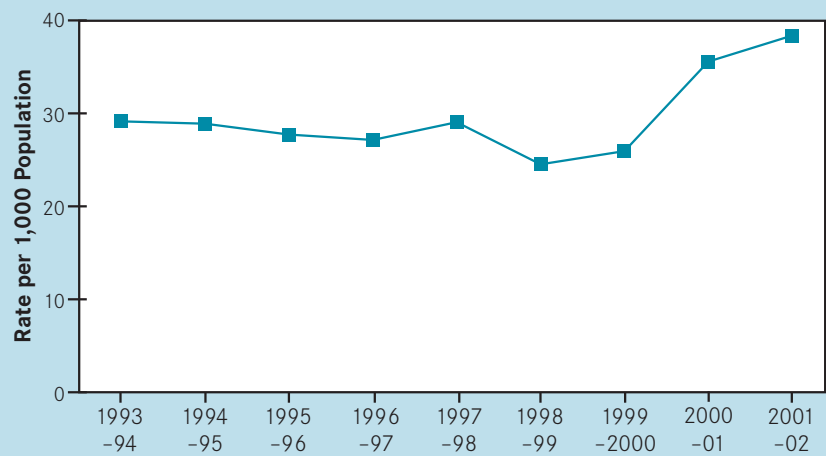
3.2.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 8,636 admissions for total ACSCs in 2001–02, with an average of 4.76 bed days. The admission rate for total ACSCs increased from 29.14 per 1,000 persons (28.41–29.87) in 1993–94 to 38.37 per 1,000 persons (37.57–39.19) in 2001–02 (figure 5).

3.2.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s admission rate ratios for total ACSCs were consistently above the Victorian averages except in 1998–99 (figure 6).

Figure 5: ACSCs admission rates, Grampians Region, 1993–95 to 2001–02



3.2.3 Top ten individual ACSCs admissions, 2001–02

Table 3 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. In addition to including chronic ACSCs, the top five

also includes dental admissions. The top ten ACSCs accounted for 91.52 per cent of the total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 4.67 in 2001–02.

3.2.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

Admission rate ratios were significantly higher than the Victorian averages in 2001–02 for diabetes complications, dental conditions, chronic obstructive pulmonary disease, asthma, angina, and congestive cardiac failure (figure 7). The admission rate ratio for pyelonephritis was significantly below the Victorian average.

Figure 6: Total ACSCs admission rate ratios, Grampians Region (Victoria=1), 1993–94 to 2001–02

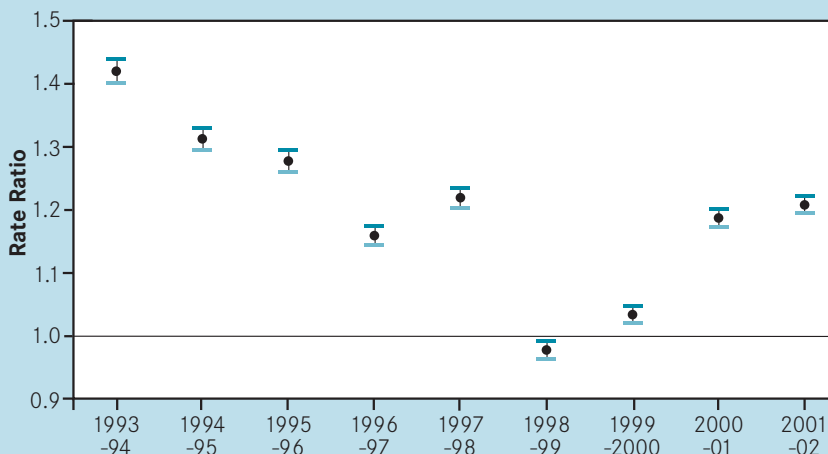


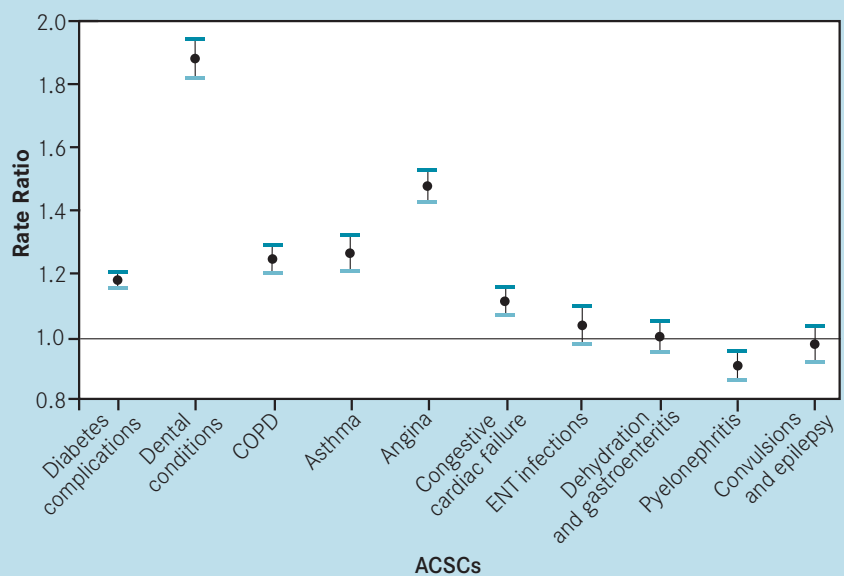
Table 3: Top ten ACSCs in region 2 – Grampians Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,530	10.82	10.41	11.25	5.46	13,811
Dental conditions	1,013	5.09	4.79	5.42	1.04	1,051
Angina	881	3.61	3.38	3.85	3.17	2,791
COPD	820	3.37	3.15	3.61	7.28	5,969
Congestive cardiac failure	680	2.64	2.45	2.84	9.98	6,786
Asthma	528	2.62	2.41	2.86	2.69	1,419
Dehydration and gastroenteritis	441	2.05	1.87	2.25	3.46	1,526
Pyelonephritis	391	1.74	1.57	1.92	5.57	2,178
Convulsions and epilepsy	312	1.56	1.40	1.75	2.57	802
ENT infections	308	1.56	1.40	1.75	1.99	614

3.2.5 Key findings–Grampians Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were consistently above the Victorian averages except in 1998–99.
- Chronic ACSCs and dental admissions were the leading causes of admissions in the region.
- Dental conditions had the highest admission rate ratio, which was 1.88 (1.82–1.94).
- The region's admission rate ratios in 2001–02 were significantly higher than the Victorian averages for diabetes complications, dental conditions, chronic obstructive pulmonary disease, asthma, angina, and congestive cardiac failure, and significantly lower for pyelonephritis.

Figure 7: Top ten admission rate ratios, Grampians Region (Victoria=1), 2001–02



3.3 Loddon-Mallee Region

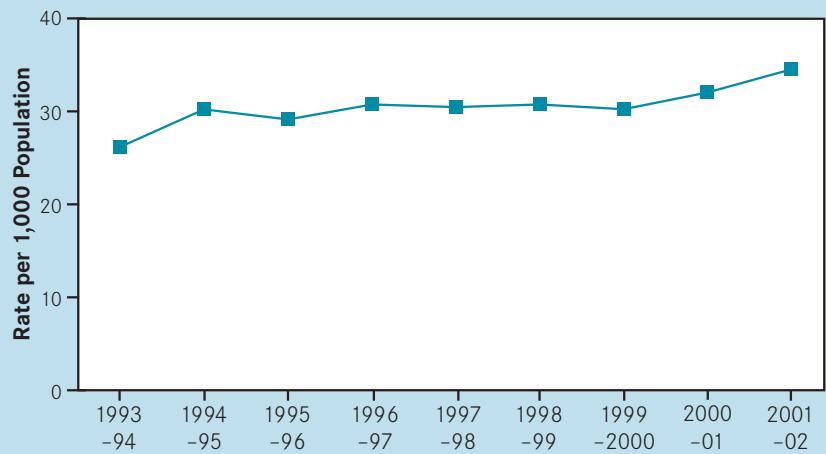
3.3.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 10,906 admissions for total ACSCs, in 2001–02, with an average of 4.95 bed days. The admission rate for total ACSCs increased from 26.18 per 1,000 persons (25.59–26.77) in 1993–94 to 34.52 per 1,000 persons (33.88–35.17) in 2001–02 (figure 8).

3.3.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The admission rate ratios for ACSCs showed a significant decline from 1.27 (1.26–1.29) in 1993–94 to 1.09 (1.08–1.10) in 2001–02. The region’s admission rate ratios were still significantly higher than the Victorian averages over the entire period (figure 9).

Figure 8: ACSCs admission rates, Loddon-Mallee Region, 1993–94 to 2001–02



3.3.3 Top ten individual ACSCs admissions, 2001–02

Table 4 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs and dental conditions were the leading causes of admissions in 2001–02. The top ten ACSCs accounted for 90.08 per cent of the total ACSCs admissions in

the region. The average bed days for the top ten ACSCs was 5.12 in 2001–02.

3.3.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

Dental conditions accounted for the region’s highest admission rate ratio, which was 1.60 (1.55–1.65) (figure 10). The admission rate ratios for diabetes complications and pyelonephritis were significantly below the Victorian average.

Figure 9: Total ACSCs admission rate ratios for Loddon-Mallee Region (Victoria=1), 1993–94 to 2001–02

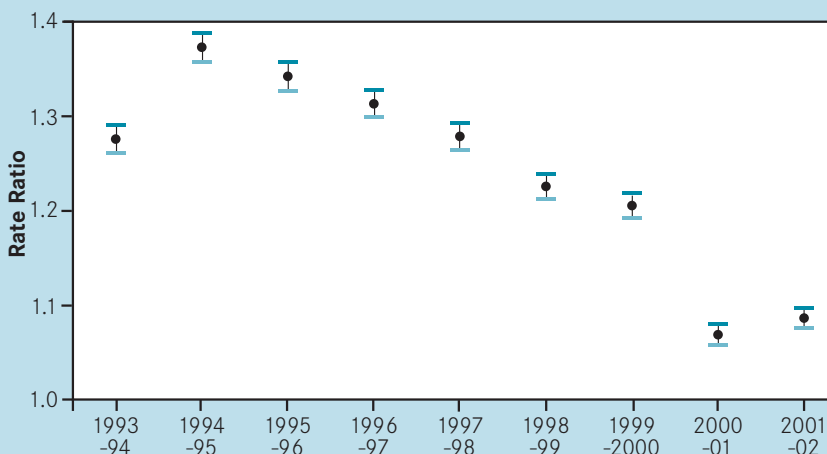


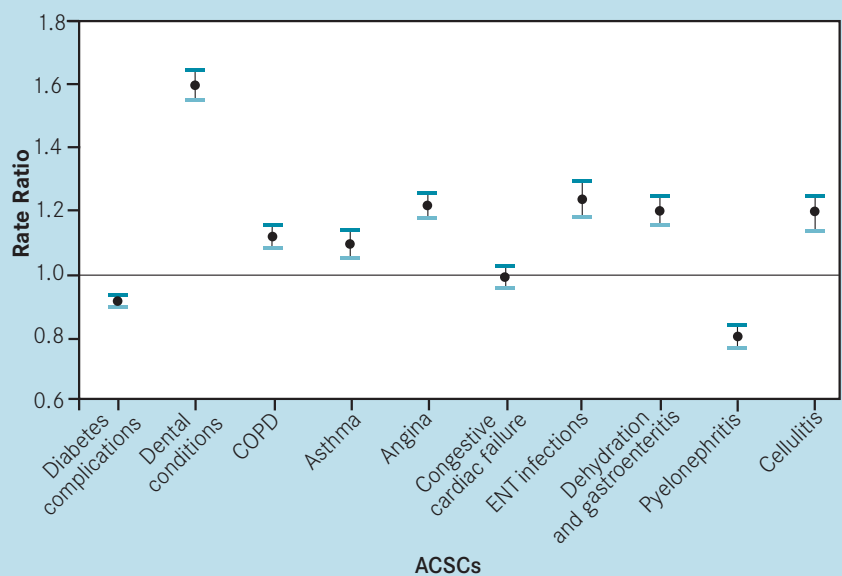
Table 4: Top ten ACSCs in region 3 – Loddon-Mallee Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,776	8.37	8.07	8.69	7.48	20,760
Dental conditions	1,222	4.32	4.09	4.57	1.05	1,281
COPD	1,037	3.02	2.84	3.21	6.84	7,092
Angina	1,021	2.97	2.79	3.16	3.10	3,163
Dehydration and gastroenteritis	735	2.46	2.29	2.65	3.13	2,302
Congestive cardiac failure	850	2.34	2.19	2.51	8.70	7,393
Asthma	669	2.27	2.10	2.45	2.85	1,908
ENT infections	521	1.86	1.71	2.03	1.96	1,022
Cellulitis	509	1.66	1.52	1.81	5.95	3,029
Pyelonephritis	484	1.53	1.40	1.67	4.80	2,323

3.3.5 Key findings–Loddon-Mallee Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- Compared with Victorian averages, the region's total ACSCs admission rate ratios showed a significant decline during the same period.
- Chronic ACSCs and dental conditions were the leading causes of admissions in 2001–02.
- Dental conditions accounted for the highest admission rate ratio in 2001–02.
- The region's diabetes complications and pyelonephritis admission rate ratios were significantly below the Victorian average in 2001–02.

Figure 10: Top ten ACSCs admission rate ratios, Loddon-Mallee Region (Victoria=1), 2001–02



3.4 Hume Region

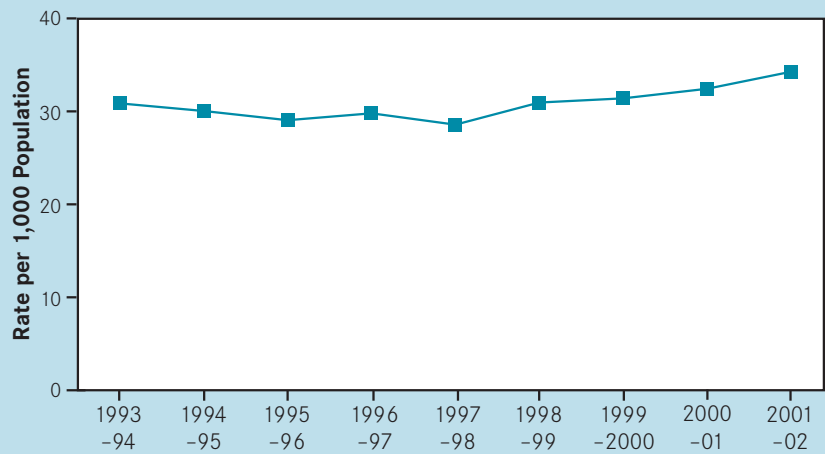
3.4.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 9,115 admissions for total ACSCs in 2001–02, with an average of 4.57 bed days. The admission rates for total ACSCs increased from 30.86 per 1,000 persons (30.16–31.56) in 1993–94 to 34.26 per 1,000 persons (33.56–34.97) in 2001–02 (figure 11).

3.4.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

Compared with Victorian averages, the region’s admission rate ratios for total ACSCs declined significantly over the nine year period (figure 12).

Figure 11: ACSCs admission rates, Hume Region, 1993–94 to 2001–02



3.4.3 Top ten individual ACSCs admissions, 2001–02

Table 5 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs were the leading causes of admissions in 2001–02. The top ten ACSCs

accounted for 88.60 per cent of total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 4.51 in 2001–02.

3.4.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

Chronic obstructive pulmonary disease, angina, and ear, nose and throat infections accounted for the region’s highest admission rate ratios (figure 13). The region’s admission rate ratio for diabetes complications and dental conditions were below the Victorian average in 2001–02.

Figure 12: Total ACSCs admission rate ratios, Hume Region (Victoria=1), 1993–94 to 2001–02

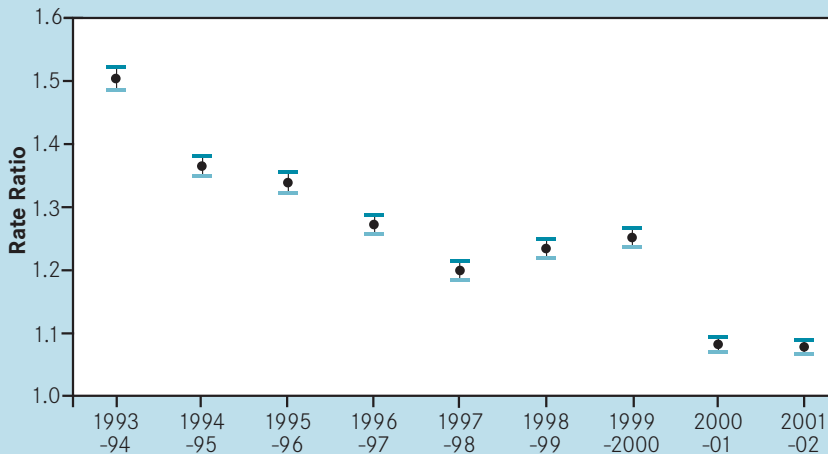


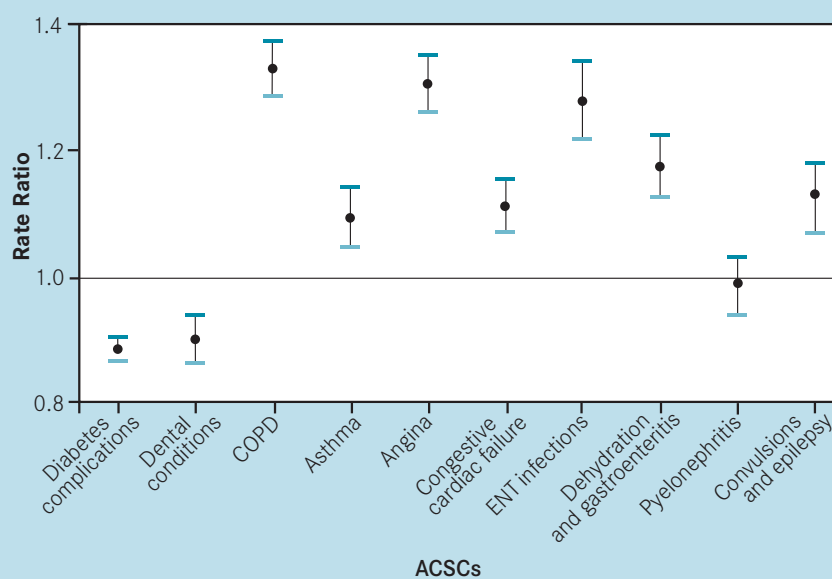
Table 5: Top ten ACSCs in region 4 – Hume Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,276	8.12	7.79	8.46	5.97	13,591
COPD	1,013	3.59	3.38	3.82	7.22	7,316
Angina	897	3.19	2.98	3.40	2.68	2,404
Congestive cardiac failure	756	2.64	2.45	2.83	7.42	5,607
Dental conditions	592	2.44	2.25	2.64	1.23	729
Dehydration and gastroenteritis	599	2.41	2.23	2.61	2.27	1,357
Asthma	559	2.27	2.09	2.46	2.65	1,484
ENT infections	459	1.93	1.76	2.11	1.74	800
Pyelonephritis	484	1.88	1.72	2.06	4.12	1,994
Convulsions and epilepsy	441	1.80	1.64	1.98	2.59	1,141

3.4.5 Key findings–Hume Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- There was a significant decline in the admission rate ratios of total ACSCs in the region over the nine year period.
- Chronic ACSCs were the leading causes of admissions in the region in 2001–02.
- Chronic obstructive pulmonary disease, angina, and ear, nose and throat infections accounted for the region's highest admission rate ratios in 2001–02.
- Diabetes complications accounted for the region's lowest admission rate ratio in 2001–02.

Figure 13: Top ten ACSCs admission rate ratios, Hume Region (Victoria=1), 2001–02



3.5 Gippsland Region

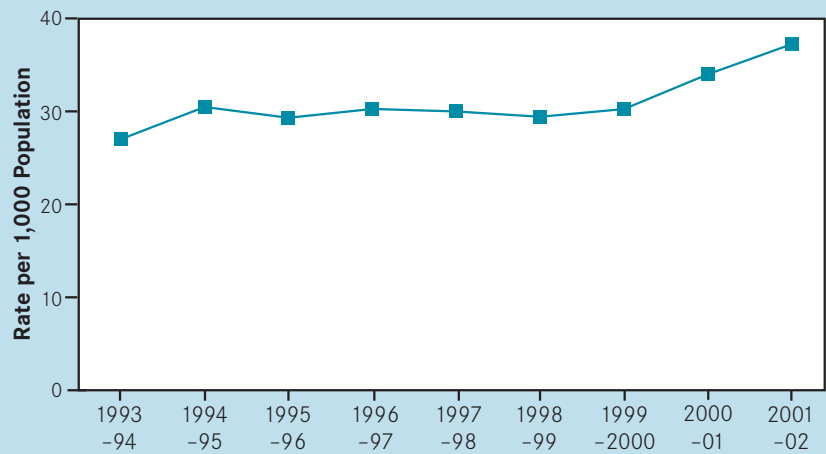
3.5.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 10,118 admissions for total ACSCs in 2001–02, with an average of 4.14 bed days. The admission rate for total ACSCs increased from 26.99 per 1,000 persons (26.33–27.65) in 1993–94 to 37.23 per 1,000 persons (36.51–37.96) in 2001–02 (figure 14).

3.5.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s admission rate ratios for total ACSCs declined between 1993–94 and 2001–02 but remained significantly higher than the Victorian averages (figure 15).

Figure 14: ACSCs admission rates, Gippsland Region, 1993–94 to 2001–02



3.5.3 Top ten individual ACSCs admissions, 2001–02

Table 6 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs and dental conditions were the leading

causes of admissions in 2001–02. The top ten ACSCs accounted for 92.33 per cent of total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 4.22 in 2001–02.

3.5.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

Dental conditions accounted for the region’s highest admission rate ratio, which was 1.45 (1.40–1.50) (figure 16).

Figure 15: Total ACSCs admission rate ratios, Gippsland Region (Victoria=1), 1993–94 to 2001–02

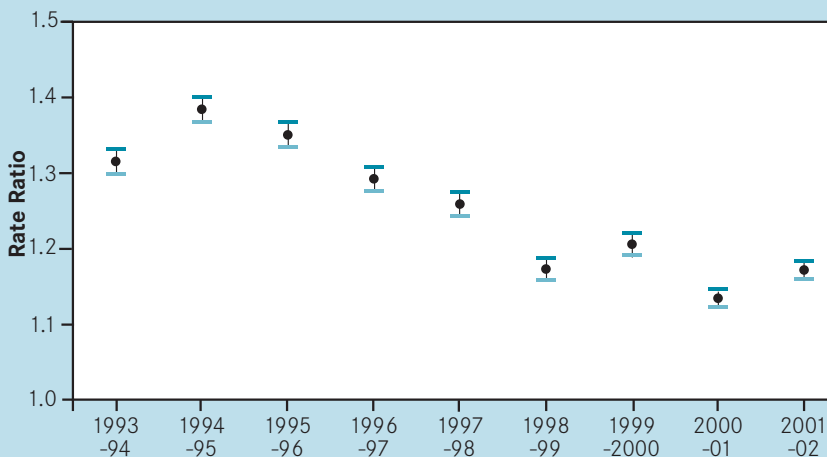


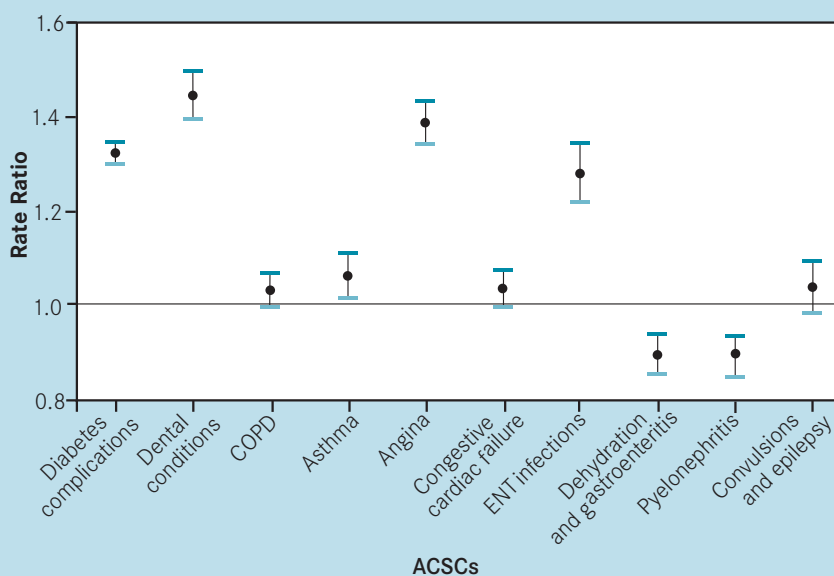
Table 6: Top ten ACSCs in region 5 – Gippsland, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	3,572	12.15	11.76	12.56	4.49	16,049
Dental conditions	882	3.91	3.66	4.18	1.06	937
Angina	1,008	3.39	3.19	3.61	2.74	2,760
COPD	846	2.80	2.61	2.99	6.74	5,704
Congestive cardiac failure	753	2.46	2.29	2.64	7.49	5,642
Asthma	515	2.21	2.03	2.41	2.51	1,294
Dehydration and gastroenteritis	470	1.84	1.68	2.02	2.77	1,301
Cellulitis	456	1.78	1.63	1.96	5.45	2,485
Pyelonephritis	455	1.71	1.56	1.88	4.63	2,108
Convulsions and epilepsy	385	1.67	1.51	1.84	2.94	1,131

3.5.5 Key findings–Gippsland Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were much closer to the Victorian averages in 2001–02 than in 1993–94.
- Chronic ACSCs and dental conditions were the leading causes of admissions in the region in 2001–02.
- Dental conditions accounted for the region's highest admission rate ratio in 2001–02.

Figure 16: Top ten ACSCs admission rate ratios, Gippsland Region (Victoria=1), 2001–02



3.6 Western Metropolitan Region

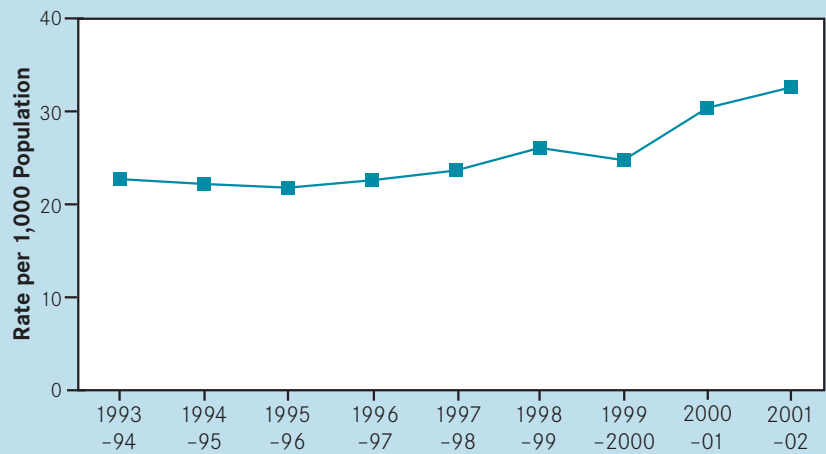
3.6.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 17,874 admissions for total ACSCs in 2001–02, with an average of 5.18 bed days. The admission rate of total ACSCs increased from 22.71 per 1,000 persons (22.29–23.12) in 1993–94 to 32.59 per 1,000 persons (32.12–33.07) in 2001–02 (figure 17).

3.6.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s admission rate ratios for total ACSCs decreased over the nine year period, but were still above the Victorian averages (figure 18).

Figure 17: ACSCs admission rates, Western Metropolitan Region, 1993–94 to 2001–02



3.6.3 Top ten individual ACSCs admissions, 2001–02

Table 7 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs were the leading causes of admissions in

2001–02. The top ten ACSCs accounted for 91.64 per cent of total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 5.50 in 2001–02.

3.6.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

Compared with the Victorian averages, the region’s admission rate ratios for diabetes complications, chronic obstructive pulmonary disease, asthma, congestive cardiac failure and pyelonephritis were significantly higher in 2001–02 (figure 19).

Figure 18: Total ACSCs admission rate ratios, Western Metropolitan Region (Victoria=1), 1993–94 to 2001–02

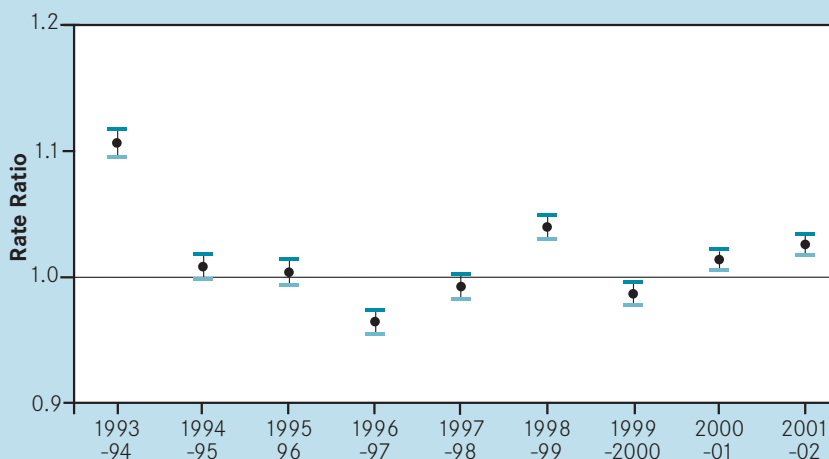


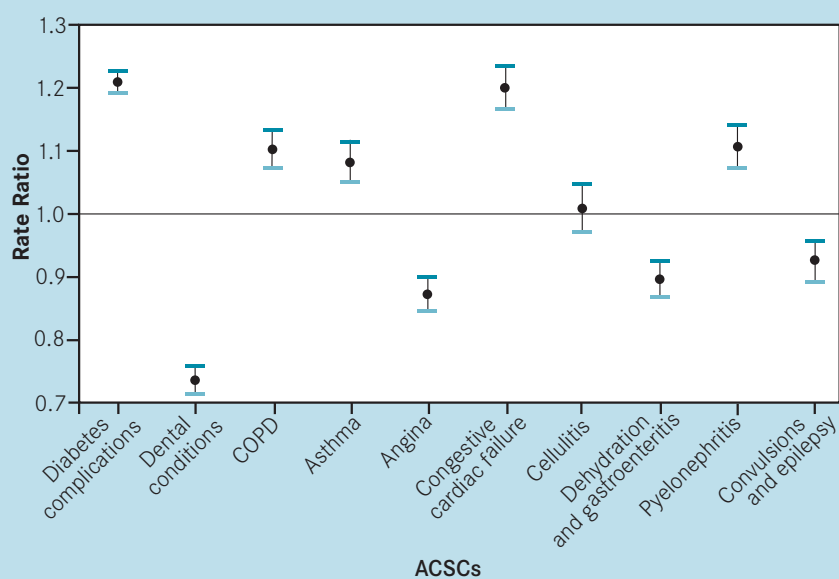
Table 7: Top ten ACSCs in region 6 – Western Metropolitan Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	5,858	11.10	10.82	11.39	8.17	47,857
COPD	1,549	2.98	2.84	3.13	6.51	10,084
Congestive cardiac failure	1,435	2.85	2.70	3.00	7.24	10,384
Asthma	1,316	2.25	2.13	2.37	2.09	2,753
Angina	1,135	2.13	2.01	2.26	2.36	2,681
Pyelonephritis	1,170	2.12	2.00	2.25	3.93	4,593
Dental conditions	1,179	1.99	1.88	2.11	1.15	1,357
Dehydration and gastroenteritis	1,058	1.84	1.73	1.96	3.27	3,463
Convulsions and epilepsy	882	1.48	1.39	1.59	3.00	2,646
Cellulitis	797	1.41	1.31	1.51	5.45	4,345

3.6.5 Key findings–Western Metropolitan Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs decreased over the nine year period but were still above the Victorian averages.
- Chronic ACSCs were the leading causes of admissions in the region in 2001–02.
- Compared with the Victorian averages, the region's admission rate ratios for diabetes complications, chronic obstructive pulmonary disease, asthma, congestive cardiac failure and pyelonephritis were significantly higher in 2001–02.

Figure 19: Top ten ACSCs admission rate ratios, Western Metropolitan Region (Victoria=1), 2001–02



3.7 Northern Metropolitan Region

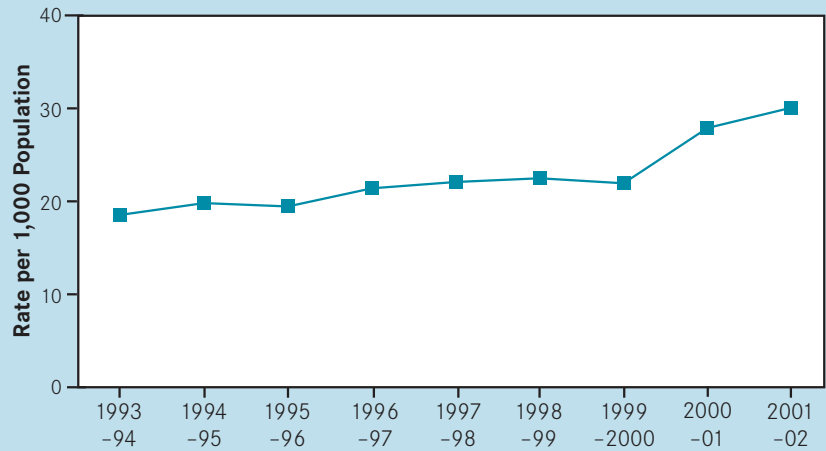
3.7.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 21,973 admissions for ACSCs in 2001–02, with an average of 5.21 bed days. The rate of ACSCs admissions varied from 18.54 per 1,000 persons (18.22–18.86) in 1993–94 to 30.07 per 1,000 persons (29.68–30.47) in 2001–02 (figure 20).

3.7.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s total ACSCs admission rate ratios were significantly lower than the Victorian average (figure 21).

Figure 20: ACSCs admission rates, Northern Metropolitan Region, 1993–92 to 2001–02



3.7.3 Top ten individual ACSCs admissions, 2001–02

Table 8 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs were the leading causes of admissions

in 2001–02. The top ten ACSCs accounted for 91.21 per cent of total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 5.29 in 2001–02.

3.7.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

Compared with the Victorian average, the region’s admission rate ratio for diabetes complications was significantly higher in 2001–02 (figure 22).

Figure 21: Total ACSCs admission rate ratios, Northern Metropolitan Region (Victoria=1), 1993–92 to 2001–02

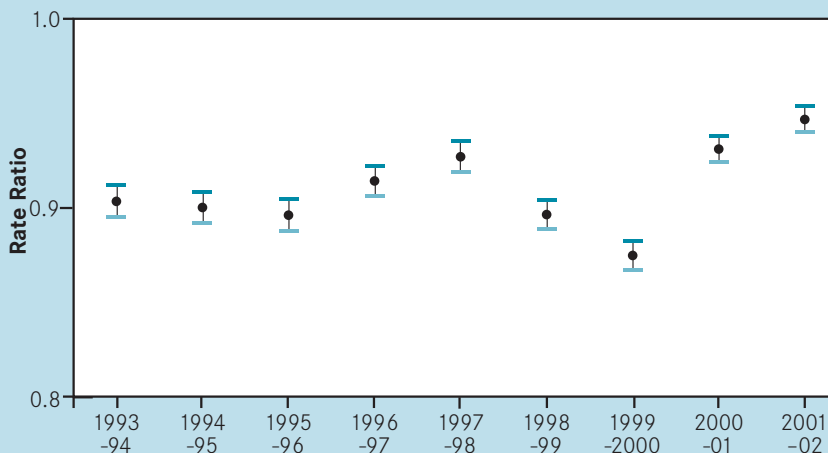


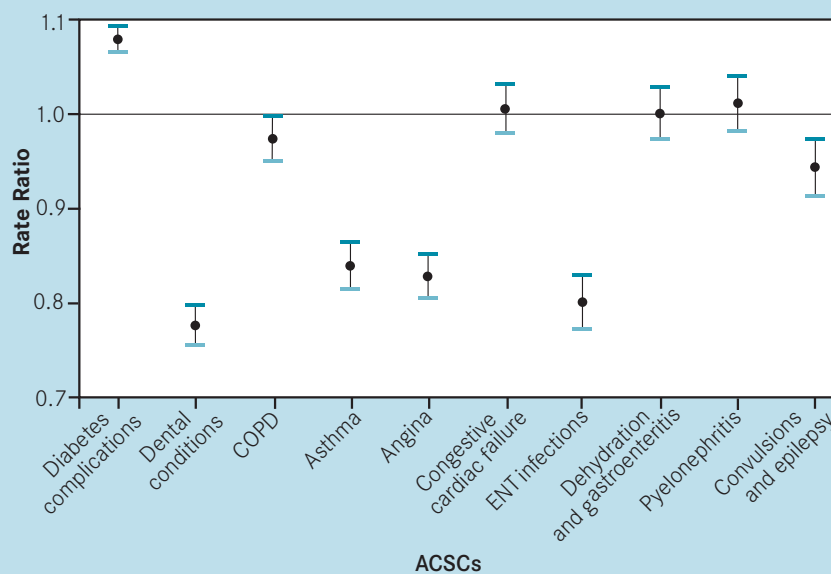
Table 8: Top ten ACSCs in region 7 – Northern Metropolitan Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	7,165	9.90	9.68	10.13	7.94	56,902
COPD	1,892	2.63	2.52	2.75	7.54	14,270
Congestive cardiac failure	1,695	2.39	2.27	2.50	6.57	11,134
Dental conditions	1,556	2.10	2.00	2.21	1.25	1,938
Dehydration and gastroenteritis	1,550	2.06	1.96	2.16	2.70	4,184
Angina	1,458	2.02	1.92	2.13	2.62	3,820
Pyelonephritis	1,414	1.94	1.84	2.04	4.43	6,267
Asthma	1,286	1.74	1.65	1.84	2.36	3,032
Convulsions and epilepsy	1,134	1.51	1.43	1.60	2.74	3,104
ENT infections	891	1.21	1.13	1.29	1.54	1,369

3.7.5 Key findings–Northern Metropolitan Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region’s total ACSCs admission rate ratios remained below the Victorian averages.
- Chronic ACSCs were the leading causes of admissions in the region in 2001–02.
- Compared with the Victorian average, the region’s admission rate ratio for diabetes complications was significantly higher in 2001–02.

Figure 22: Top ten admission rate ratios, Northern Metropolitan Region (Victoria=1), 2001–02



3.8 Eastern Metropolitan Region

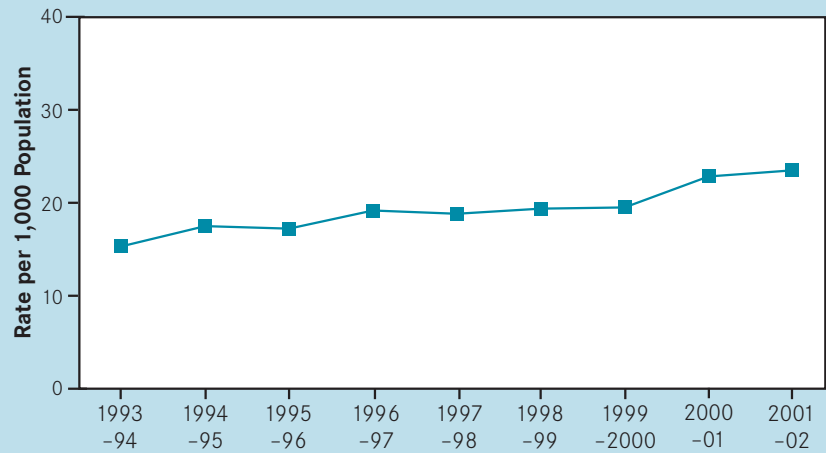
3.8.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 23,529 admissions for total ACSCs in 2001–02, with an average of 4.85 bed days. The rate of ACSCs admissions varied from 15.31 per 1,000 persons (15.06–15.56) in 1993–94 to 23.49 per 1,000 persons (23.19–23.79) in 2001–02 (figure 23).

3.8.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s admission rate ratios for total ACSCs remained significantly below the Victorian averages over the nine year period (figure 24).

Figure 23: ACSCs admission rates, Eastern Metropolitan Region, 1993–94 to 2001–0



3.8.3 Top ten individual ACSCs admissions, 2001–02

Table 9 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs, dental conditions and dehydration and

gastroenteritis were the leading causes of admissions in 2001–02. The top ten ACSCs accounted for 87.98 per cent of total ACSCs admissions in the region. The average bed days for the top ten ACSCs was 4.88 in 2001–02.

3.8.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

The region’s admission rate ratios for the top ten ACSCs were significantly below the Victorian averages in 2001–02 (figure 25).

Figure 24: Total ACSCs admission rate ratios, Eastern Metropolitan Region (Victoria=1), 1993–94 to 2001–02

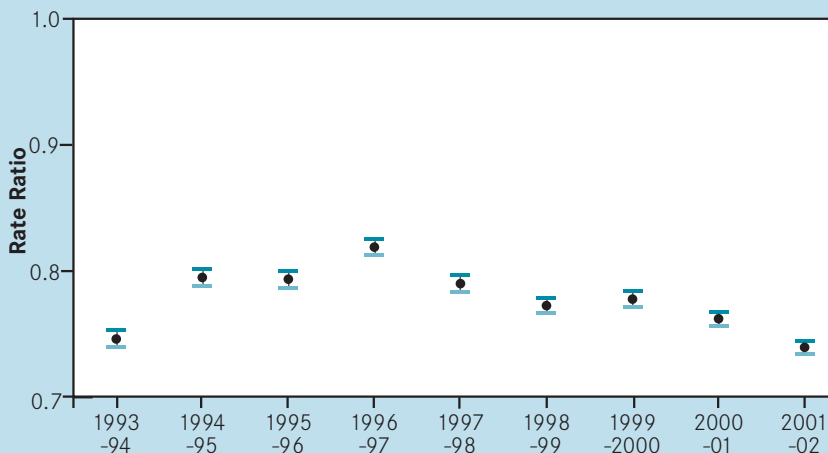


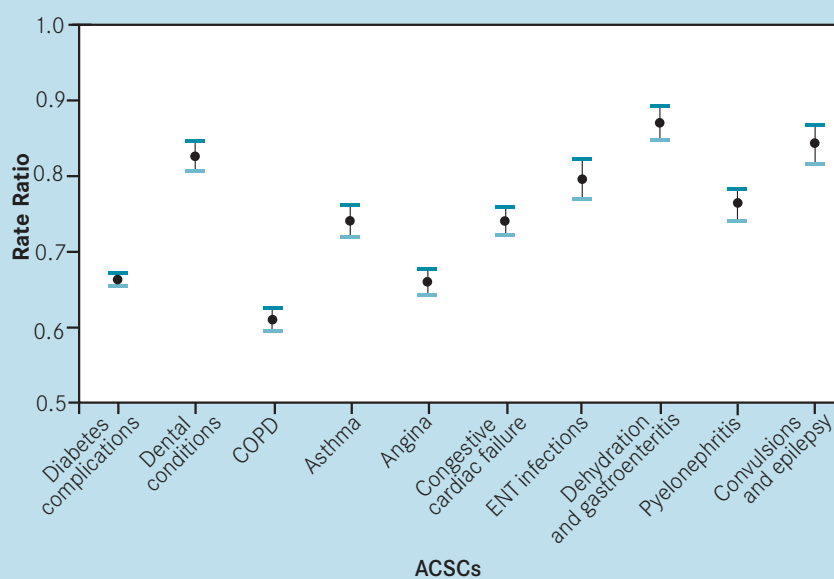
Table 9: Top ten ACSCs in region 8 – Eastern Metropolitan Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	6,215	6.09	5.94	6.24	7.37	45,796
Dental conditions	2,120	2.24	2.14	2.33	1.13	2,400
Dehydration and gastroenteritis	1,808	1.79	1.71	1.87	2.45	4,431
Congestive cardiac failure	1,883	1.76	1.68	1.84	7.63	14,369
COPD	1,689	1.65	1.57	1.73	7.48	12,639
Angina	1,686	1.61	1.54	1.69	2.51	4,230
Asthma	1,441	1.54	1.46	1.62	2.91	4,200
Pyelonephritis	1,481	1.46	1.39	1.54	4.97	7,356
Convulsions and epilepsy	1,283	1.35	1.28	1.43	3.12	4,004
ENT infections	1,095	1.20	1.13	1.27	1.52	1,669

3.8.5 Key findings–Eastern Metropolitan Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs remained significantly below the Victorian averages over the nine year period.
- Chronic ACSCs, dental conditions, and dehydration and gastroenteritis were the leading causes of admissions in the region in 2001–02.
- The region's admission rate ratios for the top ten ACSCs were significantly below the Victorian averages in 2001–02.

Figure 25: Top ten ACSCs admission rate ratios, Eastern Metropolitan Region (Victoria=1), 2001–02



3.9 Southern Metropolitan Region

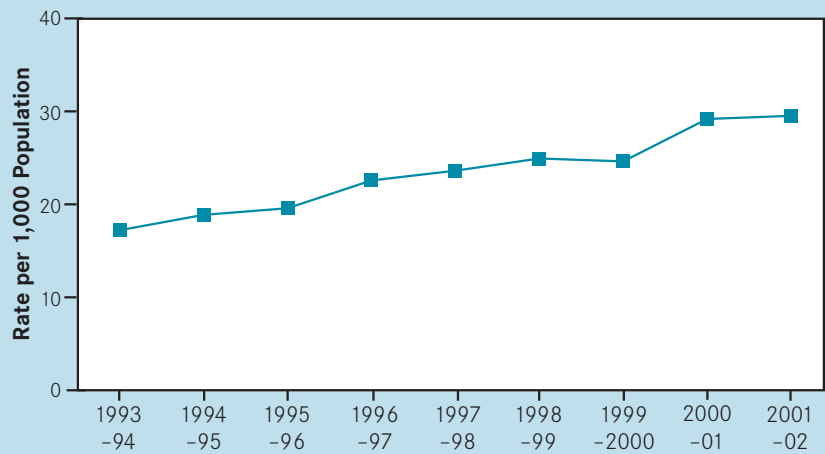
3.9.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1993–94 to 2001–02

There were 35,146 admissions for total ACSCs in 2001–02, with an average of 4.86 bed days. The rate of ACSCs admissions increased from 17.22 per 1,000 persons (16.97–17.46) in 1993–94 to 29.52 per 1,000 persons (29.21–29.83) in 2001–02 (figure 26).

3.9.2 Variations in rate ratios of ACSCs admissions, 1993–94 to 2001–02

The region’s admission rate ratios for total ACSCs were mostly below the Victorian averages during the nine year period (figure 27).

Figure 26: ACSCs admission rates, Southern Metropolitan Region, 1993–94 to 2001–02



3.9.3 Top ten individual ACSCs admissions, 2001–02

Table 10 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs and dental conditions were the leading

causes of admissions in 2001–02. The top ten ACSCs accounted for 89.12 per cent of total ACSCs admissions in the region. The average bed days for the top ten ACSCs were 4.82 in 2001–02.

3.9.4 Admission rate ratios for the top ten individual ACSCs, 2001–02

The region’s admission rate ratio for pyelonephritis was significantly above the Victorian averages in 2001–02. The region’s admission rate ratios for all other top ten individual ACSCs (except angina and convulsions and epilepsy) were below the Victorian averages in 2001–02 (figure 28).

Figure 27: Total ACSCs admission rate ratios, Southern Metropolitan Region (Victoria=1), 1993–94 to 2001–02

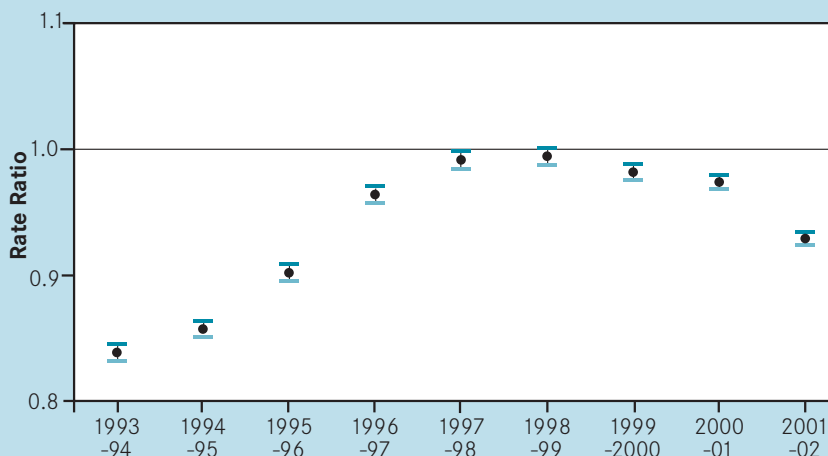


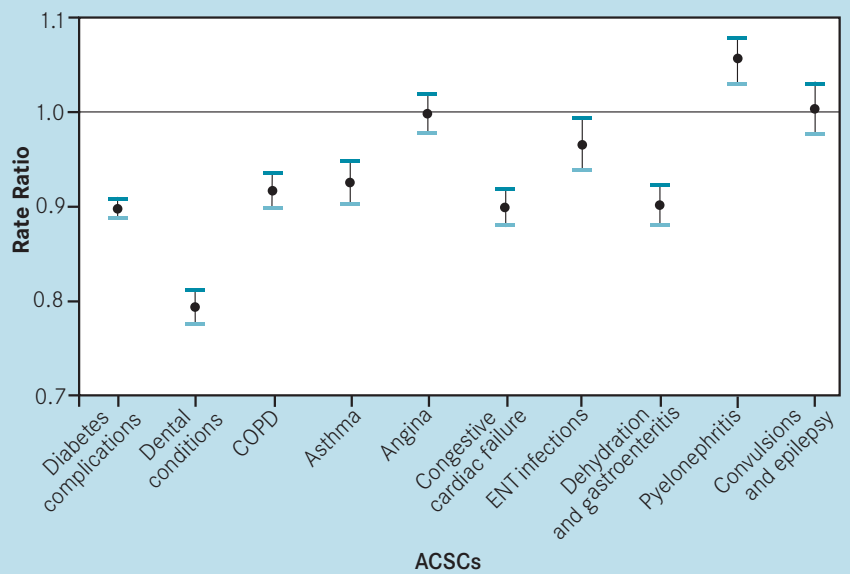
Table 10: Top ten ACSCs in region 9 – Southern Metropolitan Region, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	10,004	8.24	8.08	8.40	6.69	66,938
COPD	3,078	2.48	2.39	2.57	7.19	22,137
Angina	3,022	2.44	2.35	2.53	2.44	7,367
Dental conditions	2,368	2.15	2.06	2.24	1.17	2,761
Congestive cardiac failure	2,794	2.13	2.06	2.21	7.48	20,903
Pyelonephritis	2,437	2.02	1.94	2.10	5.15	12,560
Asthma	2,078	1.92	1.84	2.01	2.30	4,787
Dehydration and gastroenteritis	2,208	1.85	1.78	1.93	2.70	5,957
Convulsions and epilepsy	1,807	1.61	1.54	1.69	2.94	5,313
ENT infections	1,526	1.46	1.39	1.53	1.53	2,335

3.9.5 Key findings–Southern Metropolitan Region

- Admission rates for total ACSCs increased in the region over the nine year period.
- The region's admission rate ratios for total ACSCs were mostly below the Victorian averages during the nine year period.
- Chronic ACSCs and dental conditions were the leading causes of admissions in the region in 2001–02.
- The region's admission rate ratio for pyelonephritis was significantly above the Victorian averages in 2001–02.

Figure 28: Top ten ACSCs admission rate ratios, Southern Metropolitan Region (Victoria=1), 2001–02



4 Ambulatory Care Sensitive Conditions admissions by Primary Care Partnerships, 2001–02

4.1 Southern Grampians/Glenelg Primary Care Partnership

4.1.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000 (figure 29). The admission rates for total ACSCs increased from 32.48 per 1,000 persons (30.80–34.25) in 1999–2000 to 38.05 per 1,000 persons (36.27–39.91) in 2001–02.

4.1.2 Top ten individual ACSCs admissions, 2001–02

Table 11 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. These ACSCs accounted for 89.48 per cent of total ACSCs admissions. Five of the top ten ACSCs were chronic conditions, accounting for 64.65 per cent of total admissions for the top ten ACSCs in this Primary Care Partnership (PCP). The average bed days for the top ten ACSCs was 5.84 in 2001–02.

4.1.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for five of the top ten ACSCs were significantly higher than the Victorian averages in 2001–02 (figure 30). The PCP's highest admission rate ratio was for chronic obstructive pulmonary disease, which was 1.60 (1.49–1.71).

4.1.4 Key findings–Southern Grampians/Glenelg PCP

- The PCP's admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased in the last two years of the study period.

Figure 29: ACSCs admission rates, Southern Grampians/Glenelg PCP, 1997–98 to 2001–02

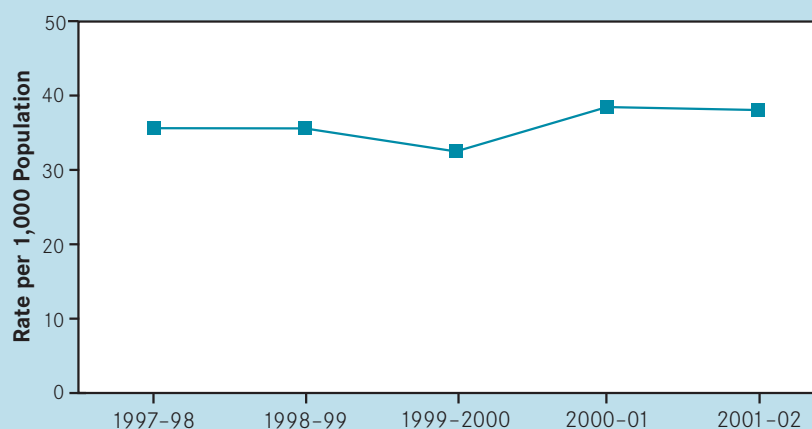
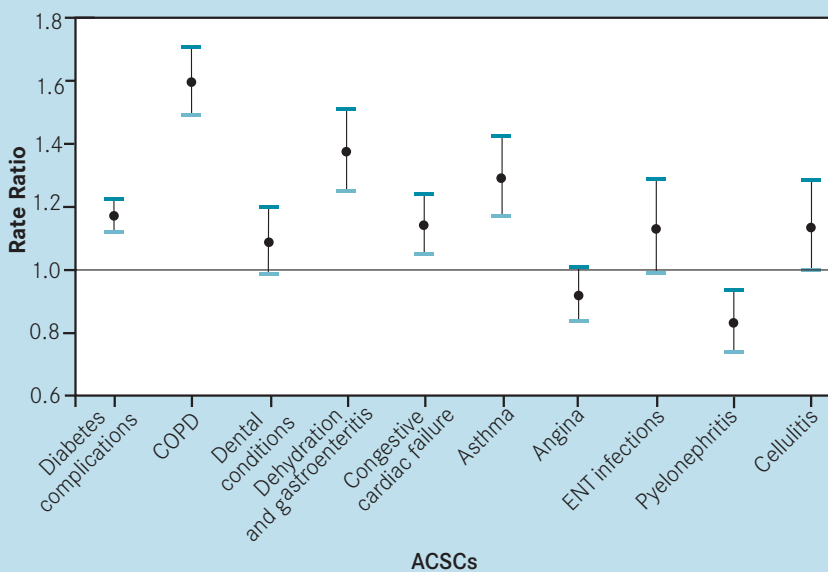


Table 11: Top ten ACSCs in PCP 1 – Southern Grampians/Glenelg, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	495	10.84	9.93	11.84	5.05	2,499
COPD	223	4.36	3.82	4.97	12.68	2,827
Dental conditions	108	2.94	2.44	3.55	1.36	147
Dehydration and gastroenteritis	113	2.83	2.35	3.40	3.49	394
Congestive heart failure	149	2.72	2.31	3.19	9.45	1,408
Asthma	105	2.68	2.21	3.24	3.21	337
Angina	116	2.26	1.88	2.71	2.79	324
ENT infections	59	1.71	1.33	2.21	2.00	118
Pyelonephritis	74	1.59	1.27	2.00	4.61	341
Cellulitis	64	1.59	1.25	2.04	6.22	398

Figure 30: Top ten ACSCs admission rate ratios, Southern Grampians/Glenelg PCP, (Victoria=1) 2001–02



- The PCP’s admission rate ratios for five of the top ten ACSCs were significantly higher than the Victorian averages in 2001–02.
- The PCP’s highest admission rate ratio in 2001–02 was for chronic obstructive pulmonary disease, which was 1.60 (1.49–1.71).

4.2 South West Primary Care Partnership

4.2.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs show a declining trend from 1997–98 to 1999–2000 (figure 31). The admission rates for total ACSCs increased from 37.36 per 1,000 persons (35.92–38.86) in 1999–2000 to 46.85 per 1,000 persons (45.26–48.50) in 2001–02.

4.2.2 Top ten individual ACSCs admissions, 2001–02

Table 12 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. In addition to including chronic ACSCs, the top five also included dental admissions. The top ten ACSCs accounted for 92.73 per cent of total ACSCs admissions in the PCP. The average bed days for the top ten ACSCs was 4.83 in 2001–02.

Figure 31: ACSCs admission rates, South West PCP, 1997–98 to 2001–02

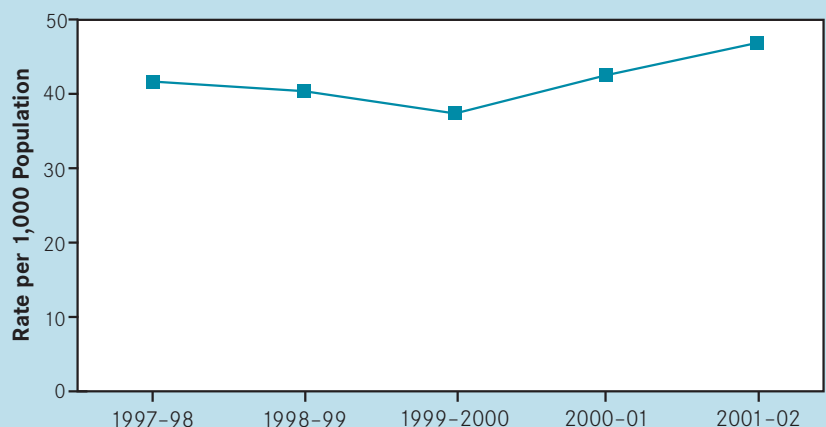


Table 12: Top ten ACSCs in PCP 2 – South West, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	909	12.35	11.58	13.18	6.61	6,008
Dental conditions	278	4.49	3.99	5.05	1.08	299
COPD	321	4.25	3.81	4.74	7.02	2,253
Angina	313	4.16	3.73	4.65	3.86	1,208
Asthma	240	3.82	3.36	4.33	2.23	535
Dehydration and gastroenteritis	231	3.70	3.25	4.21	2.26	522
Congestive heart failure	256	3.25	2.87	3.67	8.86	2,267
ENT infections	167	2.80	2.41	3.26	1.75	293
Cellulitis	139	2.11	1.79	2.50	5.71	794
Iron deficiency anaemia	142	1.96	1.66	2.31	1.97	280

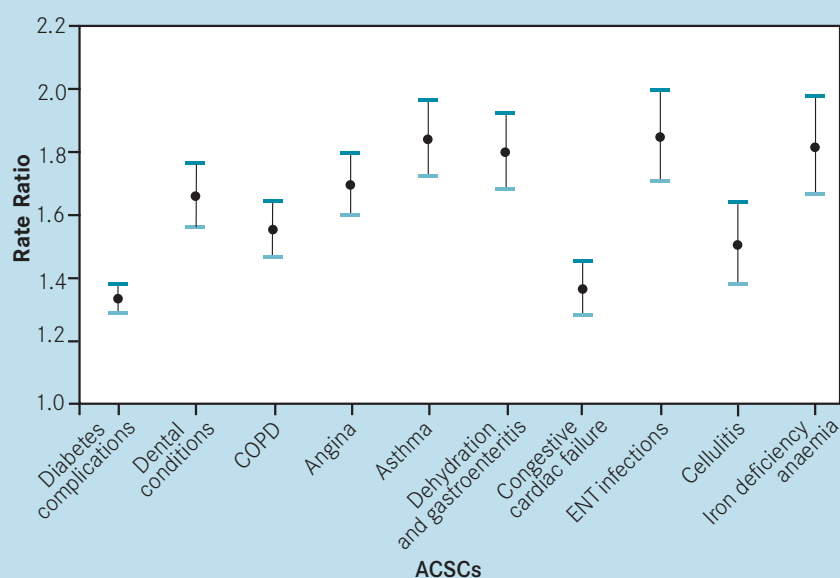
4.2.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for all of the top ten ACSCs were significantly higher than the Victorian averages in 2001–02 (figure 32). The PCP's highest admission rate ratio was for ear, nose and throat infections, which was 1.85 (1.71–2.00).

4.2.4 Key findings—South West PCP

- The PCP's admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased in the last two years of the study period.
- The PCP's admission rate ratios for the top ten ACSCs were significantly higher than the Victorian averages in 2001–02.
- The PCP's highest admission rate ratio was for ear, nose and throat infections, which was 1.85 (1.71–2.00).

Figure 32: Top ten ACSCs admission rate ratio, South West PCP, (Victoria=1) 2001–02



4.3 Barwon Primary Care Partnership

4.3.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs showed a consistent increase over the five year period (figure 33). The admission rates for total ACSCs increased from 20.61 per 1,000 persons (20.0–21.2) in 1997–98 to 29.26 per 1,000 persons (28.61–29.93) in 2001–02.

4.3.2 Top ten individual ACSCs admissions, 2001–02

Table 13 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. In addition to including chronic ACSCs, the top five also included dental admissions and ear, nose and throat infections. The top ten ACSCs accounted for 91.15 per cent of total ACSCs admissions in the PCP. The average bed days for the top ten ACSCs was 5.06 in 2001–02.

4.3.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The highest admission rate ratio was for ear, nose and throat infections, which was 1.41 (1.34–1.47) (figure 34). Except for dental conditions and ear, nose and throat infections, the PCP's admission rate ratios were similar to or below the Victorian averages in 2001–02.

4.3.4 Key findings–Barwon PCP

- The PCP's admission rates for total ACSCs showed a consistent increase over the five year period.
- The highest admission rate ratio was for ear, nose and throat infections, which was 1.41 (1.34–1.47).

Figure 33: ACSCs admission rates, Barwon PCP, 1997–98 to 2001–02

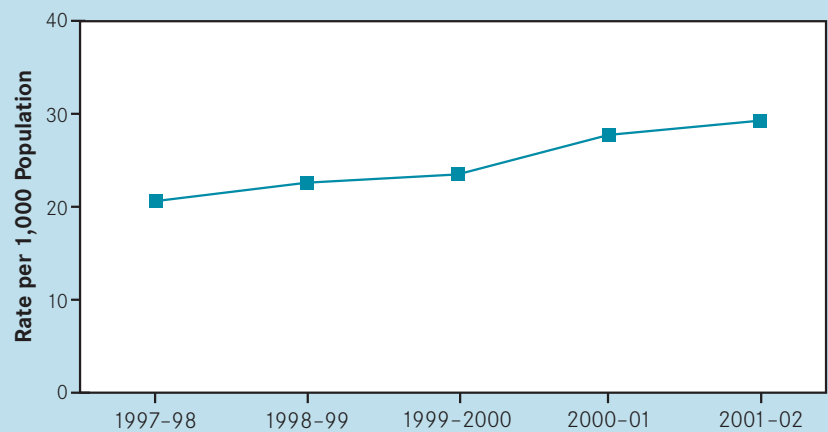
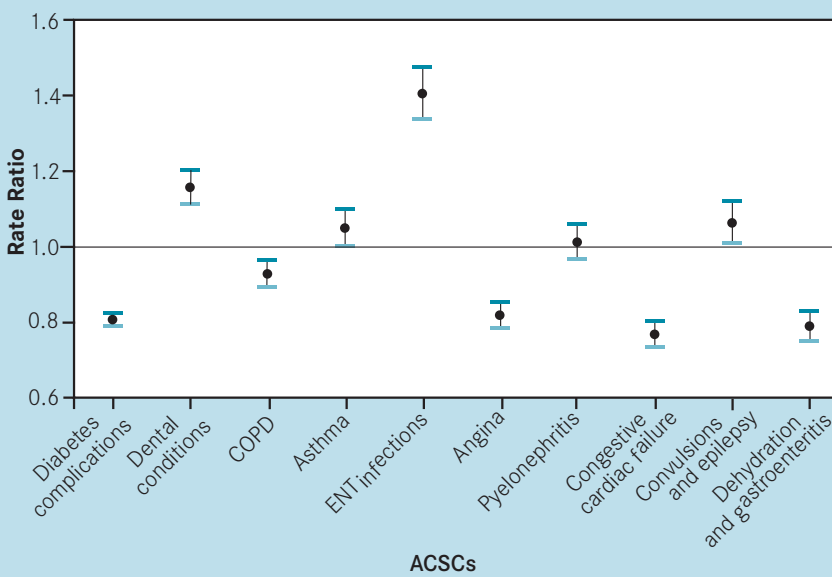


Table 13: Top ten ACSCs in PCP 3 – Barwon, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,084	7.48	7.16	7.80	7.52	15,680
Dental conditions	711	3.13	2.91	3.37	1.23	878
COPD	736	2.54	2.36	2.73	7.83	5,761
Asthma	498	2.18	2.00	2.38	2.55	1,271
ENT infections	465	2.13	1.94	2.33	1.69	787
Angina	589	2.01	1.86	2.18	2.68	1,580
Pyelonephritis	503	1.94	1.78	2.12	4.44	2,231
Congestive heart failure	554	1.83	1.68	1.99	8.37	4,635
Convulsions and epilepsy	389	1.71	1.55	1.89	2.77	1,079
Dehydration and gastroenteritis	412	1.62	1.48	1.79	2.91	1,197

Figure 34: ACSCs admission rate ratios, Barwon PCP, (Victoria=1) 2001–02



4.4 Boroondara Primary Care Partnership

4.4.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 35). The admission rates for total ACSCs increased from 15.39 per 1,000 persons (14.8–16.0) in 1997–98 to 19.65 per 1,000 persons (19.02–20.31) in 2001–02.

4.4.2 Top ten individual ACSCs admissions, 2001–02

Table 14 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Dental conditions and dehydration and gastroenteritis were among the PCP’s top five causes of admissions for ACSCs. The average bed days for the top ten ACSCs was 5.55 in 2001–02.

Figure 35: ACSCs admission rates, Boroondara PCP, 1997–98 to 2001–02

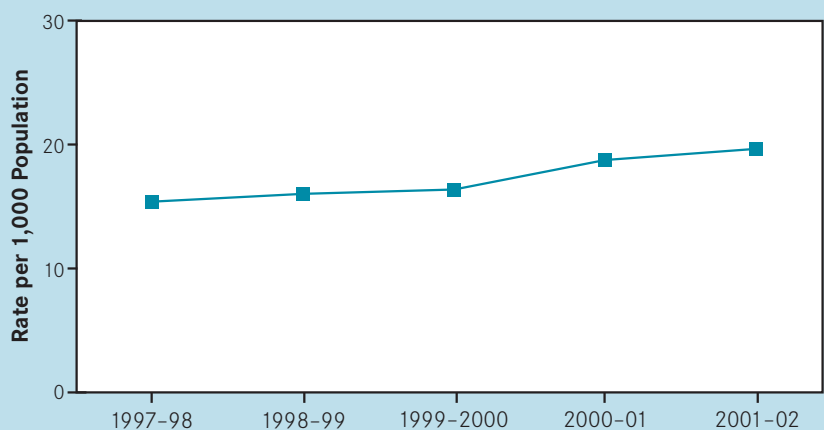
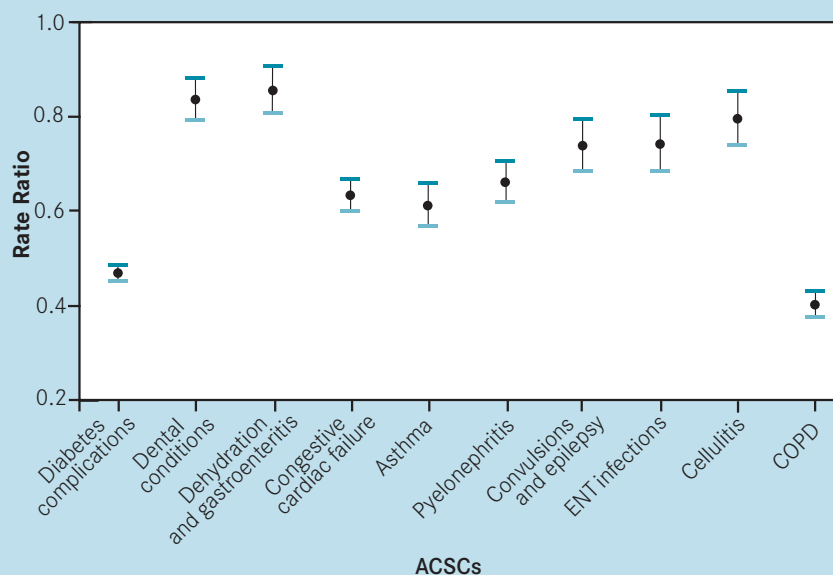


Table 14: Top ten ACSCs in PCP 4 – Boroondara, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	819	4.35	4.06	4.65	8.29	6,786
Dental conditions	360	2.26	2.04	2.51	1.16	416
Dehydration and gastroenteritis	311	1.76	1.57	1.96	2.60	809
Congestive heart failure	373	1.51	1.36	1.67	7.62	2,842
Asthma	188	1.27	1.10	1.47	3.10	582
Pyelonephritis	248	1.27	1.12	1.43	6.31	1,565
Convulsions and epilepsy	189	1.19	1.03	1.37	3.81	721
ENT infections	160	1.12	0.96	1.31	1.44	231
Cellulitis	205	1.12	0.97	1.28	6.75	1,384
COPD	212	1.10	0.96	1.26	7.93	1,681

Figure 36: Top ten ACSCs admission rate ratios, Boroondara PCP, (Victoria=1) 2001–02



4.4.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for the top ten ACSCs were significantly below the Victorian averages in 2001–02 (figure 36).

4.4.4 Key findings–Boroondara PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Dental conditions and dehydration and gastroenteritis were among the PCP's top five causes of admissions for ACSCs in 2001–02.
- The PCP's admission rate ratios for all of the top ten ACSCs were significantly below the Victorian averages in 2001–02.

4.5 Outer East Primary Care Partnership

4.5.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 37). The admission rates for total ACSCs increased from 20.74 per 1,000 persons (20.26–21.23) in 1998–99 to 26.23 per 1,000 persons (25.70–26.78) in 2001–02.

4.5.2 Top ten individual ACSCs admissions, 2001–02

Table 15 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs accounted for 60.02 per cent of the top ten admissions for the PCP. The average bed days for the top ten ACSCs was 4.61 in 2001–02.

4.5.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

Except for cellulitis, the PCP's admission rate ratios were significantly below the Victorian averages in 2001–02 (figure 38). The PCP's admission rate ratio for cellulitis was similar to the Victorian average in 2001–02.

Figure 37: ACSCs admission rates, Outer East PCP, 1997–98 to 2001–02

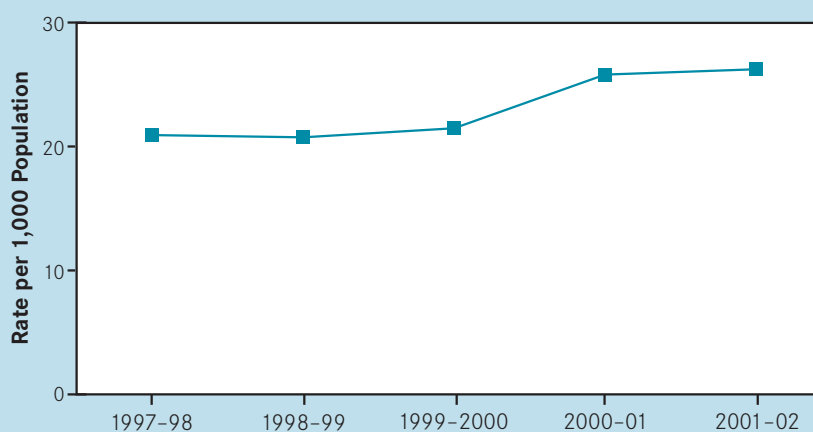
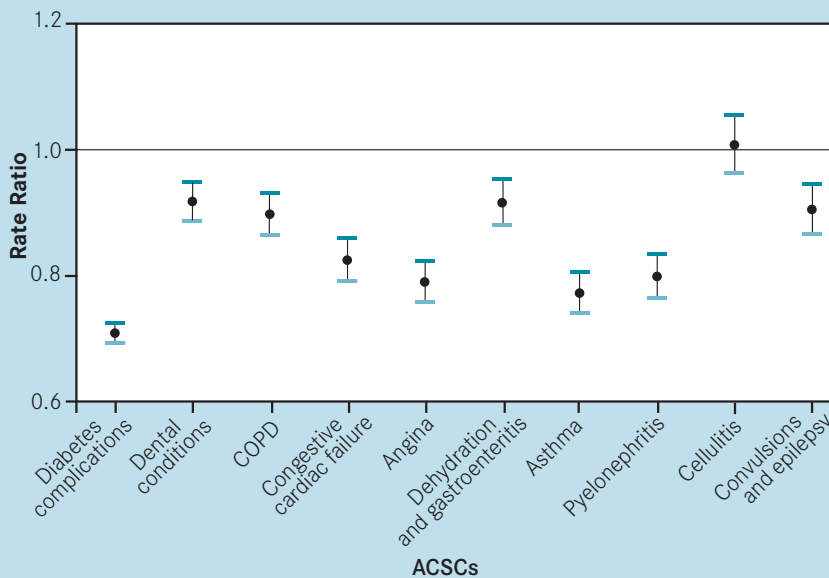


Table 15: Top ten ACSCs in PCP 5 – Outer East, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,185	6.56	6.30	6.85	7.02	15,331
Dental conditions	955	2.48	2.33	2.65	1.06	1,017
COPD	788	2.45	2.29	2.63	7.03	5,541
Congestive heart failure	630	1.96	1.81	2.12	7.09	4,466
Angina	652	1.94	1.80	2.10	2.38	1,551
Dehydration and gastroenteritis	683	1.88	1.75	2.03	2.06	1,407
Asthma	605	1.60	1.48	1.74	2.54	1,538
Pyelonephritis	538	1.53	1.41	1.67	4.22	2,272
Convulsions and epilepsy	544	1.46	1.34	1.58	2.56	1,391
Cellulitis	517	1.42	1.30	1.54	5.40	2,791

Figure 38: Top ten ACSCs admission rate ratios, Outer East PCP, (Victoria=1) 2001–02



4.5.4 Key findings–Outer East PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs accounted for 60.02 per cent of total admissions for the PCP’s top ten ACSCs.
- The PCP’s admission rate ratios for all top ten ACSCs except cellulitis were significantly below the Victorian averages in 2001–02.

4.6 Central East Primary Care Partnership

4.6.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 39). The admission rates for total ACSCs increased from 19.29 per 1,000 persons (18.89–19.70) in 1999–2000 to 22.95 per 1,000 persons (22.52–23.39) in 2001–02.

4.6.2 Top ten individual ACSCs admissions, 2001–02

Table 16 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Only three of the top five conditions were chronic ACSCs. Chronic ACSCs accounted for 65.39 per cent of admissions for the PCP’s top ten ACSCs. The average bed days for the top ten ACSCs was 5.19 in 2001–02.

Figure 39: ACSCs admission rates, Central East PCP, 1997–98 to 2001–02

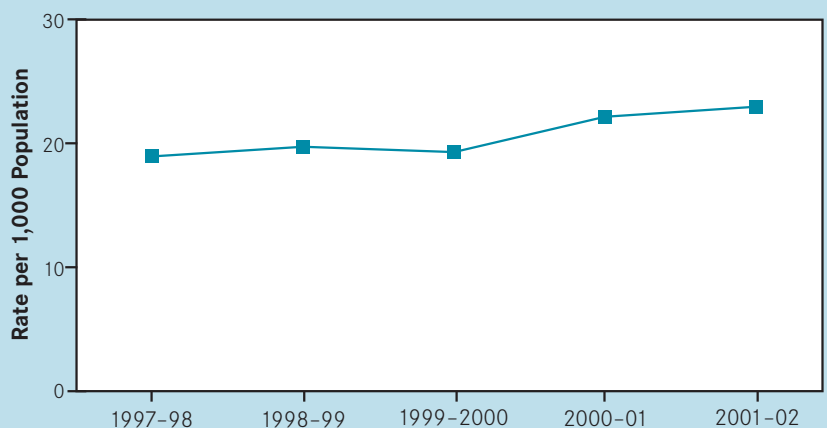
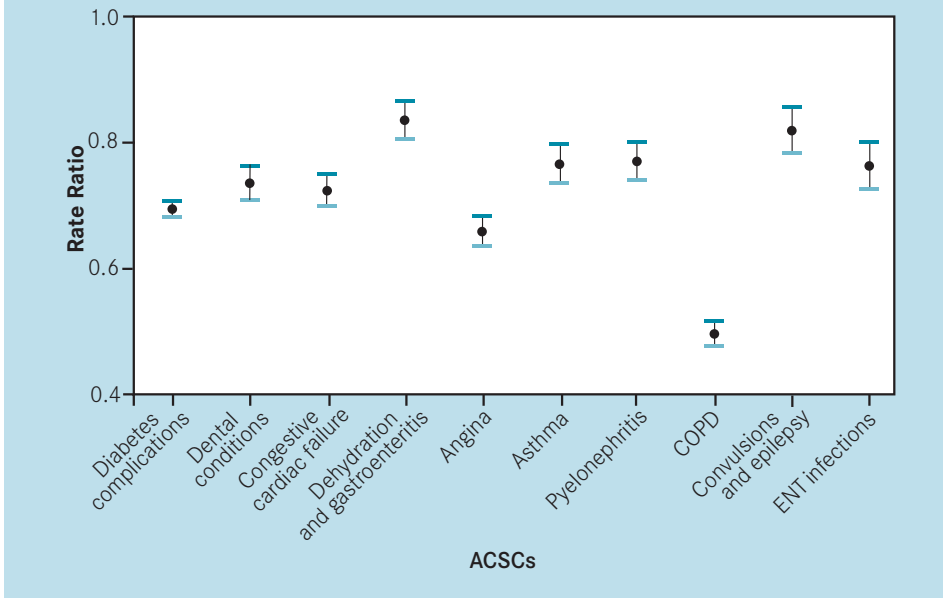


Table 16: Top ten ACSCs in PCP 6 – Central East, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	3,211	6.43	6.21	6.65	7.37	23,679
Dental conditions	805	1.99	1.86	2.13	1.20	967
Congestive heart failure	880	1.72	1.61	1.84	8.02	7,061
Dehydration and gastroenteritis	814	1.72	1.60	1.84	2.72	2,215
Angina	817	1.62	1.51	1.73	2.53	2,065
Asthma	648	1.59	1.47	1.72	3.21	2,080
Pyelonephritis	695	1.47	1.37	1.59	5.06	3,519
COPD	689	1.36	1.26	1.46	7.86	5,417
Convulsions and epilepsy	550	1.32	1.21	1.43	3.44	1,892
ENT infections	440	1.16	1.05	1.27	1.58	697

Figure 40: Top ten ACSCs admission rate ratios, Central East PCP, (Victoria=1) 2001–02



4.6.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP’s admission rate ratios for all of the top ten ACSCs were significantly below the Victorian averages in 2001–02 (figure 40).

4.6.4 Key findings–Central East PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs accounted for 65.39 per cent of admissions for the PCP’s top ten ACSCs.
- The PCP’s admission rate ratios for the top ten ACSCs were significantly below the Victorian averages in 2001–02.

4.7 Wimmera Primary Care Partnership

4.7.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs showed a rising trend from 1997–98 (figure 41). The admission rates for total ACSCs increased from 32.80 per 1,000 persons (31.10–34.50) in 1997–98 to 47.40 per 1,000 persons (45.47–49.41) in 2001–02.

4.7.2 Top ten individual ACSCs admissions, 2001–02

Table 17 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs and dental conditions were among the PCP's top five ACSCs. The average bed days for the top ten ACSCs was 4.61 in 2001–02.

4.7.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for most ACSCs were significantly above the Victorian averages in 2001–02. The PCP's admission rate ratios for asthma, congestive cardiac failure, and convulsions and epilepsy were similar to the Victorian averages in 2001–02 (figure 42).

Figure 41: ACSCs admission rates, Wimmera PCP, 1997–98 to 2001–02

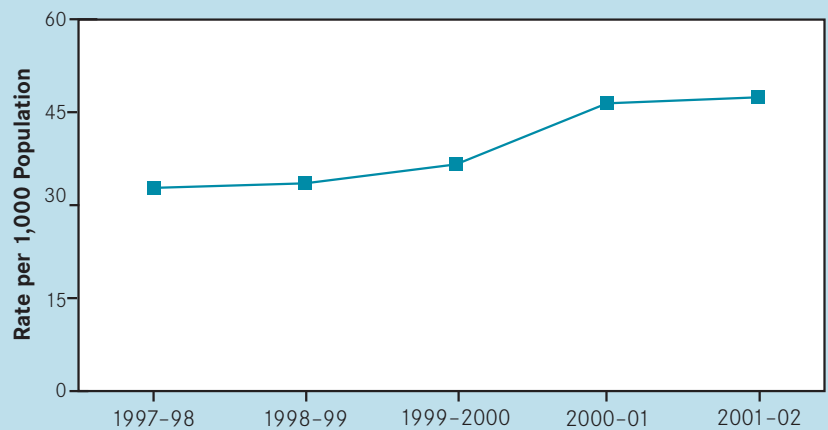
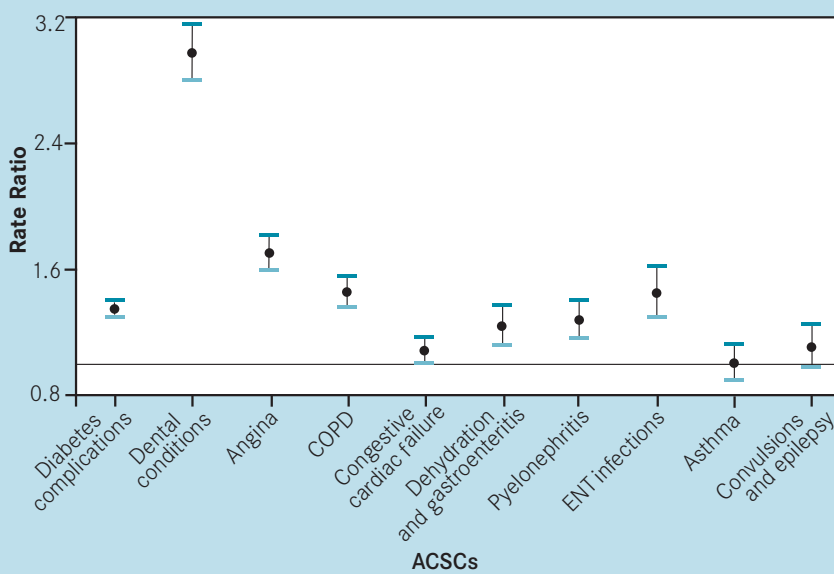


Table 17: Top ten ACSCs in PCP 7 – Wimmera, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	646	12.50	11.57	13.50	5.61	3,621
Dental conditions	281	8.04	7.15	9.04	1.05	295
Angina	234	4.19	3.68	4.76	2.92	684
COPD	224	3.98	3.50	4.54	7.06	1,581
Congestive heart failure	168	2.58	2.22	3.00	9.63	1,618
Dehydration and gastroenteritis	100	2.55	2.10	3.10	2.76	276
Pyelonephritis	115	2.45	2.04	2.94	5.79	666
ENT infections	80	2.20	1.77	2.74	1.86	149
Asthma	76	2.09	1.67	2.62	1.97	150
Convulsions and epilepsy	67	1.78	1.40	2.27	2.04	137

Figure 42: Top ten ACSCs admission rate ratios, Wimmera PCP, (Victoria=1) 2001–02



4.7.4 Key findings–Wimmera PCP

- The PCP’s admission rates for total ACSCs showed a rising trend from 1997–98.
- Chronic ACSCs and dental conditions were among the PCP’s top five ACSCs.
- The PCP’s admission rate ratios for most ACSCs were significantly above the Victorian averages in 2001–02.
- The PCP’s highest rate ratio in 2001–02 was for dental conditions, which was 2.97 (2.80–3.16).

4.8 Grampians/Pyrenees Primary Care Partnership

4.8.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs decreased over the period 1997–98 to 1999–2000 (figure 43). The admission rates for total ACSCs increased from 32.87 per 1,000 persons (31.05–34.81) in 1999–2000 to 42.70 per 1,000 persons (40.63–44.89) in 2001–02.

4.8.2 Top ten individual ACSCs admissions, 2001–02

Table 18 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. The top five ACSCs included chronic ACSCs and dental conditions. The average bed days for the top ten ACSCs was 4.67 in 2001–02.

Figure 43: ACSCs admission rates in Grampians/Pyrenees PCP, 1997–98 to 2001–02

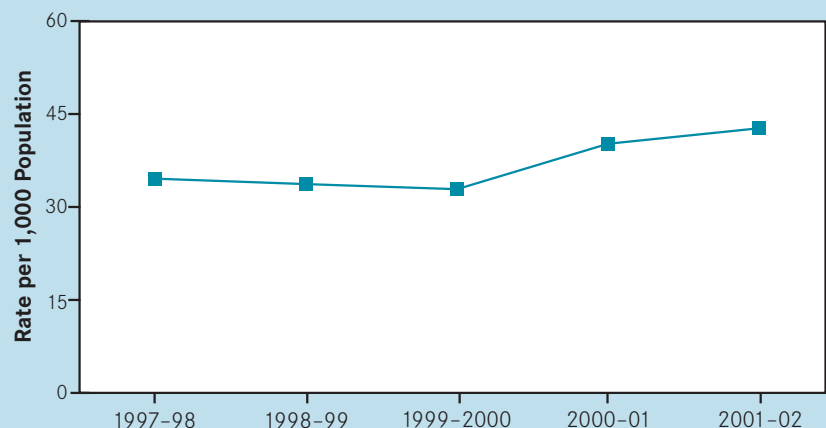


Table 18: Top ten ACSCs in PCP 8 – Grampians/Pyrenees, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	477	12.72	11.63	13.91	5.30	2,527
Dental conditions	146	5.27	4.48	6.20	1.08	157
Angina	175	4.10	3.53	4.75	2.85	499
COPD	152	3.51	3.00	4.12	6.61	1,004
Congestive heart failure	128	2.84	2.39	3.38	7.45	954
Dehydration and gastroenteritis	101	2.83	2.33	3.44	3.48	351
Asthma	76	2.44	1.94	3.05	2.93	223
Pyelonephritis	72	2.03	1.61	2.56	5.33	384
Cellulitis	64	1.66	1.30	2.13	7.86	503
ENT infections	47	1.64	1.23	2.18	2.38	112

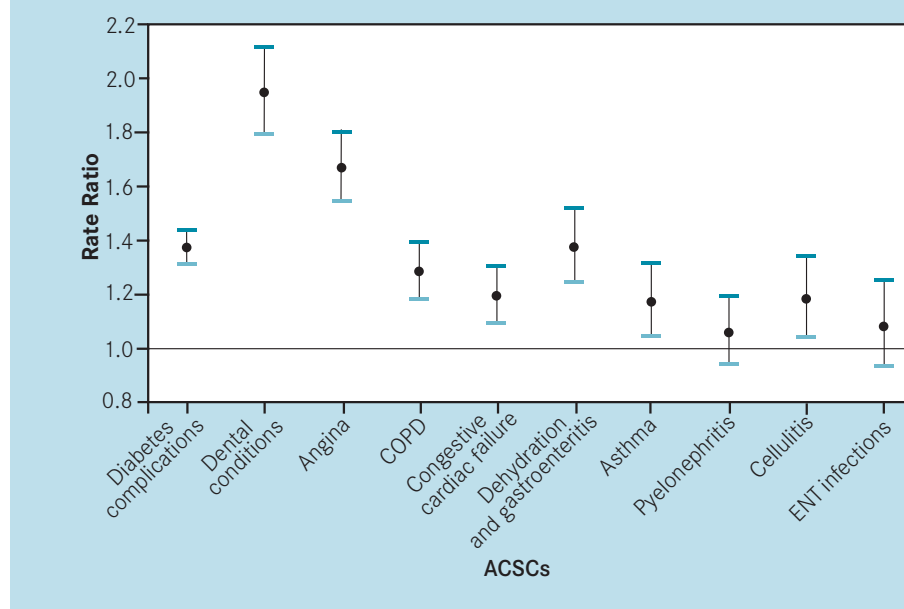
4.8.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

All of the PCP's admission rate ratios (except for pyelonephritis and ear, nose and throat infections) were significantly above the Victorian averages in 2001–02 (figure 44). The PCP's highest admission rate ratio was for dental conditions, which was 1.94 (1.79–2.12).

4.8.4 Key findings—Grampians/Pyrenees PCP

- The PCP's admission rates for total ACSCs decreased from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased in the last two years of the study period.
- Chronic ACSCs and dental conditions were the PCP's top five ACSCs.
- Most of the PCP's ACSCs admissions (except for pyelonephritis and ear, nose and throat infections) were above the Victorian average.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions, which was 1.94 (1.79–2.12).

Figure 44: Top ten ACSCs admission rate ratios, Grampians/Pyrenees PCP, 1997–98 to 2001–02



4.9 Central Highlands Primary Care Partnership

4.9.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 45). The admission rates for total ACSCs increased from 18.95 per 1,000 persons (18.22–19.70) in 1998–99 to 34.78 per 1,000 persons (33.82–35.78) in 2001–02.

4.9.2 Top ten individual ACSCs admissions, 2001–02

Table 19 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. Chronic ACSCs and dental conditions were among the top five ACSCs. The average bed days for the top ten ACSCs was 4.77 in 2001–02.

4.9.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for dental conditions, which was 1.61 (1.55–1.68) (figure 46). The PCP's admission rate ratios were also significantly higher than the Victorian averages for asthma, angina, chronic obstructive pulmonary disease, congestive cardiac failure and diabetes complications.

Figure 45: ACSCs admission rates, Central Highlands PCP, 1997–98 to 2001–02

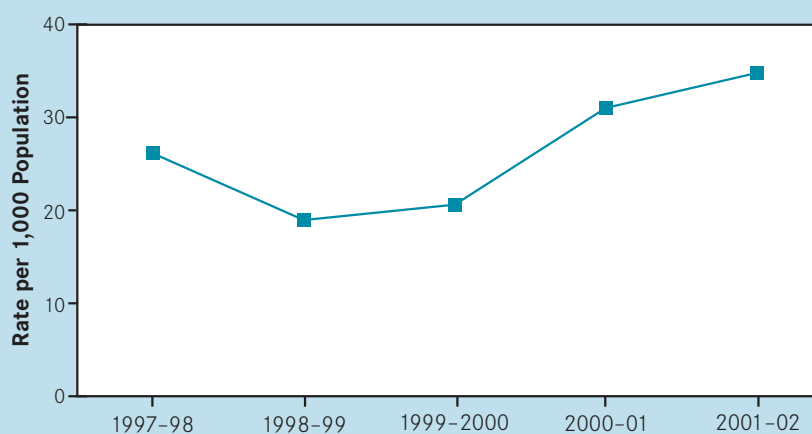
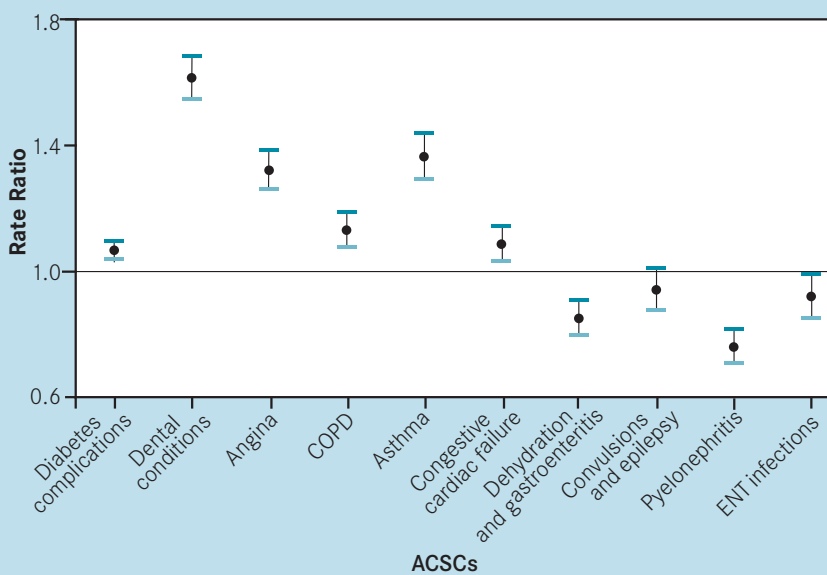


Table 19: Top ten ACSCs in PCP 9 – Central Highlands, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	1,407	9.88	9.38	10.41	5.45	7,663
Dental conditions	586	4.37	4.03	4.73	1.02	599
Angina	472	3.24	2.96	3.55	3.41	1,608
COPD	444	3.09	2.82	3.39	7.62	3,384
Asthma	376	2.83	2.56	3.13	2.78	1,046
Congestive heart failure	384	2.58	2.34	2.86	10.97	4,214
Dehydration and gastroenteritis	240	1.75	1.54	1.99	3.75	899
Convulsions and epilepsy	201	1.52	1.32	1.74	2.78	558
Pyelonephritis	204	1.46	1.27	1.67	5.53	1,128
ENT infections	181	1.40	1.21	1.62	1.95	353

Figure 46: Top ten ACSCs admission rate ratios, Central Highlands PCP, 2001–02



4.10 Northern Mallee Primary Care Partnership

4.10.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 47). The admission rates for total ACSCs increased from 30.07 per 1,000 persons (28.6–31.6) in 1997–98 to 37.12 per 1,000 persons (35.49–38.83) in 2001–02.

4.10.2 Top ten individual ACSCs admissions, 2001–02

Table 20 summarises the admission rates and bed days for the top ten ACSCs in 2001–02. In addition to chronic ACSCs, dental conditions, and ear, nose and throat infections were among the PCP’s top five causes of admissions for ACSCs. The average bed days for the top ten ACSCs was 3.45 in 2001–02.

4.9.4 Key findings–Central Highlands PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were among the top five ACSCs.
- The PCP’s highest admission rate ratio in 2001–02 was for dental conditions.
- The PCP’s admission rate ratios were also significantly higher than the Victorian averages for asthma, angina, chronic obstructive pulmonary disease, congestive cardiac failure and diabetes complications.

Figure 47: ACSCs admission rates in Northern Mallee PCP, 1997–98 to 2001–02

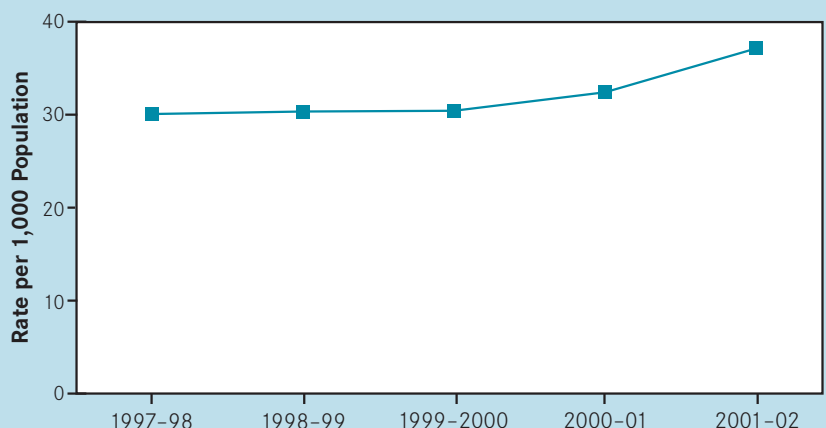


Table 20: Top ten ACSCs in PCP 10 – Northern Mallee, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	566	10.75	9.90	11.68	4.34	2,459
Dental conditions	297	6.15	5.49	6.89	1.02	303
Angina	181	3.29	2.84	3.81	2.83	513
Asthma	125	2.47	2.07	2.95	2.87	359
ENT infections	111	2.13	1.77	2.56	2.05	227
Convulsions and epilepsy	87	1.95	1.58	2.41	2.98	259
Congestive heart failure	100	1.75	1.44	2.13	5.96	596
COPD	94	1.71	1.40	2.09	4.60	432
Pyelonephritis	84	1.64	1.33	2.04	4.44	373
Cellulitis	65	1.34	1.05	1.70	5.85	380

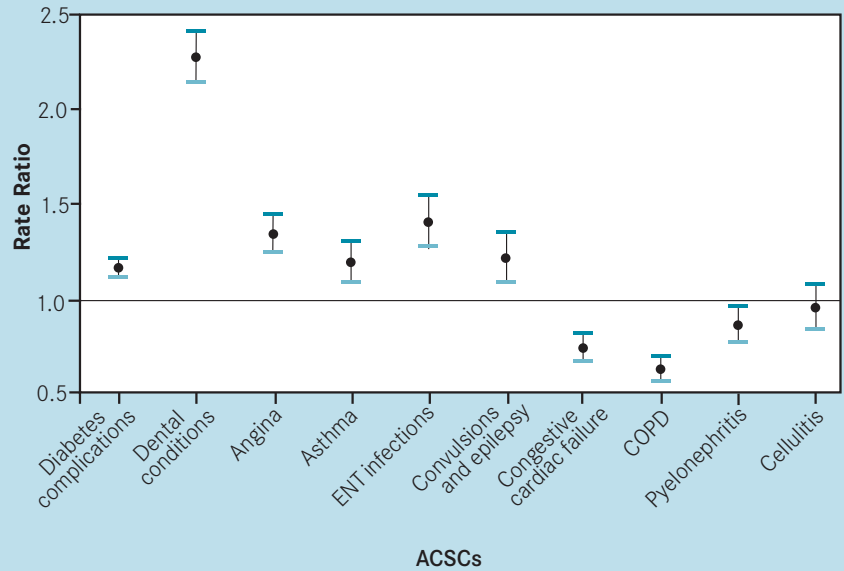
4.10.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for most ACSCs (except chronic obstructive pulmonary disease, congestive cardiac failure and pyelonephritis) were significantly higher than the Victorian averages in 2001–02. The PCP's highest admission rate ratio in 2001–02 was for dental conditions, which was 2.27 (2.15–2.41) (figure 48).

4.10.4 Key findings–Northern Mallee PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs, dental conditions, and ear, nose and throat infections were among the top five causes of admissions for ACSCs.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions.

Figure 48: Top ten ACSCs admission rate ratios, Northern Mallee PCP, 2001–02



4.11 Southern Mallee Primary Care Partnership

4.11.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs decreased over the five year period (figure 49). The admission rates for total ACSCs decreased from 41.18 per 1,000 persons (39.2–43.2) in 1997–98 to 37.42 per 1,000 persons (35.71–39.22) in 2001–02.

4.11.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications was the leading cause of admission among the PCP's top ten ACSCs (table 21). The average bed days for the top ten ACSCs was 5.00 in 2001–02.

4.11.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for ear, nose and throat infections (figure 50). Admission rate ratios in the PCP were significantly higher than the Victorian averages for all of the top ten ACSCs (except diabetes complications and pyelonephritis).

Figure 49: ACSCs admission rates, Southern Mallee PCP, 1997–98 to 2001–02

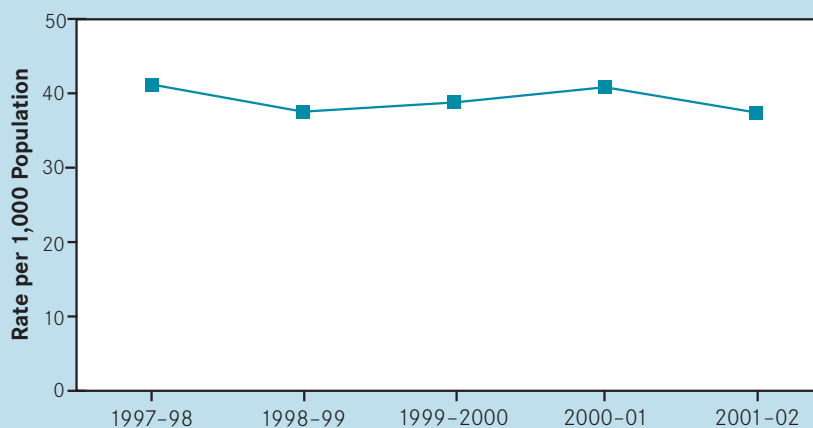
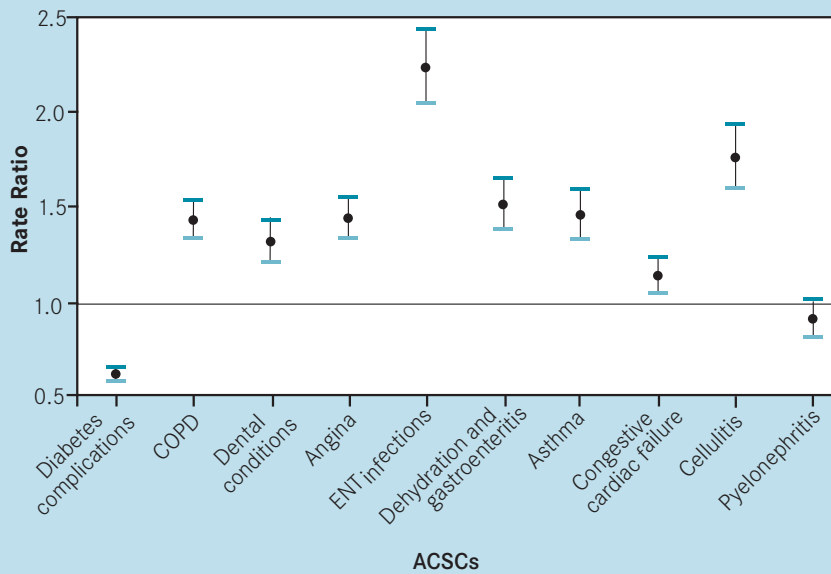


Table 21: Top ten ACSCs in PCP 11 – Southern Mallee, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	295	5.69	5.08	6.38	8.18	2,412
COPD	206	3.90	3.40	4.47	5.95	1,225
Dental conditions	142	3.55	3.02	4.19	1.06	151
Angina	185	3.53	3.06	4.08	2.98	552
ENT infections	134	3.39	2.86	4.01	1.93	259
Dehydration and gastroenteritis	130	3.10	2.61	3.69	3.11	404
Asthma	123	3.02	2.53	3.60	2.86	352
Congestive heart failure	147	2.70	2.29	3.17	11.03	1,622
Cellulitis	108	2.47	2.05	2.98	4.52	488
Pyelonephritis	82	1.74	1.40	2.15	3.67	301

Figure 50: Top ten ACSCs admission rate ratios, Southern Mallee PCP, 2001–02



4.11.4 Key findings–Southern Mallee PCP

- The PCP’s admission rates for total ACSCs decreased over the five year period.
- Diabetes complications was the leading cause of admission among the top ten ACSCs.
- The PCP’s highest admission rate ratio in 2001–02 was for ear, nose and throat infections.

4.12 Bendigo/Loddon Primary Care Partnership

4.12.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 51). The admission rates for total ACSCs increased from 27.27 per 1,000 persons (26.20–28.30) in 1997–98 to 33.67 per 1,000 persons (32.58–34.80) in 2001–02.

4.12.2 Top ten individual ACSCs admissions, 2001–02

Of the top ten ACSCs, the leading cause of admissions in the PCP was diabetes complications (table 22). The average bed days for the top ten ACSCs was 5.85 in 2001–02.

Figure 51: ACSCs admission rates, Bendigo/Loddon PCP, 1997–98 to 2001–02

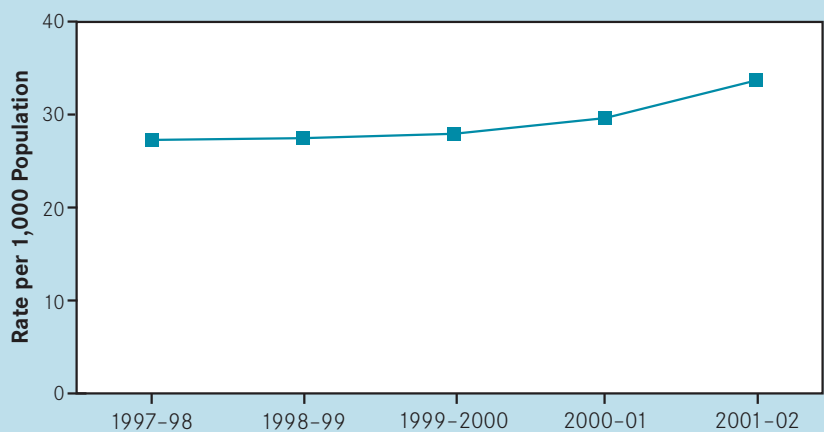


Table 22: Top ten ACSCs in PCP 12 – Bendigo/Loddon, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	1,093	9.97	9.40	10.58	7.79	8,511
Dental conditions	424	4.58	4.17	5.04	1.06	451
Angina	318	2.82	2.53	3.15	3.55	1,129
COPD	319	2.78	2.49	3.10	8.66	2,763
Congestive heart failure	292	2.39	2.13	2.68	9.06	2,646
Dehydration and gastroenteritis	223	2.18	1.91	2.49	3.63	809
Asthma	188	1.93	1.67	2.22	2.66	501
Pyelonephritis	151	1.42	1.21	1.66	5.10	770
Convulsions and epilepsy	130	1.41	1.18	1.67	2.86	372
Cellulitis	141	1.33	1.12	1.56	8.64	1,218

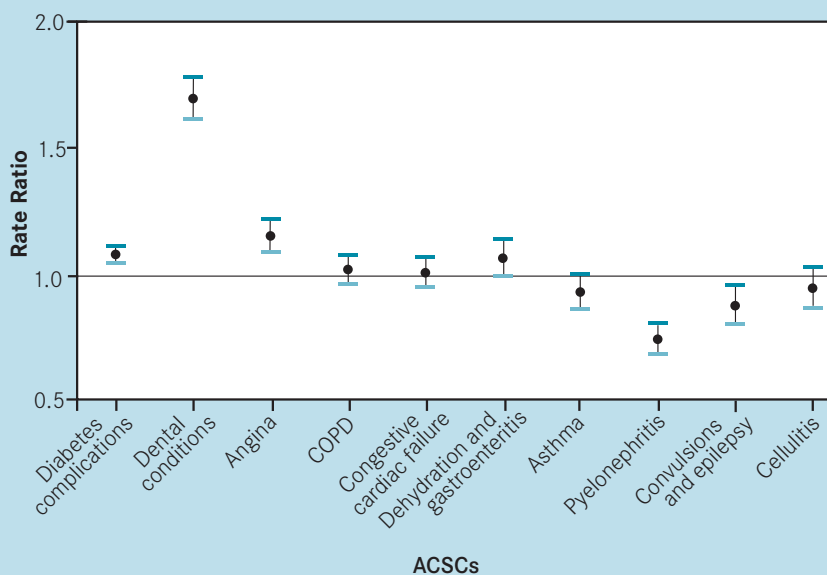
4.12.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for dental conditions (figure 52). The PCP's admission rate ratios for angina and diabetes complications were also significantly higher than the Victorian averages.

4.12.4 Key findings– Bendigo/Loddon PCP

- Admission rates for total ACSCs increased over the five year period.
- The leading cause of admissions among the top ten ACSCs was diabetes complications.
- The PCP's highest admission rate ratio in 2001–02 was for dental conditions.
- The PCP's admission rate ratios for angina and diabetes complications were also significantly higher than the Victorian averages.

Figure 52: Top ten ACSCs admission rate ratios, Bendigo/Loddon PCP, 2001–02



4.13 Campaspe Primary Care Partnership

4.13.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000 (figure 53). The admission rates for total ACSCs increased from 33.80 per 1,000 persons (32.02–35.67) in 1999–2000 to 39.95 per 1,000 persons (38.07–41.92) in 2001–02.

4.13.2 Top ten individual ACSCs admissions, 2001–02

The Primary Care Partnership’s (PCP) top two admissions were for chronic ACSCs (table 23). The PCP’s leading cause of admissions in 2001–02 was for diabetes complications. The average bed days for the top ten ACSCs was 5.11 in 2001–02.

4.13.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP’s admission rate ratios were significantly higher than the Victorian averages for all of the top ten ACSCs (except diabetes complications, convulsions and epilepsy, and ear, nose and throat infections) in 2001–02 (figure 54).

Figure 53: ACSCs admission rates, Campaspe PCP, 1997–98 to 2001–02

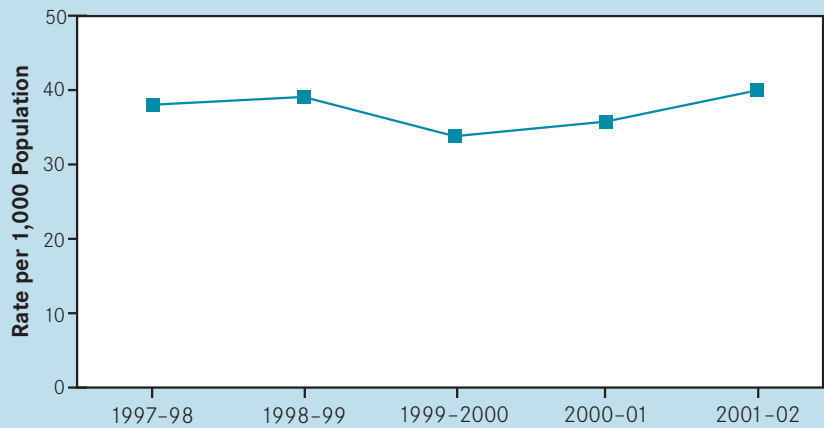
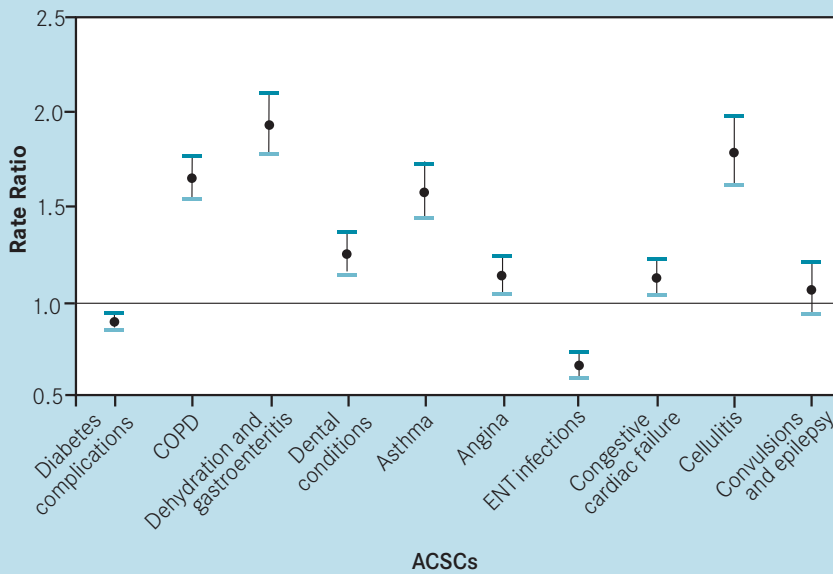


Table 23: Top ten ACSCs in PCP 13 – Campaspe, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	365	8.24	7.44	9.13	9.17	3,346
COPD	209	4.51	3.94	5.16	5.82	1,217
Dehydration and gastroenteritis	146	3.97	3.37	4.66	2.42	353
Dental conditions	122	3.38	2.83	4.03	1.07	130
Asthma	125	3.27	2.74	3.89	3.16	395
Angina	132	2.79	2.35	3.30	2.92	385
ENT infections	92	2.71	2.21	3.32	2.26	208
Congestive heart failure	137	2.67	2.26	3.15	7.18	983
Cellulitis	97	2.51	2.05	3.06	4.46	433
Convulsions and epilepsy	60	1.70	1.32	2.20	2.40	144

Figure 54: Top ten ACSCs admission rate ratios, Campaspe PCP, 2001–02



4.14 Central Victorian Health Alliance Primary Care Partnership

4.14.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The admission rates for total ACSCs increased over the five year period (figure 55). The admission rates for total ACSCs increased from 26.12 per 1,000 persons (24.93–27.36) in 1999–2000 to 28.94 per 1,000 persons (27.71–30.23) in 2001–02.

4.14.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications and dental conditions were the Primary Care Partnership’s (PCP) two leading causes of hospital admissions in 2001–02 (table 24). The average bed days for the top ten ACSCs was 5.32 in 2001–02.

4.13.4 Key findings–Campaspe PCP

- The admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased in the last two years of the study period.
- The PCP’s leading cause of admissions in 2001–02 was diabetes complications.
- The PCP’s admission rate ratios were significantly higher than the Victorian averages for all of the top ten ACSCs (except diabetes complications, convulsions and epilepsy, and ear, nose and throat infections) in 2001–02.

Figure 55: ACSCs admission rates, Central Victorian Health Alliance PCP, 1997–98 to 2001–02

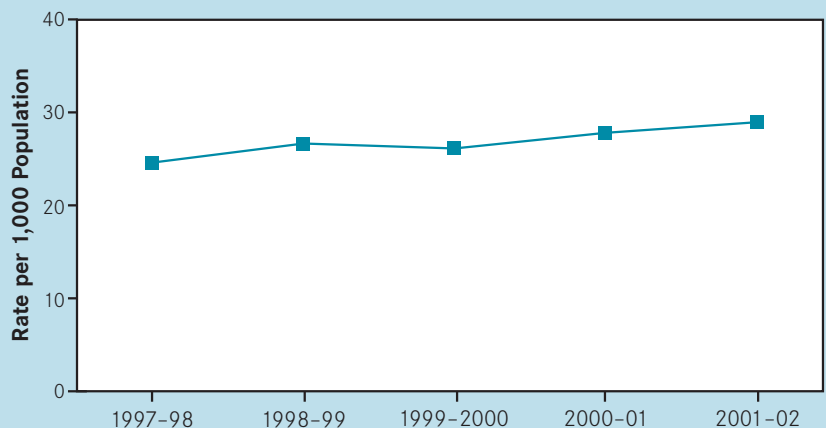


Table 24: Top ten ACSCs in PCP 14 – Central Victorian Health Alliance, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	457	6.19	5.64	6.78	8.82	4,032
Dental conditions	237	3.57	3.15	4.06	1.04	246
COPD	209	2.81	2.46	3.22	6.96	1,455
Dehydration and gastroenteritis	182	2.73	2.36	3.15	2.94	535
Angina	205	2.71	2.36	3.10	2.85	584
Congestive heart failure	174	2.21	1.91	2.57	8.89	1,546
Asthma	108	1.59	1.32	1.92	2.79	301
Pyelonephritis	103	1.52	1.25	1.84	5.05	520
ENT infections	90	1.47	1.20	1.81	2.02	182
Cellulitis	98	1.40	1.15	1.71	5.20	510

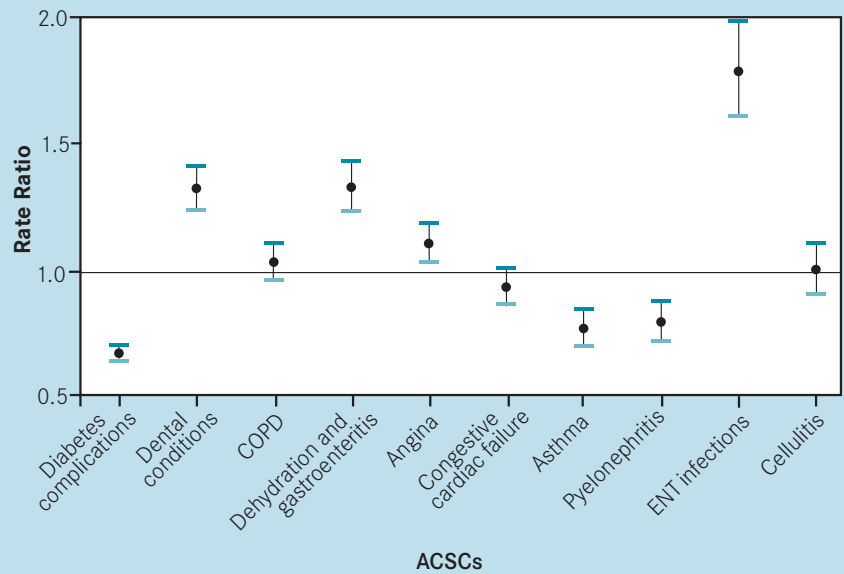
4.14.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for ear, nose and throat infections, which was 1.79 (1.61–1.98) (figure 56). The PCP's admission rate ratios were also significantly higher than the Victorian averages for angina, dental conditions and dehydration and gastroenteritis.

4.14.4 Key findings—Central Victorian Health Alliance PCP

- The admission rates for total ACSCs increased over the five year period.
- Diabetes complications and dental conditions were the two leading causes of hospital admissions in 2001–02.
- The PCP's highest admission rate ratio in 2001–02 was for ear, nose and throat infections.

Figure 56: Top ten ACSCs admission rate ratios, Central Victorian Health Alliance PCP, 2001–02



4.15 Hume/Moreland Primary Care Partnership

4.15.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The admission rates for total ACSCs increased over the five year period (figure 57). The admission rates for total ACSCs increased from 22.7 per 1,000 persons (22.12–23.30) in 1999–2000 to 33.09 per 1,000 persons (32.39–33.80) in 2001–02.

4.15.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications and chronic obstructive pulmonary disease were the Primary Care Partnership’s (PCP) two leading causes of hospital admissions in 2001–02 (table 25). The average bed days for the top ten ACSCs was 5.53 in 2001–02.

4.15.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

- The PCP’s admission rate ratios for diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure and pyelonephritis were significantly higher than the Victorian averages in 2001–02 (figure 58).

Figure 57: ACSCs admission rates, Hume/Moreland PCP, 1997–98 to 2001–02

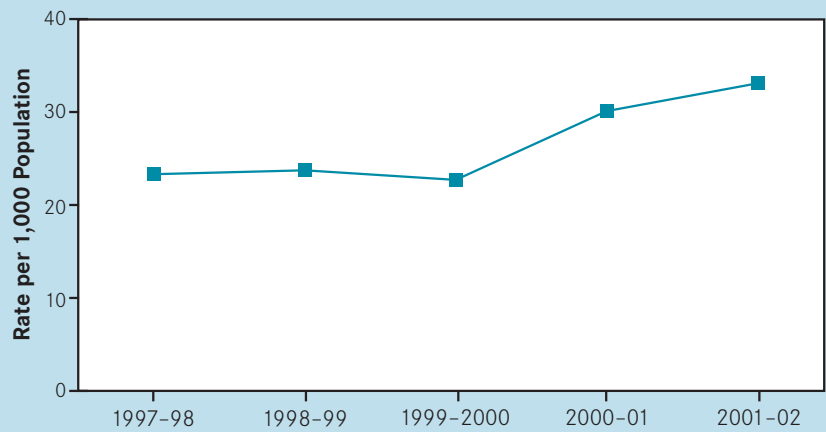
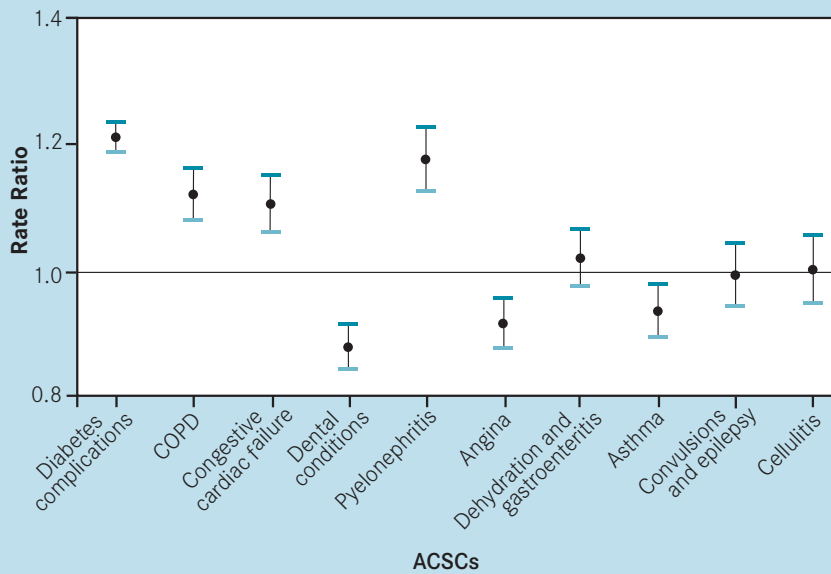


Table 25: Top ten ACSCs in PCP 15 – Hume/Moreland, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,875	11.20	10.80	11.62	8.29	23,835
COPD	782	3.06	2.85	3.28	6.93	5,423
Congestive heart failure	646	2.63	2.43	2.84	6.53	4,219
Dental conditions	639	2.37	2.20	2.57	1.31	835
Pyelonephritis	572	2.25	2.07	2.44	3.94	2,255
Angina	568	2.25	2.07	2.44	3.10	1,760
Dehydration and gastroenteritis	551	2.09	1.93	2.28	2.46	1,355
Asthma	517	1.94	1.78	2.12	2.15	1,111
Convulsions and epilepsy	423	1.60	1.45	1.76	3.12	1,318
Cellulitis	363	1.41	1.27	1.56	4.82	1,748

Figure 58: Top ten ACSCs admission rate ratios, Hume/Moreland PCP, 2001–02



4.15.4 Key findings—Hume/Moreland PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Diabetes complications and chronic obstructive pulmonary disease were the PCP’s leading causes of hospital admissions in 2001–02.
- The PCP’s admission rate ratios for diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure and pyelonephritis were significantly higher than the Victorian averages in 2001–02.

4.16 Banyule/Nillumbik Primary Care Partnership

4.16.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 59). The admission rates for total ACSCs increased from 19.54 per 1,000 persons (18.89–20.21) in 1999–2000 to 24.35 per 1,000 persons (23.63–25.09) in 2001–02.

4.16.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications and dental conditions were the PCP’s two leading causes of hospital admissions in 2001–02 (table 26). The average bed days for the top ten ACSCs was 4.88 in 2001–02.

Figure 59: ACSCs admission rates, Banyule/Nillumbik PCP, 1997–98 to 2001–02

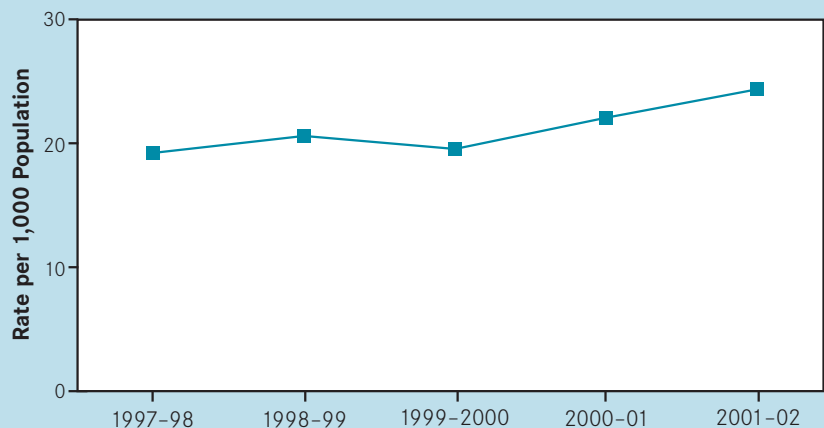


Table 26: Top ten ACSCs in PCP 16 – Banyule/Nilumbik, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	1,140	6.57	6.20	6.96	7.55	8,604
Dental conditions	379	2.17	1.96	2.40	1.08	411
Dehydration and gastroenteritis	372	2.11	1.91	2.33	3.32	1,236
COPD	317	1.86	1.67	2.08	8.50	2,694
Congestive heart failure	306	1.72	1.54	1.93	6.49	1,987
Angina	299	1.70	1.52	1.90	1.89	564
Convulsions and epilepsy	266	1.56	1.38	1.76	2.41	641
Pyelonephritis	267	1.52	1.35	1.72	5.52	1,473
Asthma	235	1.39	1.22	1.58	2.35	553
ENT infections	202	1.19	1.04	1.37	1.54	312

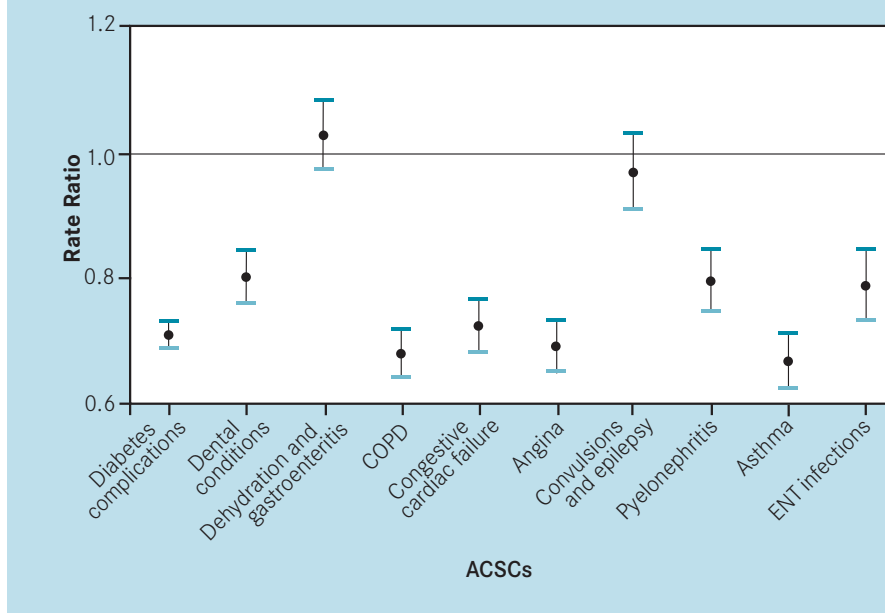
4.16.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for the top ten ACSCs were either significantly lower than or not significantly different to the Victorian averages in 2001–02 (figure 60).

4.16.4 Key findings– Banyule/Nilumbik PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Diabetes complications and dental conditions were the PCP's two leading causes of hospital admissions in 2001–02.
- The PCP's admission rate ratios for the top ten ACSCs were either significantly lower than or not significantly different to the Victorian averages in 2001–02.

Figure 60: Top ten ACSCs admission rate ratios, Banyule/Nilumbik PCP, 2001–02



4.17 North Central Metropolitan Primary Care Partnership

4.17.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 61). The admission rates for total ACSCs increased from 22.61 per 1,000 persons (22.07–23.17) in 1998–99 to 30.89 per 1,000 persons (30.27–31.53) in 2001–02.

4.17.2 Top ten individual ACSCs admissions, 2001–02

The PCP's top five causes of admissions in 2001–02 were chronic ACSCs (except for dehydration and gastroenteritis) (table 27). The average bed days for the top ten ACSCs was 5.39 in 2001–02.

4.17.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for diabetes complications, congestive cardiac failure and iron deficiency anaemia were significantly higher than the Victorian averages in 2001–02 (figure 62). The PCP's highest admission rate ratio was for iron deficiency anaemia, which was 1.17 (1.11–1.23).

Figure 61: ACSCs admission rates, North Central Metropolitan PCP, 1997–98 to 2001–02

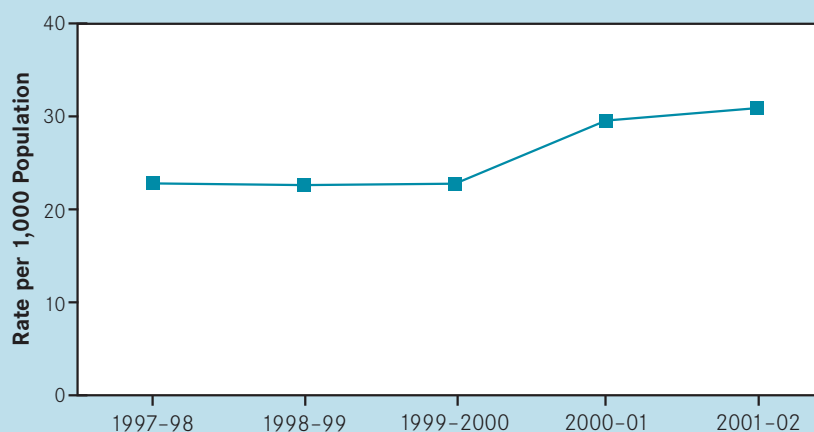
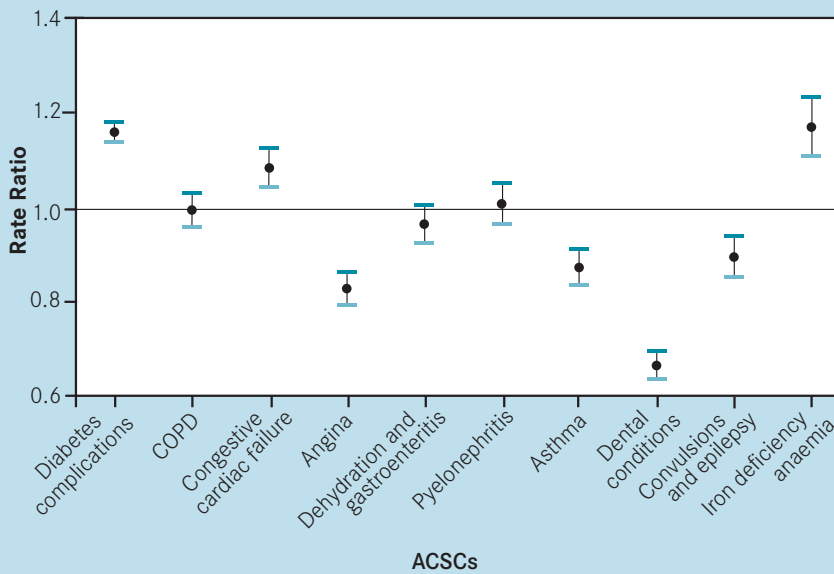


Table 27: Top ten ACSCs in PCP 17 – North Central Metropolitan, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	3,150	10.72	10.35	11.10	7.77	24,463
COPD	793	2.72	2.53	2.91	7.76	6,153
Congestive heart failure	743	2.57	2.40	2.77	6.63	4,928
Angina	591	2.03	1.87	2.20	2.53	1,496
Dehydration and gastroenteritis	627	1.98	1.83	2.14	2.54	1,593
Pyelonephritis	575	1.93	1.78	2.09	4.42	2,539
Asthma	534	1.81	1.66	1.97	2.56	1,368
Dental conditions	538	1.80	1.65	1.96	1.29	692
Convulsions and epilepsy	445	1.44	1.31	1.58	2.57	1,145
Iron deficiency anaemia	374	1.26	1.14	1.40	1.94	724

Figure 62: Top ten ACSCs admission rate ratios, North Central Metropolitan PCP, 2001–02



4.17.4 Key findings–North Central Metropolitan PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were the PCP’s top four causes of admissions in 2001–02.
- The PCP’s admission rate ratios for diabetes complications, congestive cardiac failure and iron deficiency anaemia were significantly higher than the Victorian averages in 2001–02.

4.18 Inner South Primary Care Partnership

4.18.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Provider’s (PCP) admission rates for total ACSCs increased from 1997–98 to 2001–2002. (figure 63). The admission rates for total ACSCs increased from 21.40 per 1,000 persons (20.90–21.92) in 1999–2000 to 27.98 per 1,000 persons (27.41–28.56) in 2001–02.

4.18.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications and chronic obstructive pulmonary disease were the PCP’s leading causes of admissions in 2001–02 (table 28). The average bed days for the top ten ACSCs was 5.60 in 2001–02.

Figure 63: ACSCs admission rates, Inner South PCP, 1997–98 to 2001–02

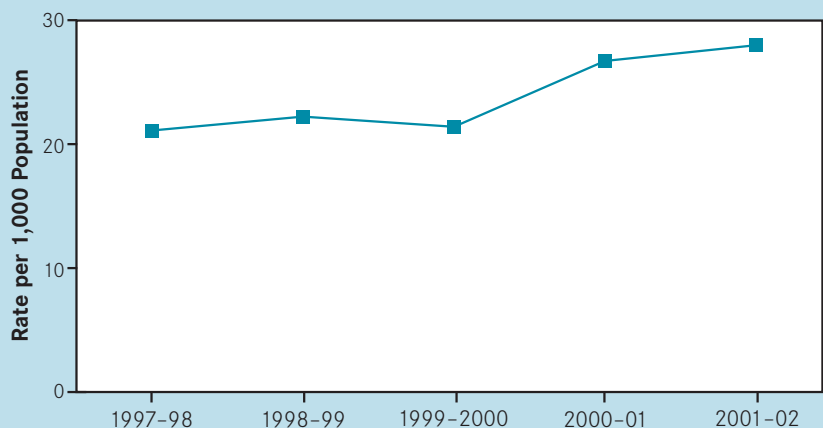


Table 28: Top ten ACSCs in PCP 18 – Inner South, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,819	8.28	7.98	8.60	8.32	23,449
COPD	796	2.30	2.15	2.47	6.85	5,449
Dehydration and gastroenteritis	746	2.21	2.06	2.38	2.73	2,033
Congestive heart failure	799	2.05	1.91	2.20	7.95	6,352
Dental conditions	537	1.99	1.83	2.17	1.19	639
Pyelonephritis	685	1.96	1.82	2.11	5.92	4,052
Asthma	450	1.69	1.54	1.85	2.32	1,044
ENT infections	366	1.50	1.36	1.67	1.58	578
Angina	518	1.46	1.34	1.59	2.53	1,311
Iron deficiency anaemia	466	1.36	1.24	1.49	1.91	888

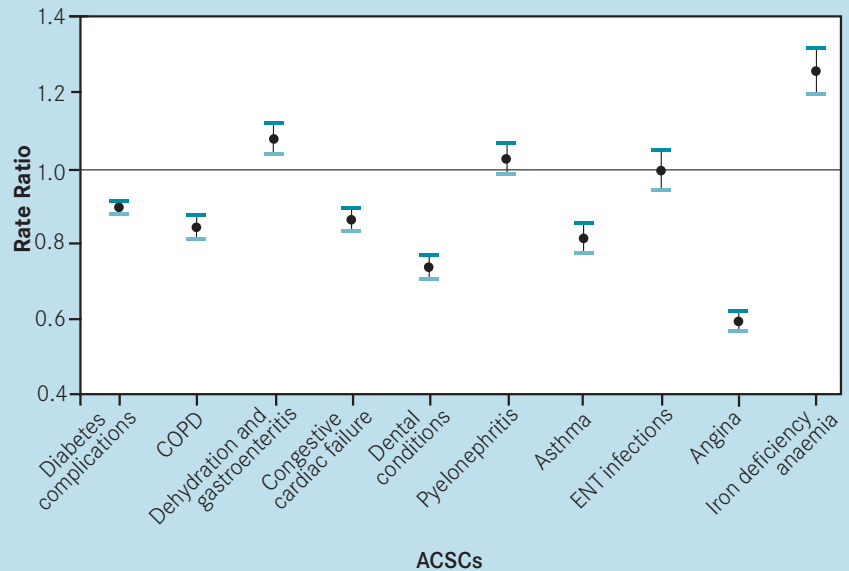
4.18.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for the top ten ACSCs were significantly greater than the Victorian averages for dehydration and gastroenteritis and iron deficiency anaemia (figure 64).

4.18.4 Key findings—Inner South PCP

- The PCP's admission rates for total ACSCs increased from 1997–98 to 2001–2002.
- Diabetes complications and chronic obstructive pulmonary disease were the PCP's leading causes of admissions in 2001–02.
- The PCP's admission rate ratios for the top ten ACSCs were significantly greater than the Victorian averages for dehydration and gastroenteritis, and iron deficiency anaemia.

Figure 64: Top ten ACSCs admission rate ratios, Inner South PCP, 2001–02



4.19 Kingston/Bayside Primary Care Partnership

4.19.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 65). The admission rates for total ACSCs increased from 21.89 per 1,000 persons (21.32–22.47) in 1999–2000 to 27.38 per 1,000 persons (26.75–28.01) in 2001–02.

4.19.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications and chronic obstructive pulmonary disease were the PCP's two leading causes of ACSC admissions in 2001–02 (table 29). The admission rate for iron deficiency anaemia was 1.85 (1.70–2.02), making it the PCP's seventh leading cause of admissions. The average bed days for the top ten ACSCs was 4.67 in 2001–02.

4.19.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio was for iron deficiency anaemia, which was 1.71 (1.63–1.80) (figure 66). The PCP's admission rate ratio for pyelonephritis was 1.06 (1.01–1.10). All other top ten ACSCs admission rate ratios were significantly below or similar to the Victorian averages in 2001–2002.

Figure 65: ACSCs admission rates, Kingston/Bayside PCP, 1997–98 to 2001–02

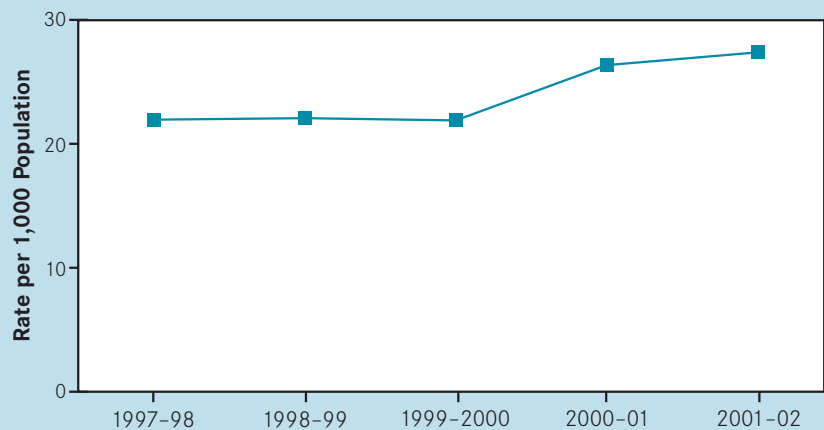
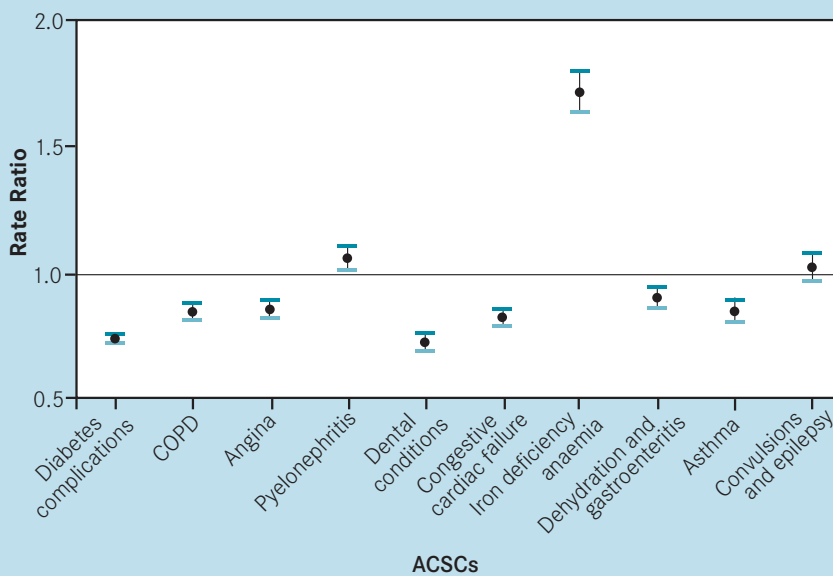


Table 29: Top ten ACSCs in PCP 19 – Kingston/Bayside, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	1,912	6.82	6.52	7.14	6.39	12,223
COPD	693	2.31	2.14	2.48	6.81	4,721
Angina	625	2.09	1.94	2.27	2.50	1,561
Pyelonephritis	556	2.02	1.86	2.20	5.33	2,963
Dental conditions	422	1.96	1.78	2.15	1.14	482
Congestive heart failure	641	1.95	1.81	2.11	7.00	4,484
Iron deficiency anaemia	495	1.85	1.70	2.02	1.75	866
Dehydration and gastroenteritis	482	1.85	1.69	2.02	2.87	1,385
Asthma	375	1.75	1.59	1.94	2.46	923
Convulsions and epilepsy	374	1.64	1.48	1.82	2.96	1,108

Figure 66: Top ten ACSCs admission rate ratios, Kingston/Bayside PCP, 2001–02



4.19.4 Key findings—Kingston/Bayside PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Diabetes complications and chronic obstructive pulmonary disease were the PCP’s two leading causes of ACSC admissions in 2001–02.
- The PCP’s admission rate for iron deficiency anaemia was 1.85 (1.70–2.02), making it the PCP’s seventh leading cause of admissions.
- The PCP’s highest admission rate ratio was for iron deficiency anaemia.

4.20 South East Primary Care Partnership

4.20.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs showed no significant variation from 1997–98 to 1999–2000 (figure 67). The admission rates for total ACSCs increased from 25.39 per 1,000 persons (24.83–25.97) in 1999–2000 to 29.23 per 1,000 persons (28.63–29.84) in 2001–02.

4.20.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs were the PCP’s top five causes of admissions in 2001–02, accounting for 63.92 per cent of total admissions for the top ten ACSCs in this PCP (table 30). The average bed days for the top ten ACSCs was 4.38 in 2001–02.

Figure 67: ACSCs admission rates, South East PCP, 1997–98 to 2001–02

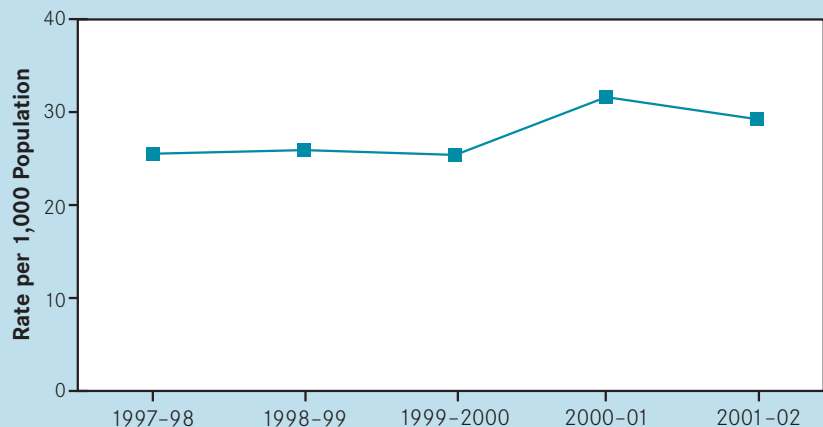


Table 30: Top ten ACSCs in PCP 20 – South East, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,317	8.10	7.78	8.44	7.02	16,271
Angina	845	2.91	2.72	3.11	2.39	2,021
COPD	718	2.60	2.42	2.80	6.99	5,019
Asthma	751	2.12	1.97	2.28	2.31	1,735
Congestive heart failure	552	2.07	1.91	2.25	7.28	4,018
Pyelonephritis	633	2.02	1.87	2.19	4.06	2,570
Dental conditions	732	2.01	1.87	2.16	1.10	808
Convulsions and epilepsy	559	1.60	1.47	1.74	2.29	1,278
Dehydration and gastroenteritis	488	1.52	1.39	1.66	2.03	993
ENT infections	514	1.41	1.30	1.54	1.51	774

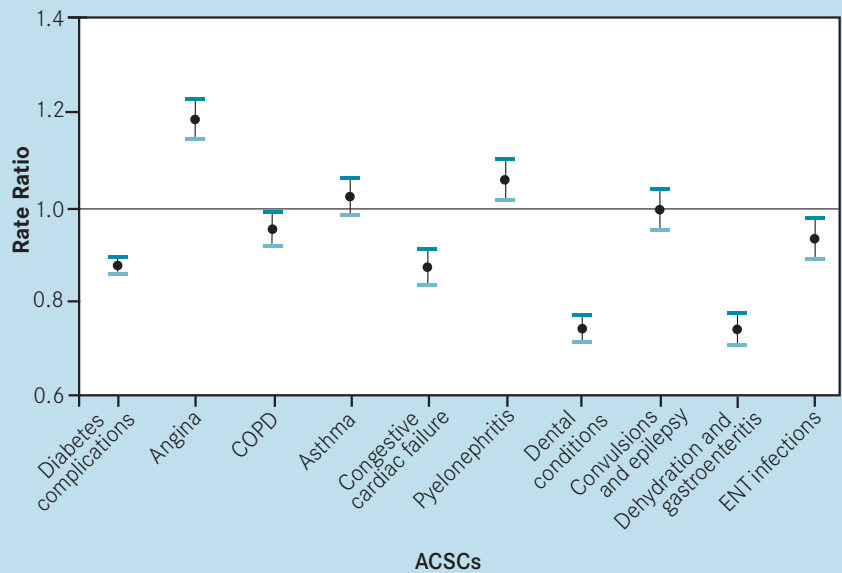
4.20.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios were significantly higher than the Victorian averages for angina and pyelonephritis (figure 68).

4.20.4 Key findings—South East PCP

- The PCP's admission rates for total ACSCs showed a declining trend from 1997–98 to 1999–2000.
- The admission rates for total ACSCs increased over the last two years of the study period.
- Chronic ACSCs were the PCP's top five causes of admissions in 2001–02.
- The PCP's admission rate ratios were significantly higher than the Victorian averages for angina and pyelonephritis.

Figure 68: Top ten ACSCs admission rate ratios, South East PCP, 2001–02



4.21 Frankston/ Mornington Peninsula Primary Care Partnership

4.21.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 69). The admission rates for total ACSCs increased from 27.49 per 1,000 persons (26.80–28.10) in 1997–98 to 33.47 per 1,000 persons (32.81–34.15) in 2001–02.

4.21.2 Top ten individual ACSCs admissions, 2001–02

In addition to chronic ACSCs, dental conditions were among the PCP's top five admissions for ACSCs (table 31). The average bed days for the top ten ACSCs was 4.46 in 2001–02.

4.21.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for angina, convulsions and epilepsy, ear, nose and throat infections and diabetes complications were significantly above the Victorian averages in 2001–02. The PCP's admission rate ratio for dehydration and gastroenteritis was below the Victorian average in 2001–02 (figure 70).

Figure 69: ACSCs admission rates, Frankston/Mornington Peninsula PCP, 1997–98 to 2001–02

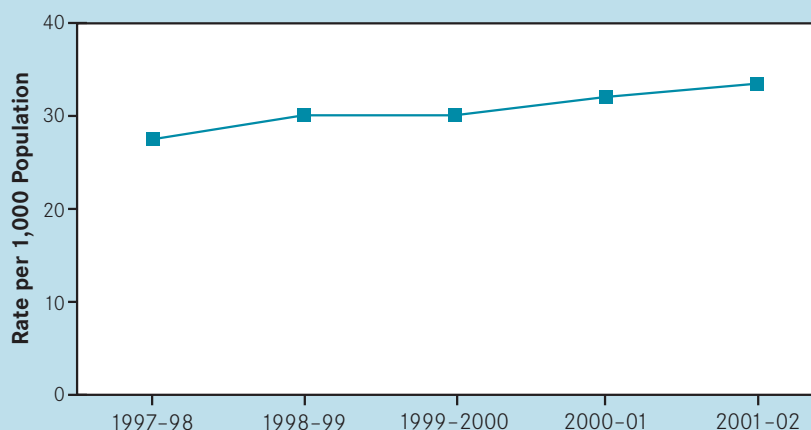
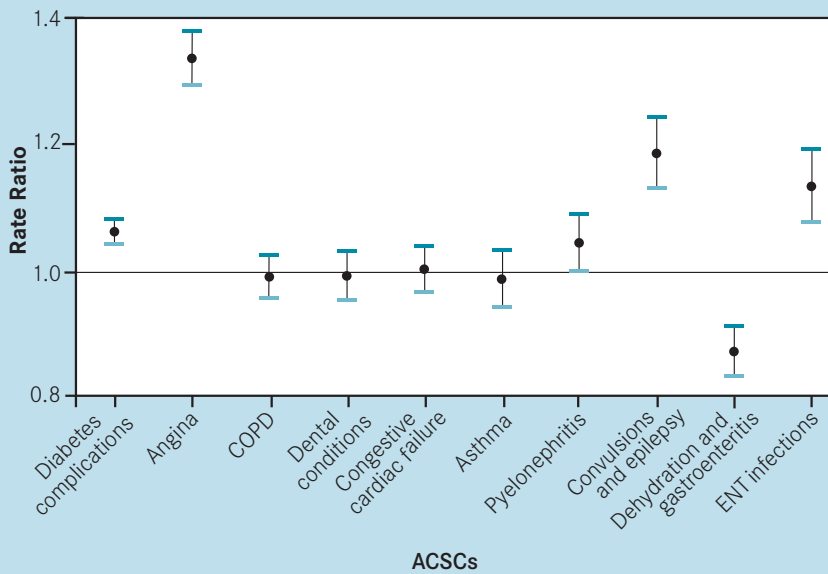


Table 31: Top ten ACSCs in PCP 21 – Frankston/Mornington Peninsula, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,956	9.82	9.47	10.18	5.07	14,995
Angina	1,034	3.28	3.08	3.48	2.39	2,474
COPD	871	2.70	2.53	2.89	7.98	6,948
Dental conditions	677	2.68	2.49	2.89	1.23	832
Congestive heart failure	802	2.38	2.22	2.55	7.54	6,049
Asthma	502	2.05	1.87	2.23	2.16	1,085
Pyelonephritis	563	2.00	1.84	2.17	5.28	2,975
Convulsions and epilepsy	473	1.91	1.74	2.09	3.37	1,595
Dehydration and gastroenteritis	492	1.79	1.64	1.96	3.14	1,546
ENT infections	403	1.72	1.56	1.89	1.52	611

Figure 70: Top ten ACSCs admission rate ratios, Frankston/Mornington Peninsula PCP, 2001–02



4.21.4 Key findings—Frankston/Mornington Peninsula PCP

- The PCP’s admission rates for total ACSCs increased over the five-year period.
- In addition to chronic ACSCs, dental conditions were among the PCP’s top five admissions for ACSCs.
- The PCP’s admission rate ratios for angina, convulsions and epilepsy, ear, nose and throat infections and diabetes complications were significantly above the Victorian averages in 2001–02.

4.22 Moonee Valley/Melbourne Primary Care Partnership

4.22.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 71). The admission rates for total ACSCs increased from 22.31 per 1,000 persons (21.58–23.07) in 1999–2000 to 29.65 per 1,000 persons (28.81–30.50) in 2001–02.

4.22.2 Top ten individual ACSCs admissions, 2001–02

In addition to dental conditions and pyelonephritis, chronic ACSCs were the PCP’s top five causes of admissions in 2001–02 (table 32). The average bed days for the top ten ACSCs was 5.67 in 2001–02.

Figure 71: ACSCs admission rates, Moonee Valley/Melbourne PCP, 1997–98 to 2001–02

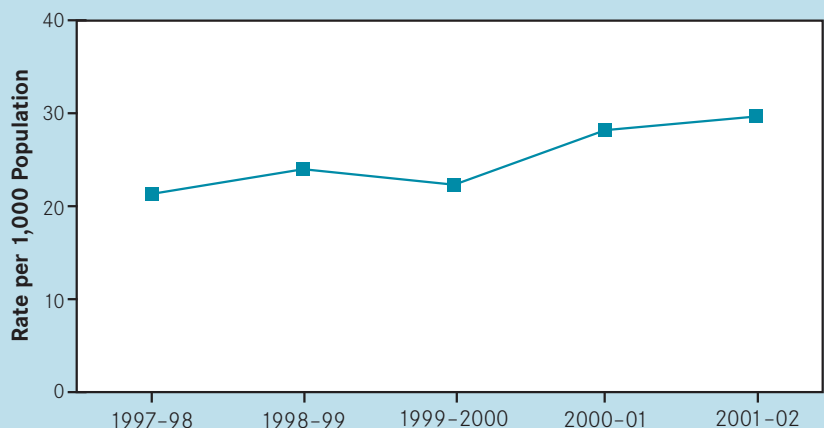


Table 32: Top ten ACSCs in PCP 22 – Moonee Valley/Melbourne, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	1,604	9.89	9.42	10.39	8.71	13,971
COPD	409	2.53	2.30	2.79	6.62	2,706
Dental conditions	343	2.36	2.13	2.63	1.20	412
Congestive heart failure	395	2.33	2.11	2.57	7.72	3,049
Pyelonephritis	340	2.03	1.83	2.26	3.91	1,331
Dehydration and gastroenteritis	325	1.94	1.74	2.16	2.38	774
Asthma	256	1.80	1.59	2.04	1.97	505
Angina	259	1.58	1.40	1.78	2.64	683
Convulsions and epilepsy	223	1.38	1.21	1.57	3.96	884
ENT infections	187	1.30	1.12	1.49	1.64	306

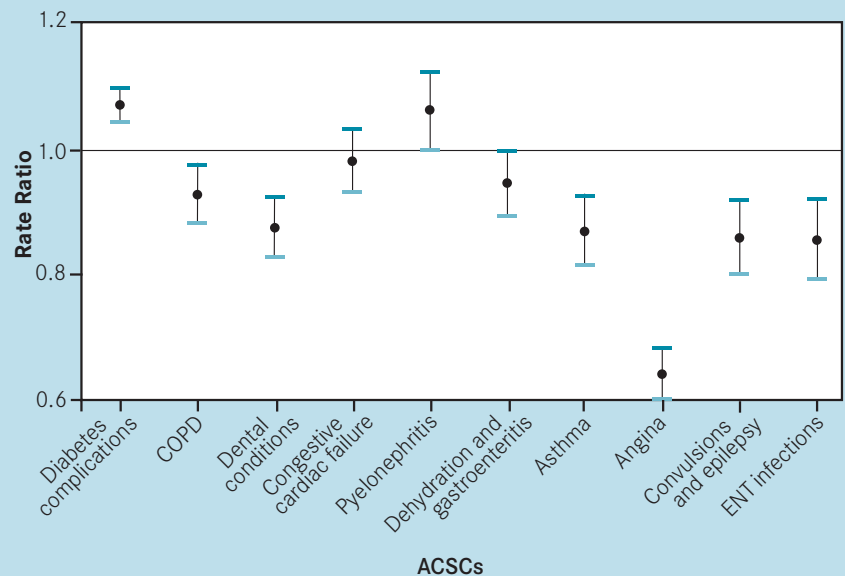
4.22.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for diabetes complications was 1.07 (1.04–1.10) in 2001–02 (figure 72). All of the PCP's top ten ACSCs admission rate ratios (except diabetes complications) were either lower than or not significantly different to the Victorian averages in 2001–02.

4.22.4 Key findings–Moonee Valley/Melbourne PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- The PCP's top five causes of admissions in 2001–02 included dental conditions, pyelonephritis and chronic ACSCs.
- The PCP's diabetes complications admission rate ratio was significantly above the Victorian average in 2001–02.

Figure 72: Top ten ACSCs admission rate ratios, Moonee Valley/Melbourne PCP, 2001–02



- All of the PCP's top ten ACSCs admission rate ratios (except diabetes complications) were either lower than or not significantly different to the Victorian averages in 2001–02.

4.23 West Bay Primary Care Partnership

4.23.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 73). The admission rates for total ACSCs increased from 25.51 per 1,000 persons (24.84–26.20) in 1999–2000 to 32.72 per 1,000 persons (31.97–33.50) in 2001–02.

4.23.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs were the PCP's top five causes of admissions in 2001–02 (table 33). The average bed days for the top ten ACSCs was 5.59 in 2001–02.

4.23.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios were significantly higher than the Victorian averages for diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure and cellulitis in 2001–02 (figure 74). The PCP's highest admission rate ratio was for congestive cardiac failure, which was 1.27 (1.22–1.33).

Figure 73: ACSCs admission rates, West Bay PCP, 1997–98 to 2001–02

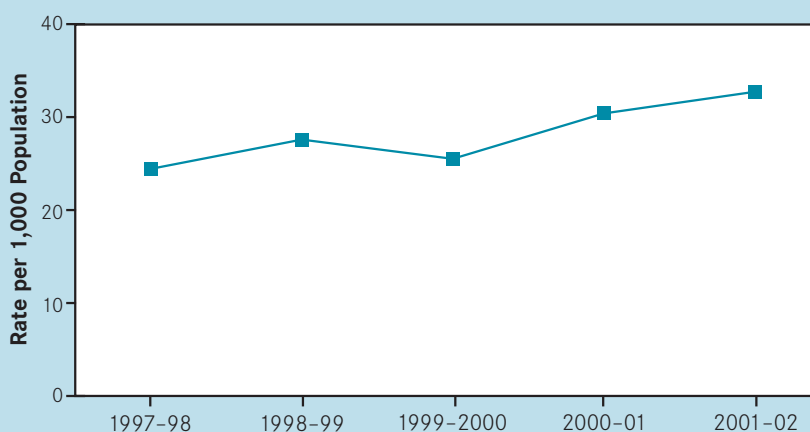
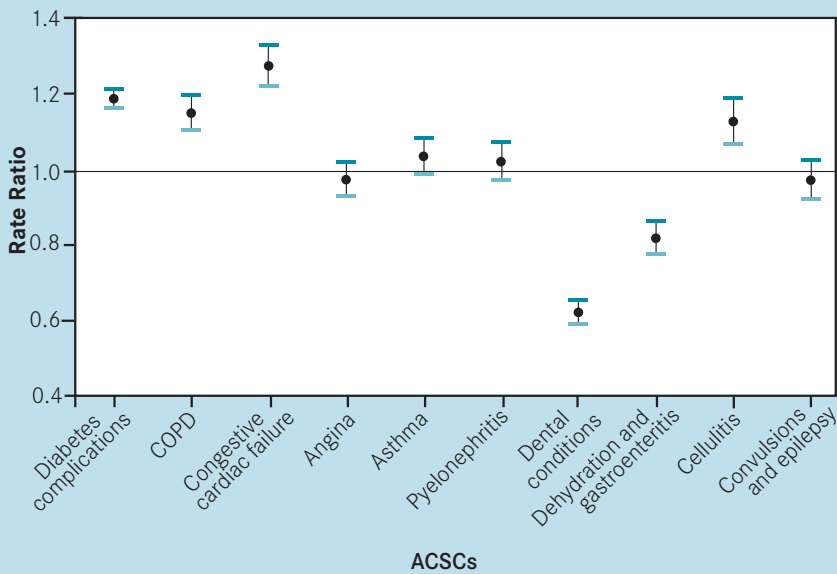


Table 33: Top ten ACSCs in PCP 23 – West Bay, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,286	10.98	10.54	11.44	7.93	18,138
COPD	644	3.14	2.90	3.39	7.07	4,552
Congestive heart failure	607	3.03	2.80	3.28	7.61	4,617
Angina	502	2.39	2.19	2.61	2.23	1,121
Asthma	504	2.15	1.97	2.34	2.27	1,145
Pyelonephritis	420	1.95	1.77	2.15	4.28	1,798
Dental conditions	396	1.68	1.52	1.86	1.18	466
Dehydration and gastroenteritis	373	1.68	1.52	1.86	2.70	1,006
Cellulitis	351	1.58	1.42	1.76	6.10	2,141
Convulsions and epilepsy	362	1.56	1.41	1.73	2.81	1,018

Figure 74: Top ten ACSCs admission rate ratios, West Bay PCP, 2001–02



4.23.4 Key findings–West Bay PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were the PCP’s top five causes of admissions in 2001–02.
- The PCP’s admission rate ratios were significantly higher than the Victorian averages for diabetes complications, chronic obstructive pulmonary disease, congestive cardiac failure and cellulitis in 2001–02.
- The PCP’s highest admission rate ratio was for congestive cardiac failure.

4.24 Brimbank/Melton Primary Care Partnership

4.24.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 75). The admission rates for total ACSCs increased from 25.35 per 1,000 persons (24.50–26.20) in 1997–98 to 35.57 per 1,000 persons (34.69–36.48) in 2001–02.

4.24.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs and pyelonephritis were the PCP’s top five causes of admissions in 2001–02 (table 34). The average bed days for the top ten ACSCs was 5.18 in 2001–02.

Figure 75: ACSCs admission rates, Brimbank/Melton PCP, 1997–98 to 2001–02

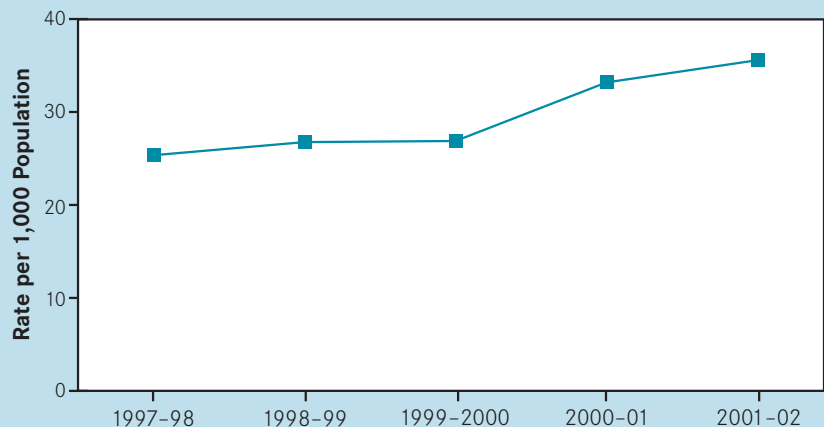


Table 34: Top ten ACSCs in PCP 24 – Brimbank/Melton, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	1,968	12.61	12.07	13.18	8.00	15,748
COPD	496	3.30	3.02	3.61	5.70	2,826
Congestive heart failure	433	3.19	2.90	3.50	6.28	2,718
Asthma	556	2.67	2.46	2.90	1.98	1,103
Pyelonephritis	410	2.35	2.14	2.59	3.57	1,464
Angina	374	2.32	2.10	2.57	2.34	877
Dental conditions	440	2.05	1.86	2.25	1.09	479
Dehydration and gastroenteritis	360	1.99	1.80	2.21	4.68	1,683
Convulsions and epilepsy	297	1.51	1.35	1.69	2.51	744
Cellulitis	250	1.45	1.28	1.64	5.14	1,284

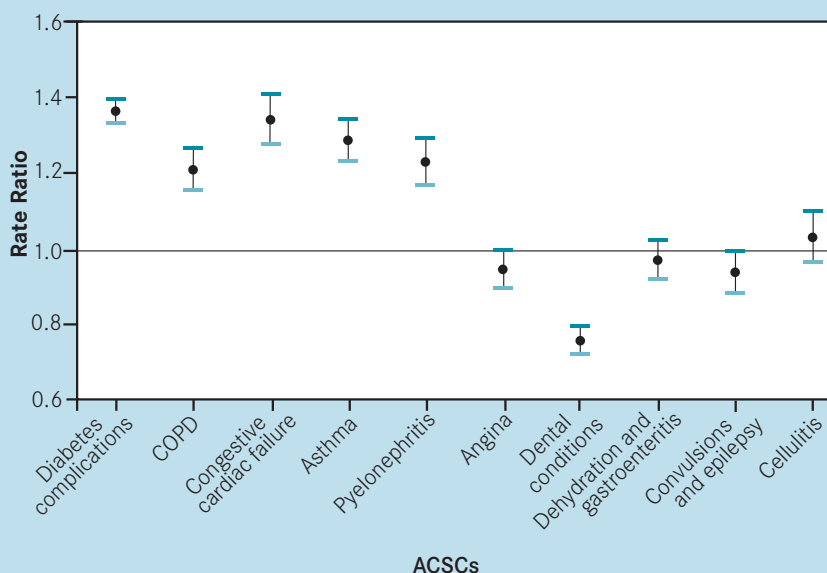
4.24.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for diabetes complications, which was 1.36 (1.33–1.40) (figure 76). The PCP's admission rate ratios for congestive cardiac failure, chronic obstructive pulmonary disease, asthma and pyelonephritis were also significantly higher than the Victorian averages in 2001–02.

4.24.4 Key findings—Brimbank/Melton PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and pyelonephritis were the PCP's top five causes of admissions in 2001–02.
- The PCP's highest admission rate ratio was for diabetes complications in 2001–02.
- The PCP's admission rate ratios for congestive cardiac failure, chronic obstructive pulmonary disease, asthma and pyelonephritis were also significantly higher than the Victorian averages in 2001–02.

Figure 76: Top ten ACSCs admission rate ratios, Brimbank/Melton PCP, 2001–02



4.25 East Gippsland Primary Care Partnership

4.25.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period from 26.47 per 1,000 persons (24.9–28.0) in 1997–98 to 30.73 per 1,000 persons (29.24–32.29) in 2001–02 (figure 77). The admission rates for total ACSCs showed no significant variation between 1999–2000 and 2001–02.

4.25.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs, convulsions and epilepsy, and dental conditions were the PCP's top five leading causes of admissions in 2001–02 (table 35). The average bed days for the top ten ACSCs was 3.77 in 2001–02.

4.25.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for cellulitis, which was 1.22 (1.09–1.37) (figure 78). The PCP's admission rate ratios for diabetes complications, angina, and convulsions and epilepsy were also above the Victorian averages in 2001–02.

Figure 77: ACSCs admission rates, East Gippsland PCP, 1997–98 to 2001–02

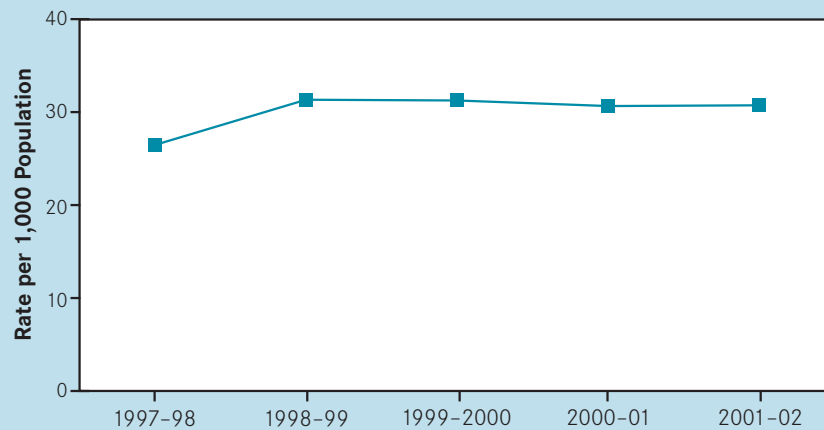
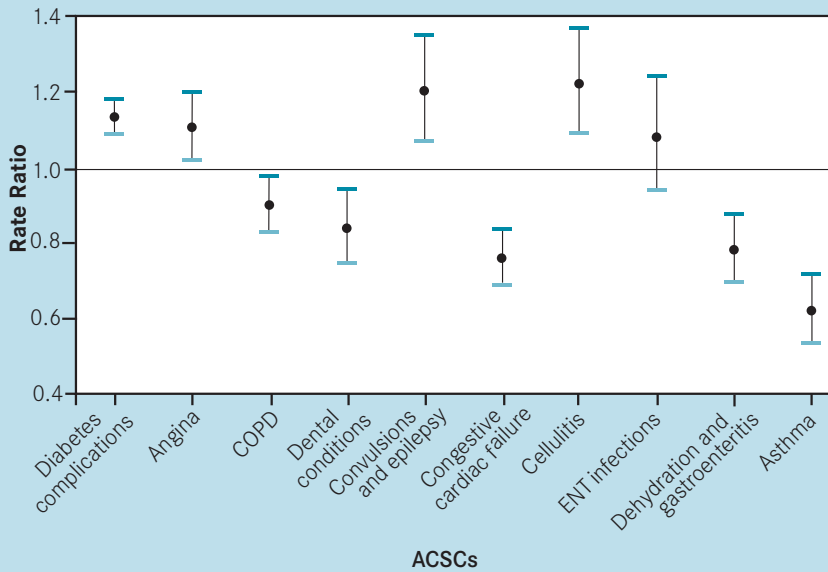


Table 35: Top ten ACSCs in PCP 25 – East Gippsland, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	619	10.48	9.69	11.34	3.55	2,199
Angina	156	2.71	2.32	3.18	2.53	394
COPD	149	2.46	2.10	2.89	6.32	942
Dental conditions	76	2.27	1.81	2.84	1.20	91
Convulsions and epilepsy	75	1.93	1.54	2.43	2.61	196
Congestive heart failure	108	1.81	1.50	2.18	6.47	699
Cellulitis	78	1.71	1.37	2.14	4.96	387
ENT infections	52	1.64	1.25	2.15	1.90	99
Dehydration and gastroenteritis	78	1.61	1.29	2.01	3.62	282
Asthma	47	1.29	0.97	1.72	2.72	128

Figure 78: Top ten ACSCs admission rate ratios, East Gippsland PCP, 2001–02



4.25.4 Key findings—East Gippsland PCP

- The admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs, convulsions and epilepsy, and dental conditions were the PCP’s five leading causes of admissions in 2001–02.
- The PCP’s highest admission rate ratio in 2001–02 was for cellulitis.

4.26 Wellington Primary Care Partnership

4.26.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 79). The admission rates for total ACSCs increased from 27.37 per 1,000 persons (25.8–29.0) in 1997–98 to 34.68 per 1,000 persons (33.00–36.44) in 2001–02.

4.26.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs were the PCP’s three leading causes of admissions in 2001–02 (table 36). The average bed days for the top ten ACSCs was 4.43 in 2001–02.

Figure 79: ACSCs admission rates, Wellington PCP, 1997–98 to 2001–02

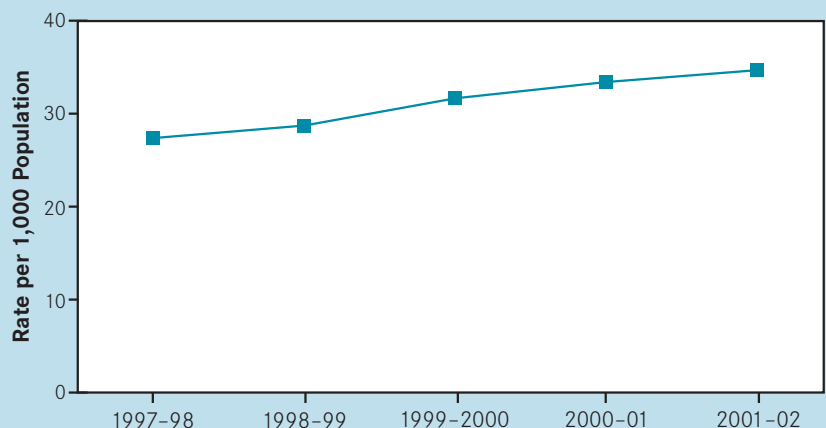


Table 36: Top ten ACSCs in PCP 26 – Wellington, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	393	8.28	7.50	9.14	5.06	1,989
Angina	153	3.18	2.71	3.73	2.60	398
COPD	148	3.14	2.67	3.68	6.91	1,023
Dehydration and gastroenteritis	119	2.75	2.30	3.29	2.86	340
Asthma	109	2.70	2.24	3.26	2.55	278
Congestive heart failure	126	2.56	2.15	3.05	9.05	1,140
Dental conditions	102	2.39	1.97	2.91	1.06	108
Pyelonephritis	106	2.35	1.94	2.84	4.52	479
Convulsions and epilepsy	84	2.15	1.73	2.66	4.64	390
ENT infections	76	1.87	1.49	2.34	1.71	130

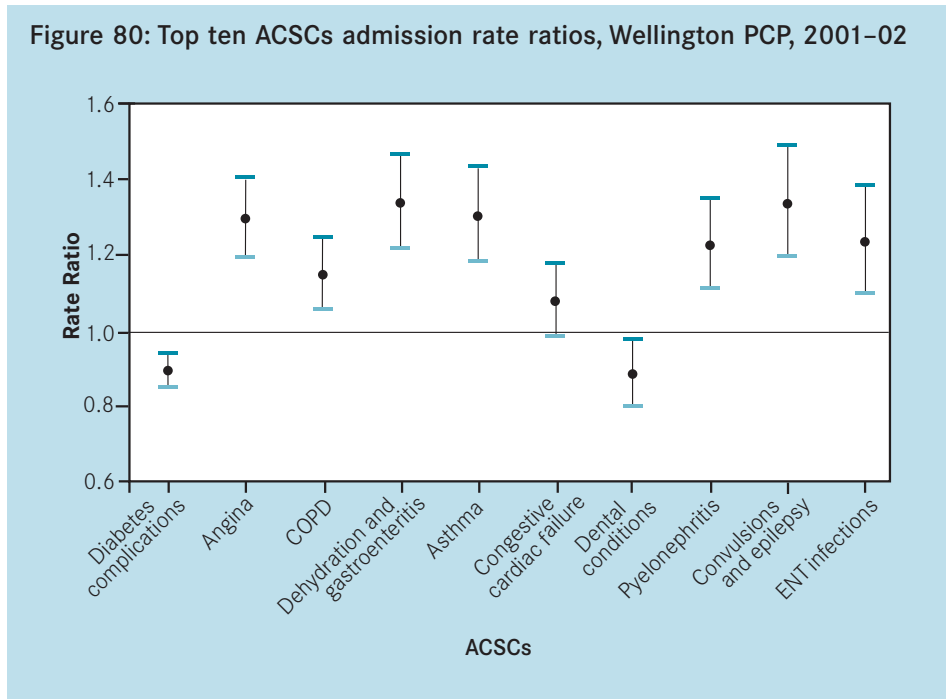
4.26.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP’s admission rate ratios were significantly higher than the Victorian averages for all top ten ACSCs (except diabetes complications, congestive cardiac failure and dental conditions) in 2001–02 (figure 80). The PCP’s highest admission rate ratio was for dehydration and gastroenteritis, which was 1.34 (1.22–1.47).

4.26.4 Key findings– Wellington PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were the PCP’s three leading causes of admissions in 2001–02.
- The PCP’s admission rate ratios were significantly higher than the Victorian averages for all top ten ACSCs (except diabetes complications, congestive cardiac failure and dental conditions) in 2001–02.

Figure 80: Top ten ACSCs admission rate ratios, Wellington PCP, 2001–02



- The PCP’s highest admission rate ratio was for dehydration and gastroenteritis.

4.27 Central West Primary Care Partnership

4.27.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 81). The admission rates for total ACSCs increased from 29.66 per 1,000 persons (28.64–30.71) in 1998–99 to 44.42 per 1,000 persons (43.20–45.67) in 2001–02.

4.27.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications were the PCP's leading cause of admissions in 2001–02. Dental conditions were the PCP's second leading cause of admissions in 2001–02 (table 37). The average bed days for the top ten ACSCs was 4.00 in 2001–02.

4.27.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio was for diabetes complications, which was 2.04 (1.99–2.08). The PCP's admission rate ratios were also significantly higher than the Victorian averages for dental conditions, angina, chronic obstructive pulmonary disease and cellulitis (figure 82).

Figure 81: ACSCs admission rates, Central West PCP, 1997–98 to 2001–02

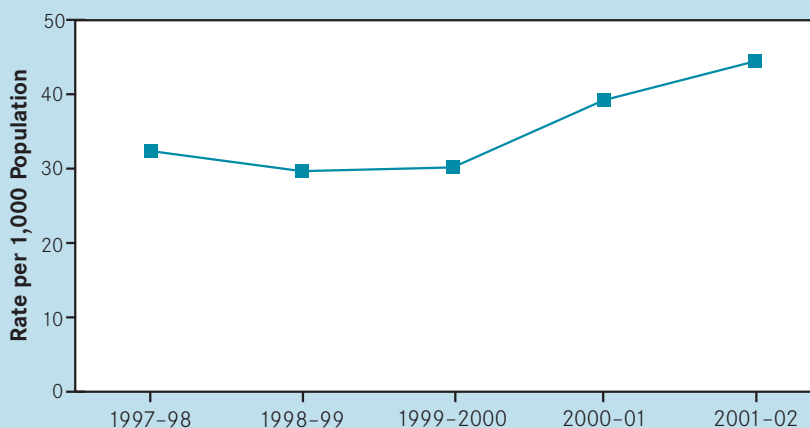
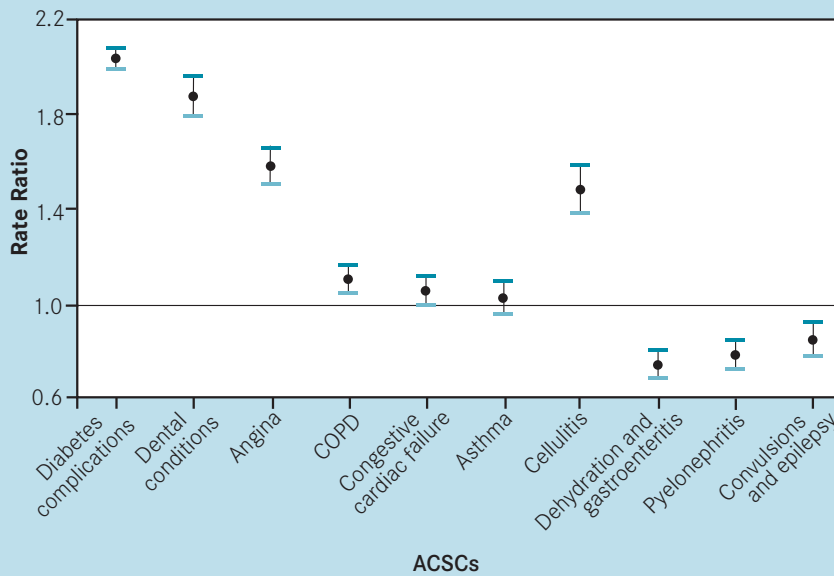


Table 37: Top ten ACSCs in PCP 27 – Central West, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	2,175	18.83	18.06	19.64	4.14	9,000
Dental conditions	532	5.07	4.66	5.52	1.04	553
Angina	449	3.88	3.54	4.25	2.86	1,285
COPD	345	3.01	2.71	3.35	7.07	2,438
Congestive heart failure	293	2.50	2.23	2.81	6.78	1,988
Asthma	225	2.12	1.86	2.42	2.53	570
Cellulitis	225	2.08	1.82	2.37	5.98	1,345
Dehydration and gastroenteritis	161	1.52	1.30	1.77	2.47	397
Pyelonephritis	164	1.50	1.28	1.74	5.37	881
Convulsions and epilepsy	142	1.36	1.15	1.60	2.74	389

Figure 82: Top ten ACSCs admission rate ratios, Central West PCP, 2001–02



4.27.4 Key findings—Central West PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- The PCP’s highest admission rate ratio was for diabetes complications.
- The PCP’s admission rate ratios were also significantly higher than the Victorian averages for dental conditions, angina, chronic obstructive pulmonary disease and cellulitis.

4.28 South Coast Health Services Consortium Primary Care Partnership

4.28.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 83). The admission rates for total ACSCs increased from 27.7 per 1,000 persons (26.37–29.09) in 1998–99 to 32.72 per 1,000 persons (31.32–34.17) in 2001–02.

4.28.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs and dental conditions were the PCP’s top five causes of admissions in 2001–02 (table 38). The average bed days for the top ten ACSCs was 4.64 in 2001–02.

Figure 83: ACSCs admission rates, South Coast Health Services Consortium PCP, 1997–98 to 2001–02

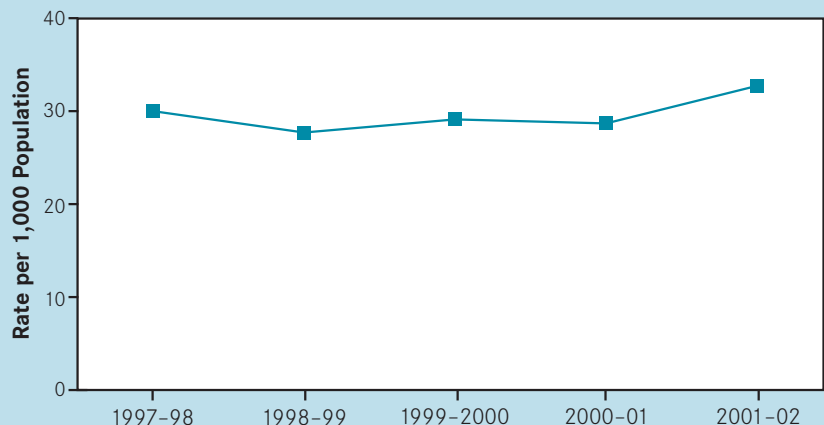


Table 38: Top ten ACSCs in PCP 28 – South Coast Health Services Consortium, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	385	5.29	4.79	5.84	7.43	2,861
Dental conditions	172	3.91	3.36	4.54	1.08	185
Angina	250	3.38	2.99	3.83	2.73	683
Congestive heart failure	226	2.87	2.52	3.27	8.03	1,815
Asthma	134	2.62	2.22	3.11	2.37	318
COPD	204	2.59	2.26	2.98	6.38	1,301
Pyelonephritis	134	2.19	1.85	2.59	3.60	483
Dehydration and gastroenteritis	112	1.98	1.64	2.38	2.52	282
Convulsions and epilepsy	84	1.79	1.45	2.22	1.86	156
ENT infections	80	1.75	1.41	2.18	2.14	171

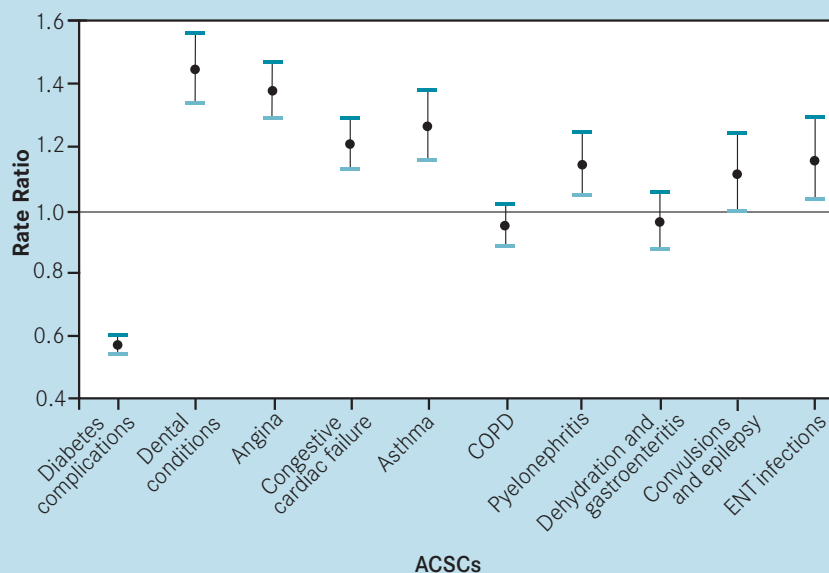
4.28.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratios for dental conditions, angina, asthma, congestive cardiac failure, pyelonephritis and ear, nose and throat infections were significantly higher than the Victorian averages in 2001–02 (figure 84).

4.28.4 Key findings—South Coast Health Services Consortium PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP's top five causes of admissions in 2000–01.
- The PCP's admission rate ratios for dental conditions, angina, asthma, congestive cardiac failure, pyelonephritis and ear, nose and throat infections were significantly higher than the Victorian averages in 2001–02.

Figure 84: Top ten ACSCs admission rate ratios, South Coast Health Services Consortium PCP, 2001–02



4.29 Lower Hume Primary Care Partnership

4.29.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership's (PCP) admission rates for total ACSCs increased over the five year period (figure 85). The admission rates for total ACSCs increased from 26.92 per 1,000 persons (25.2–28.7) in 1997–98 to 35.02 per 1,000 persons (33.21–36.92) in 2001–02.

4.29.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs and dental conditions were the PCP's top five causes of admissions in 2001–02 (table 39). The average bed days for the top ten ACSCs was 4.53 in 2001–02.

4.29.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's highest admission rate ratio in 2001–02 was for asthma, which was 1.42 (1.30–1.56) (figure 86). The PCP's admissions rate ratios for chronic obstructive pulmonary disease, congestive cardiac failure, dehydration and gastroenteritis, and cellulitis were also significantly higher than the Victorian averages.

Figure 85: ACSCs admission rates, Lower Hume PCP, 1997–98 to 2001–02

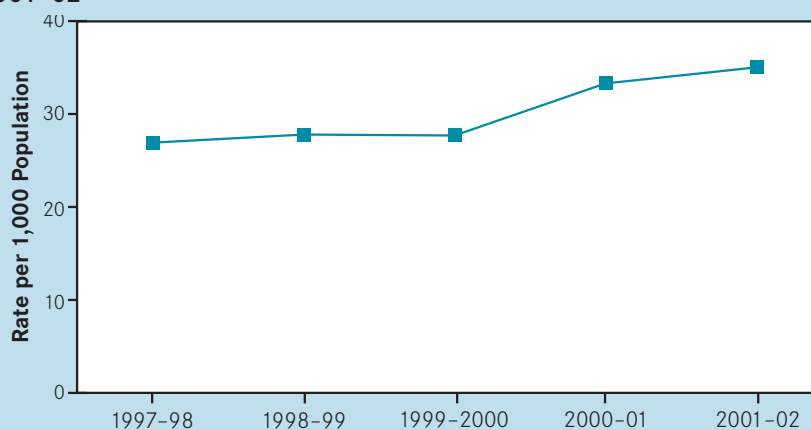
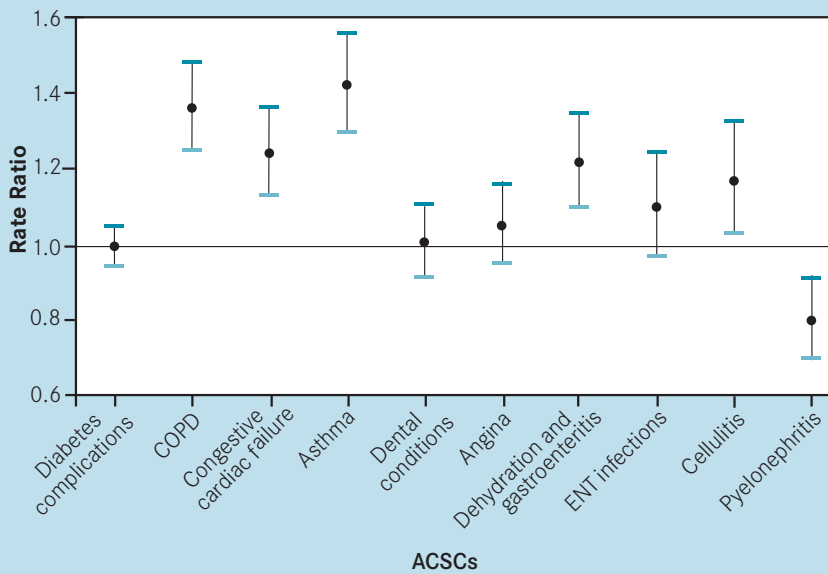


Table 39: Top ten ACSCs in PCP 29 – Lower Hume, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	361	9.20	8.30	10.20	5.23	1,888
COPD	141	3.72	3.15	4.38	7.62	1,074
Congestive heart failure	116	2.95	2.46	3.54	8.89	1,031
Asthma	121	2.95	2.47	3.52	2.80	339
Dental conditions	109	2.72	2.25	3.28	1.13	123
Angina	101	2.58	2.12	3.13	2.59	262
Dehydration and gastroenteritis	98	2.50	2.05	3.05	1.95	191
ENT infections	65	1.67	1.31	2.12	1.52	99
Cellulitis	63	1.64	1.28	2.10	5.89	371
Pyelonephritis	57	1.53	1.18	1.98	3.49	199

Figure 86: Top ten ACSCs admission rate ratios, Lower Hume PCP, 2001–02



4.30 Goulburn Valley Primary Care Partnership

4.30.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s admission rates for ACSCs did not change significantly over the five year period (figure 87).

4.30.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs were the PCP’s top three causes of admissions in 2001–02 (table 40). The average bed days for the top ten ACSCs was 4.95 in 2001–02.

4.29.4 Key findings–Lower Hume PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP’s top five causes of admissions in 2001–02.
- The PCP’s highest admission rate ratio in 2001–02 was for asthma.

Figure 87: ACSCs admission rates, Goulburn Valley PCP, 1997–98 to 2001–02

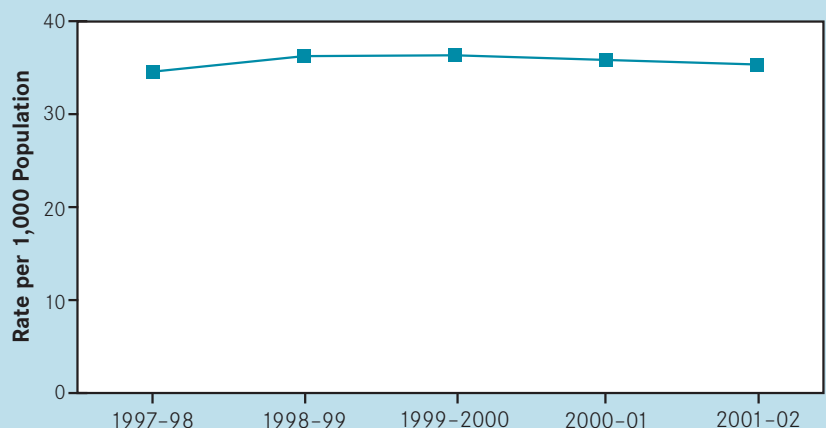


Table 40: Top ten ACSCs in PCP 30 – Goulburn Valley, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	813	7.42	6.92	7.94	7.01	5,702
Angina	420	3.83	3.48	4.22	2.84	1,194
COPD	374	3.35	3.03	3.71	8.06	3,016
Dehydration and gastroenteritis	265	2.86	2.54	3.23	2.44	647
Congestive heart failure	283	2.48	2.21	2.79	7.67	2,170
Asthma	216	2.38	2.09	2.72	2.71	586
ENT infections	198	2.26	1.97	2.60	1.83	362
Convulsions and epilepsy	184	2.03	1.76	2.35	2.32	427
Cellulitis	186	1.95	1.69	2.25	5.69	1,059
Dental conditions	172	1.90	1.63	2.20	1.31	226

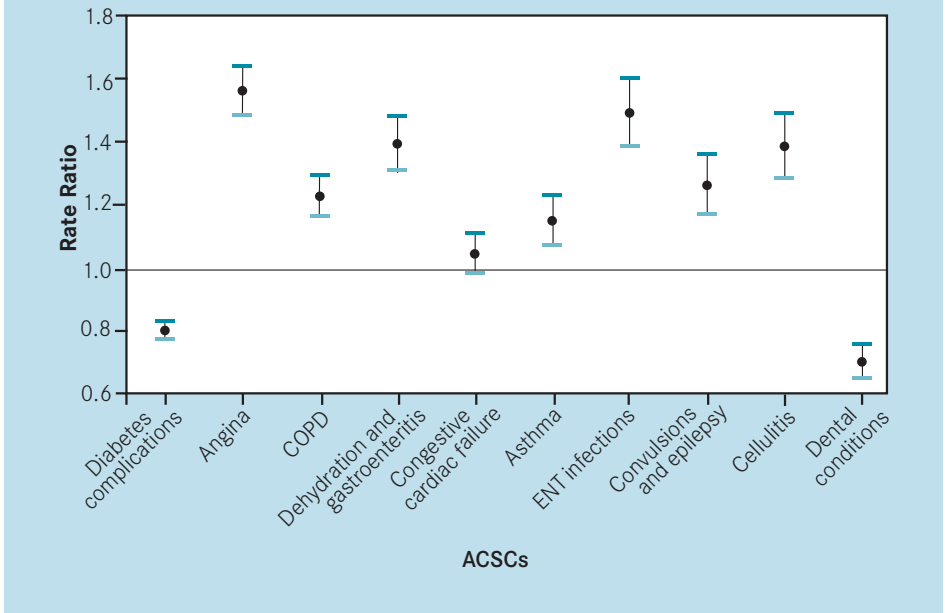
4.30.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

Except for diabetes complications, congestive cardiac failure and dental conditions, the PCP’s top ten ACSCs admission rate ratios were significantly higher than the Victorian averages in 2001–02 (figure 88). The PCP’s highest admission rate ratio was for angina, which was 1.56 (1.49–1.64).

4.30.4 Key findings–Goulburn Valley PCP

- The PCP’s admission rates for total ACSCs did not change significantly over the five year period.
- Chronic ACSCs were the PCP’s top three causes of admissions in 2001–02.
- Except for diabetes complications, congestive cardiac failure and dental conditions, the PCP’s top ten ACSCs admission rate ratios were significantly higher than the Victorian averages in 2001–02.
- The PCP’s highest admission rate ratio was for angina.

Figure 88: Top ten ACSCs admission rate ratios, Goulburn Valley PCP, 2001–02



- The PCP’s admission rate ratios for dental conditions were significantly below the Victorian averages in 2001–02.

4.31 Central Hume Primary Care Partnership

4.31.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 89). The admission rates for total ACSCs increased from 32.52 per 1,000 persons (31.18–33.91) in 1999–2000 to 38.55 per 1,000 persons (37.13–40.20) in 2001–02.

4.31.2 Top ten individual ACSCs admissions, 2001–02

Diabetes complications, chronic obstructive pulmonary disease and dental conditions were among the PCP’s top five ACSCs causing admissions in 2001–02 (table 41). The average bed days for the top ten ACSCs was 4.21 in 2001–02.

4.31.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

Except for diabetes complications, all of the PCP’s top ten ACSCs admission rate ratios were significantly above the Victorian averages in 2001–02. The PCP’s admission rate ratio for diabetes complications was similar to the Victorian average in 2001–02 (figure 90).

Figure 89: ACSCs admission rates, Central Hume PCP, 1997–98 to 2001–02

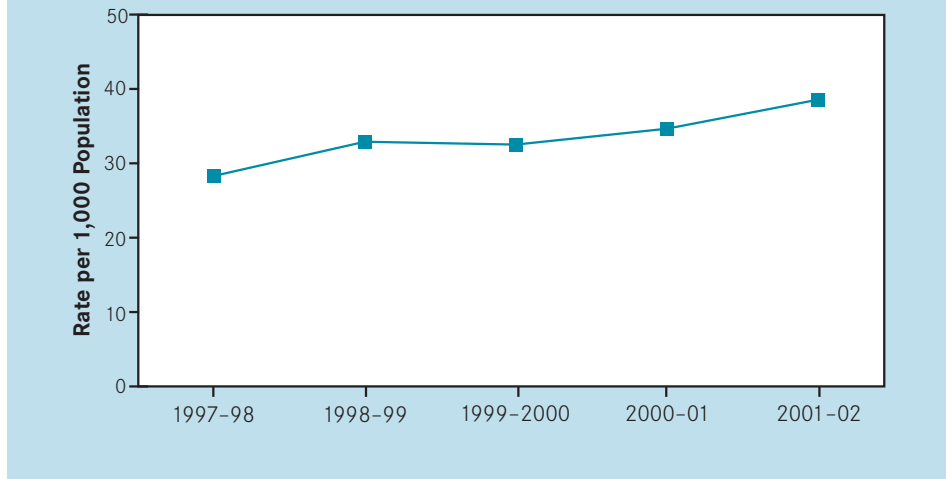
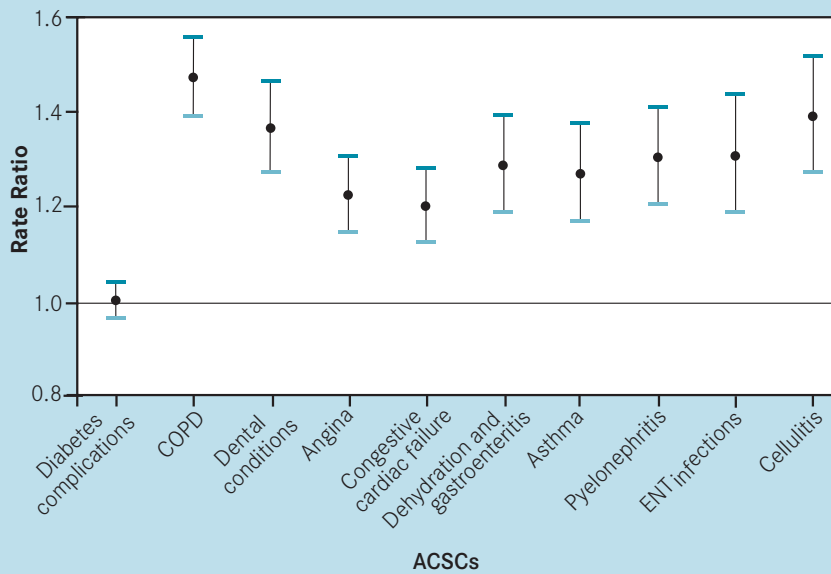


Table 41: Top ten ACSCs in PCP 31 – Central Hume, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	730	9.27	8.62	9.97	4.72	3,447
COPD	321	4.02	3.61	4.49	6.53	2,095
Dental conditions	209	3.69	3.22	4.23	1.13	237
Angina	237	3.01	2.65	3.41	2.46	582
Congestive heart failure	243	2.85	2.52	3.24	6.78	1,648
Dehydration and gastroenteritis	159	2.64	2.26	3.09	2.08	331
Asthma	153	2.63	2.25	3.09	2.64	404
Pyelonephritis	168	2.50	2.15	2.90	4.54	763
ENT infections	112	1.98	1.65	2.38	1.84	206
Cellulitis	132	1.95	1.65	2.32	4.95	653

Figure 90: Top ten ACSCs admission rate ratios, Central Hume PCP, 2001–02



4.31.4 Key findings—Central Hume PCP

- The PCP’s admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs and dental conditions were the PCP’s top five ACSCs causing admissions in 2001–02.
- Except for diabetes complications, the PCP’s top ten ACSCs admissions rate ratios were significantly above the Victorian averages in 2001–02.
- The PCP’s admission rate ratio for diabetes complications was similar to the Victorian average in 2001–02.

4.32 Upper Hume Primary Care Partnership

4.32.1 Variations in rates of Ambulatory Care Sensitive Conditions (ACSCs) admissions, 1997–98 to 2001–02

The Primary Care Partnership’s (PCP) admission rates for total ACSCs increased over the five year period (figure 91). The admission rates for total ACSCs increased from 19.41 per 1,000 persons (18.2–20.7) in 1997–98 to 26.92 per 1,000 persons (25.56–28.36) in 2001–02.

4.32.2 Top ten individual ACSCs admissions, 2001–02

Chronic ACSCs were among the PCP’s top four ACSCs causes of admissions in 2001–02 (table 42). Dental conditions were the PCP’s fifth leading cause of admissions. The average bed days for the top ten ACSCs was 4.75 in 2001–02.

Figure 91: ACSCs admission rates, Upper Hume PCP, 1997–98 to 2001–02

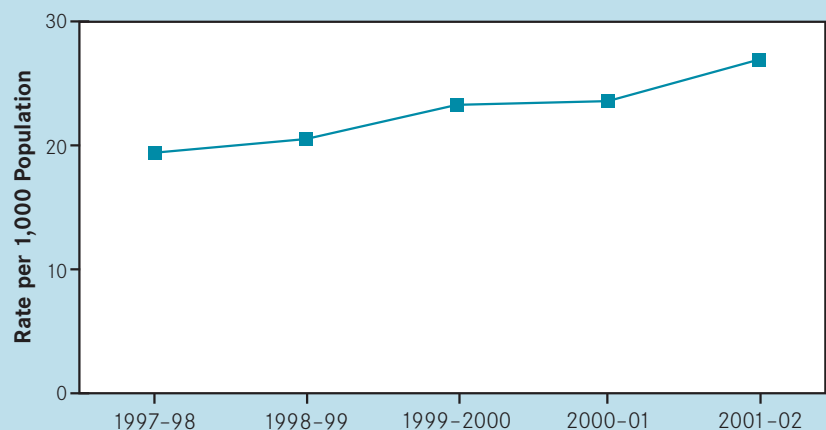


Table 42: Top ten ACSCs in PCP 32 – Upper Hume, 2001–02

ACSCs	Number of admissions	Rate per 1,000 admissions	Lower 95% CI	Upper 95% CI	Average bed days	Total bed days
Diabetes complications	372	7.11	6.42	7.87	6.87	2,554
COPD	177	3.44	2.97	3.99	6.39	1,131
Angina	139	2.66	2.25	3.14	2.63	366
Congestive heart failure	114	2.27	1.89	2.73	6.65	758
Dental conditions	102	1.86	1.53	2.25	1.40	143
Convulsions and epilepsy	93	1.67	1.36	2.04	3.44	320
ENT infections	84	1.55	1.25	1.92	1.58	133
Dehydration and gastroenteritis	77	1.46	1.17	1.82	2.44	188
Pyelonephritis	75	1.45	1.16	1.82	3.55	266
Cellulitis	70	1.29	1.02	1.64	5.54	388

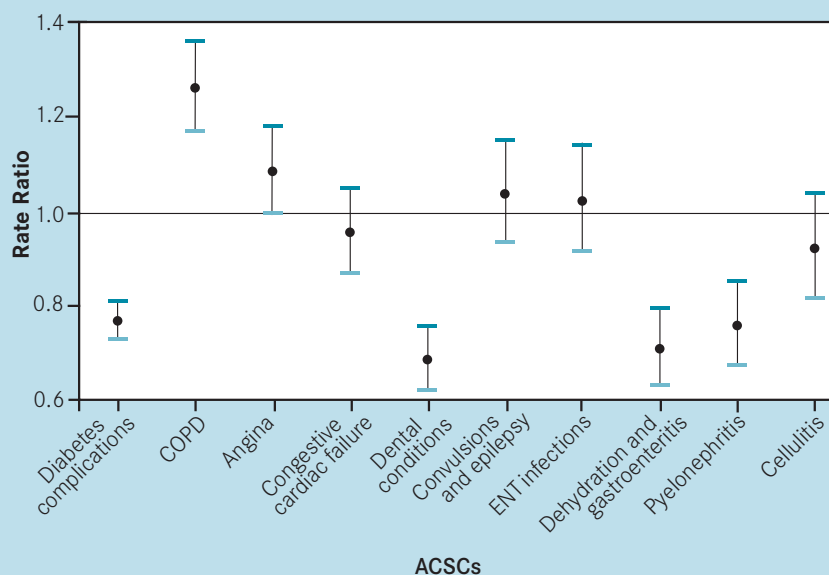
4.32.3 Admission rate ratios for the top ten individual ACSCs, 2001–02

The PCP's admission rate ratio for chronic obstructive pulmonary disease was significantly above the Victorian average in 2001–02. The PCP's admission rate ratios for diabetes complications, dental conditions, dehydration and gastroenteritis, and pyelonephritis were significantly below the Victorian averages in 2001–02 (figure 92).

4.32.4 Key findings—Upper Hume PCP

- The PCP's admission rates for total ACSCs increased over the five year period.
- Chronic ACSCs were among the PCP's top four ACSCs causes of admissions in 2001–02.
- Dental conditions was the PCP's fifth leading cause of admissions.
- The PCP's admission rate ratio for chronic obstructive pulmonary disease was significantly above the Victorian average in 2001–02.
- The PCP's admission rate ratios for diabetes complications, dental conditions, dehydration and gastroenteritis, and pyelonephritis were significantly below the Victorian averages in 2001–02.

Figure 92: Top ten ACSCs admission rate ratios, Upper Hume PCP, 2001–02



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6 Appendix: Ambulatory Care Sensitive Conditions (ACSCs) and ICD-9-CM and ICD-10-AM codes used in analyses

Category	ICD9 codes	Notes (ICD9)	ICD10 codes	Notes (ICD10)
Influenza and pneumonia	481 4870 4871 4878 4822 4823 4829 483	In any diagnosis field, excludes cases with secondary diagnosis of 282.6, and people under 2 months	J10 J11 J13 J14 J153 J154 J157 J159 J168 J181 J188	In any diagnosis field, excludes cases with secondary diagnosis of D57, and people under 2 months
Other vaccine preventable	032 033 037 045 055 056 0703 072 3200	In any diagnosis field	A35 A36 A37 A80 B05 B06 B161 B169 B180 B181 B26 G000 M014	In any diagnosis field
Asthma	493	Principal diagnosis only	J45 J46	Principal diagnosis only
Congestive heart failure	428 40201 40211 40291 5184	Principal diagnosis only, excludes cases with procedure codes of 35 36 375 376 377 378	I50 I110 J81	Principal diagnosis only, excludes cases with procedure codes according to attached list
Diabetes complications	2501 2502 2503 2504 2505 2506 2507 2508 2509	In any diagnosis field	E101 E102 E103 E104 E105 E106 E107 E108 E110 E111 E112 E113 E114 E115 E116 E117 E118 E130 E131 E132 E133 E134 E135 E136 E137 E138 E140 E141 E142 E143 E144 E145 E146 E147 E148	In any diagnosis field
Chronic obstructive pulmonary disease	491 492 494 496 4660	Principal diagnosis only, 4660 only with diag2 of 491 492 494 496	J20 J41 J42 J43 J44 J47	Principal diagnosis only, J20 only with diag2 of J41 J42 J43 J47 J44
Angina	4111 4118 413	Principal diagnosis only, excludes cases with procedure codes 01 to 8699	I20 I240 I248 I249	Principal diagnosis only, excludes cases with procedure codes NOT in blocks 1820 to 2140
Iron deficiency anaemia	2801 2808 2809	Principal diagnosis only	D501 D508 D509	Principal diagnosis only
Hypertension	4010 4019 40200 40210 40290	Principal diagnosis only, excludes cases with procedure codes of 35 36 375 376 377 378	I10 I119	Principal diagnosis only, excludes cases with procedure codes according to attached list
Nutritional deficiencies	260 261 262 2680 2681	Principal diagnosis only	E40 E41 E42 E43 E550 E643	Principal diagnosis only
Dehydration and gastroenteritis	2765 5589	Principal diagnosis only	E86 K522 K528 K529	Principal diagnosis only
Pyelonephritis	5900 5901 5908 5990	Principal diagnosis only	N390 N10 N12 N11 N136	Principal diagnosis only

Category	ICD9 codes	Notes (ICD9)	ICD10 codes	Notes (ICD10)
Perforated/ bleeding ulcer	5310 5311 5312 5314 5315 5316 5320 5321 5322 5324 5325 5326 5330 5331 5332 5334 5335 5336 5340 5341 5342 5344 5345 5346	Principal diagnosis only	K250 K251 K252 K254 K255 K256 K260 K261 K262 K264 K265 K266 K270 K271 K272 K274 K275 K276 K280 K281 K282 K284 K285 K286	Principal diagnosis only
Cellulitis	681 682 683 686	Principal diagnosis only, excludes cases with procedure codes of 01 to 8699, except 860 where it is the only listed procedure	L03 L04 L08 L980 L88 L983	Principal diagnosis only, excludes cases with any procedure except those in blocks 1820 to 2016 or if procedure is 30216-02 30676-00 30223-02 30064-00 34527-01 34527-00 90661-00 and this is the only listed procedure
Pelvic inflammatory disease	614	Principal diagnosis only	N70 N73 N74	Principal diagnosis only
Ear, nose and throat infections	382 462 463 465 4721	Principal diagnosis only	H66 H67 J02 J03 J06 J312	Principal diagnosis only
Dental conditions	521 522 523 525 528	Principal diagnosis only	K02 K03 K04 K05 K06 K08 K098 K099 K12 K13	Principal diagnosis only
Convulsions and epilepsy	345 7803 6426	Principal diagnosis only	O15 G40 G41 R56	Principal diagnosis only
Gangrene	7854	In any diagnosis field	R02	In any diagnosis field

Procedure codes to use for exclusions for congestive heart failure and hypertension:

33172-00	35304-00	35305-00	35310-02	35310-00	38281-11	38281-07	38278-01	38278-00
38281-02	38281-01	38281-00	38256-00	38278-03	38284-00	38284-02	38521-09	38270-01
38456-19	38456-15	38456-12	38456-11	38456-10	38456-07	38456-01	38470-00	38475-00
38480-02	38480-01	38480-00	38488-06	38488-04	38489-04	38488-02	38489-03	38487-00
38489-02	38488-00	38489-00	38490-00	38493-00	38497-04	38497-03	38497-02	38497-01
38497-00	38500-00	38503-00	38505-00	38521-04	38606-00	38612-00	38615-00	38653-00
38700-02	38700-00	38739-00	38742-02	38742-00	38745-00	38751-02	38751-00	38757-02
38757-01	38757-00	90204-00	90205-00	90219-00	90224-00			