Glossary

Aboriginal Community Controlled Health Service	A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community that controls it.
age and sex standardisation	The removal of the influence of age and sex when comparing rates between populations with different age and sex structures. The current standard population is the Australian estimated resident population as at 30 June 2001. Rates in the Atlas are expressed per 100,000 people.
carer	A person who provides unpaid care and support to a family member or friend who has a disability, chronic condition, terminal illness or general frailty. Includes parents and guardians caring for children.
clinician	A healthcare provider trained as a health professional. Includes registered and non-registered practitioners, and teams of health professionals who spend most of their time providing direct clinical care.
consumer	Patient, potential patient, carer or organisation representing consumer interests.
data linkage	Used synonymously with 'data integration' and 'record matching', refers to the bringing together of information from more than one source that relates to the same individual or institution.
episode of care	A period of care in a hospital. This can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change in type of care (for example, from acute care to rehabilitation).
Health Care Home	A model of care involving a practice or service that coordinates comprehensive care for patients with chronic and complex conditions. The Health Care Home will develop a shared care plan with the patient, which will be implemented by a team of healthcare providers. This plan will identify the local providers best able to meet each patient's needs, coordinate care with these providers, and include strategies to help each patient better manage their conditions and improve their quality of life. Selected general practices and Aboriginal Community Controlled Health Services in Australia will start enrolling Health Care Home patients in late 2017.

Glossary

health literacy	The Commission separates health literacy into two components: individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system, and have an impact on the way in which people access, understand, appraise and apply health-related information and services. It reflects the demands and complexity of the health system and society at large.
HealthPathways	An online manual used by clinicians to help make assessment, management and specialist request decisions. Rather than being traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context.
health services	Services delivering health care; includes general practices, community health centres, medical specialists, nursing services, allied health services, public and private hospitals, day procedure services, Aboriginal Community Controlled Health Services, community nursing and Hospital in the Home.
hospital	All public, private and acute hospitals; free-standing day hospital facilities; and alcohol and drug treatment centres. Includes hospitals specialising in dentistry, ophthalmology and other acute medical or surgical care. May also include hospitals run by the Australian Defence Force and correctional authorities, and those in Australia's offshore territories. Excludes outpatient clinics and emergency departments.
hospital admission (or hospitalisations)	The administrative process of becoming a patient in a hospital.
Hospital in the Home	Provision of care to hospital-admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary (see www.meteor.aihw.gov.au/content/index.phtml/itemld/270305).
length of stay	The average (mean) number of days spent in hospital for each stay (episode of care) for patients who stay at least one night.
Local Hospital Network	States and territories each have different descriptions of the governance structure providing health services. These include local health networks, Local Hospital Networks, local health districts, boards or area health services. Where the term Local Hospital Network is used, it refers to the description of any of these terms as relevant to states and territories.
Medicare Benefits Schedule (MBS)	A listing of the Medicare services that the Australian Government subsidises.
My Health Record	A secure online summary of an individual's health information. Individuals can control what goes into it and who is allowed to access it. They can choose to share their health information with doctors, hospitals and other healthcare providers.
National Hospital Morbidity Database	The AIHW National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The database collects information about care provided to admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities, and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force and correctional authorities, and hospitals in Australia's off-shore territories are not in scope but may be included. More information is available in the Technical Supplement.

National Perinatal Data Collection	The AIHW National Perinatal Data Collection (NPDC) is a national collection of data on pregnancy and childbirth. The data are based on births reported to the perinatal data collection in each state and territory in Australia. A standard de-identified extract is provided to the AIHW on an annual basis to form the NPDC. More information is available in the Technical Supplement.
National Safety and Quality Health Service (NSQHS) Standards	The NSQHS Standards were developed by the Commission in collaboration with states and territories, technical experts, clinicians, patients and carers, and a range of other stakeholders. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of healthcare. They are evidence based, address the major safety and quality issues that affect a large number of patients in areas where there is variation and it is known practices can be improved. The NSQHS Standards (first edition) were released in 2011. The second edition of the NSQHS Standards will be launched in November 2017
Pharmaceutical Benefits Scheme (PBS)	An Australian Government program that subsidises medicines.
pharmaceutical treatment (or medicine)	A chemical substance given with the intention of preventing, curing, controlling or alleviating disease, or otherwise improving the physical or mental welfare of people. Includes prescription, non-prescription and complementary medicines, regardless of administration route (for example, oral, intravenous, intra-articular, transdermal or intrauterine).
population	The Atlas uses population estimates based on the Australian Bureau of Statistics estimated resident population at 30 June 2014. Age-standardised rates are calculated as at 30 June 2001 and are based on the 2001 Census results.
potentially preventable hospitalisation	Hospital separations from a specified range of conditions where hospitalisation could have potentially been prevented through the provision of appropriate individualised preventive health interventions and early disease management, usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals). Potentially preventable hospitalisation conditions are classified as vaccine preventable, chronic and acute.
primary care	Relates to the treatment of non-admitted patients in the community. It is usually the first point of contact people have with the health system.
Primary Health Networks	Primary Health Networks (PHNs) began to operate on 1 July 2015 to replace Medicare Locals. PHNs connect health services across local communities so that patients, particularly those needing coordinated care, have the best access to a range of healthcare providers, including practitioners, community health services and hospitals. PHNs work directly with general practitioners, other primary care providers, secondary care providers and hospitals.
remoteness categories	Categories of geographical remoteness based on the Australian Bureau of Statistics 2006 Census of Population and Housing.
same-day hospitalisation	Occurs when a patient is admitted and separated from hospital on the same date.
secondary care	Health care for patients referred from primary health care (for example, by general practitioners). Includes care provided by hospitals and medical specialists.
separation	An episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change in type of care (for example, from acute care to rehabilitation). In the Atlas, 'separation' usually refers to a hospital admission.
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Glossary

socioeconomic disadvantage

Local areas are grouped into socioeconomic quintiles based on the 2011 Index of Relative Socio-Economic Disadvantage (IRSD) at the SA1 level. The IRSD is derived from census variables relating to disadvantage, such as low income, low educational attainment, unemployment and dwellings without motor vehicles.

Information from the Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA) -Index of Relative Socio-Economic Disadvantage was used to calculate the socioeconomic status at the SA3 level in the Atlas.

SEIFA includes four summary measures created from 2006 Census information. The indexes can be used to explore different aspects of socioeconomic conditions by geographic areas. For each index, every geographic area in Australia is given a SEIFA number that shows how disadvantaged that area is compared with other areas. Each index summarises a different aspect of the socioeconomic conditions of people living in an area. For example, they provide more general measures of socioeconomic status than are given by measuring income or unemployment alone.

Statistical Area Level 3 (SA3)

Geographic areas defined in the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard. The aim of SA3s is to create a standard framework for the analysis of ABS data at the regional level through clustering groups that have similar regional characteristics.

There are 333 spatial SA3s, which cover the whole of Australia without gaps or overlaps. SA3s usually have a population of between 30,000 and 130,000 people. At 30 June 2011, about 50 had fewer than 30,000 people and 35 had more than 130,000 people. (Data are reported for the 2011 Census year.)

In the major cities, SA3s represent areas serviced by major transport and commercial hubs. They often closely align with large urban local government areas (for example, Parramatta and Geelong). In regional areas, they represent areas serviced by regional cities with populations of more than 20,000 people. In outer regional and remote areas, they represent areas that are widely recognised as having a distinct identity, and similar social and economic characteristics (for example, the Macedon Ranges in Victoria and the Southern Highlands in New South Wales).

There are a few 'zero SA3s' - that is, SA3s that have a very small or zero population. These are mainly very large national parks close to the outskirts of major cities.

telehealth

Health services delivered using information and communication technologies, such as videoconferencing.