

# SLM Childhood Ambulatory Sensitive Hospitalisations

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HQMNZ ID: HQM16.6.29.916

## Outcome

Reduced avoidable hospital admissions among children.

## Measure

Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 population, for 0 - 4 year olds.

## Type

System Level Measure

## Relationship(s) to other frameworks

ASH rates for 0 – 4 year age group and the 45 – 65 age group are part of the [DHB Non-financial monitoring framework and performance measures \(measure S11\)](#).

## Rationale

Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

In New Zealand children, ASH accounts for approximately 30 percent of all acute and arranged medical and surgical discharges in that age group each year. However, determining the reasons for high or low ASH rates is complex, as it is in part a whole-of-system measure.

It has been suggested that admission rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.

ASH rates are also determined by other factors, such as hospital emergency departments and admission policies, health literacy and overall social determinants of health. This measure can also highlight variation between different population groups that will assist with district health board (DHB) planning to reduce disparities.

A composite ASH measure is preferred because it gathers up more conditions and aligns with the intention of using measures that operate at a system level rather than ones that focus on a specific condition or service.

## Eligible population

ASH admissions for 0 - 4 year old children.

## Measure status

Active

## Numerator

The number of ASH admissions for 0 - 4 year old children

## Denominator

The number of 0 - 4 year old children

## National target

The National Target is equitable ASH rates for Māori, Pacific, and other New Zealanders.

## Local target

Milestones to be decided by Alliance.

## Data Sources

- The National Minimum Dataset (NMDS)
- Statistics New Zealand Population Projections

## Data extracted from data sources

- Financial years data from the NMDS
- WIES Verison 14 <http://www.health.govt.nz/nz-health-statistics/data-references/weighted-inlier-equivalent-separations/wiesnz14-cost-weights>
- DHB of Service

## Data availability

Data is released by the Ministry of Health quarterly and is available on the [Nationwide Service Framework Library website](#)

## Measure calculation process

Refer to Appendix 2 for list of applicable individual ASH conditions and methodology applied.

## Exclusions

- Non-casemix events
- Neonates, i.e. patients less than 29 days old at admission
- Events with an overseas or unknown DHB of domicile

## Other

- There is a discontinuity in the population data between 2012 and 2013, due to the new census data becoming available.
- Acute is defined as having one of the following admission type codes: AA, AC, ZA, WU, RL, or ZC
- Elective is defined as having one of the following admission type codes: AP, WN, WP, or ZW
- Age is calculated at admission
- For DHBs with small Pacific populations the 'Pacific' ethnicity is rolled into 'Other'.
- The DHBs with large enough populations are:
- Auckland, Waitemata, Counties Manukau, Waikato, Capital and Coast, Hutt, Canterbury

## Relationship(s) to other measures

- Linkages with the Acute Hospital Bed Days system level measure (SLM006) as ASH is also one of the contributory measures for SLM006.
- A set of modified ASH measures for 0 – 4, 5 – 9, 10 - 14 years age groups are a part of the HQSC Atlas of Variation. Data for this Atlas is drawn from the National Minimum Dataset and presents overall ASH rates by DHB.

## Measure development notes

**Technical notes:** Work is being undertaken within the Ministry of Health to enable sector access to information for their enrolled populations.

**Measure testing/piloting:** Not required

**Implementation timeline:** Full implementation for 2016/17

**Reporting frequency:** Six monthly

**Measure implementation group:** Service Analysis and Modelling team, Ministry of Health

**Measure champion:** to be confirmed