

# Health Indicators 2025

*Snapshot series VI:*

*Potentially preventable hospitalisations*

Metro South Health, Logan, Redland and southern Brisbane LGAs

Date: March 2026



Queensland  
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# PPHs at a glance

## MSH all persons: By category

- 48,580 PPHs in 2024/25:
- Represented 7.3% of all MSH resident hospitalisations
- 51% of PPHs for chronic conditions: rate similar to Qld
- 40% of PPHs for acute conditions: rate sig. lower than Qld
- 10% of PPHs for vaccine-preventable diseases (VPD): rate significantly higher than Qld
- Rate for total acute PPHs sig. higher in females than males
- Rate for total chronic PPHs sig. lower in females than males

## MSH all persons: By condition

- Chronic condition with highest rate: diabetes complications (25% of total PPHs)
- Acute condition with highest rate: urinary tract infections (11% of total PPHs)
- VPD with highest rate: pneumonia & influenza (6% of total PPHs)

## MSH all persons: By geography

- Rates of total chronic and VPD PPHs highest in Logan LGA and Forest Lake – Oxley SA3
- Rate of total acute PPHs highest in Logan and Redland LGAs
- Rates of all categories in Beaudesert SA3 similar to Qld

## MSH all persons: Time series

- Total chronic PPH rate dropped both prior to and during the pandemic. Overall rate decreased by 7% in past 10 yrs
- Total acute PPH rate increased by 12% in past 10 yrs
- Total VPD PPH rate increased by 21% in past 10 yrs
- Post pandemic: upward trend in rates of all PPH categories

## MSH Indigenous: By category

- Average 2,304 PPHs per year: 9.8% of all MSH Indigenous resident hospitalisations
- 43% of PPHs for chronic conditions
- 49% of PPHs for acute conditions
- 11% of PPHs for vaccine-preventable diseases
- Rates of all categories higher than in non-Indigenous residents and all trending upwards post-pandemic

## MSH Indigenous: By condition

- Chronic condition with highest rate: diabetes complications (21% of total)
- Acute condition with highest rate: cellulitis (12% of total)
- VPD with highest rate: pneumonia & influenza (6% of total)

## Logan LGA all persons: By category

- Average 17,148 PPHs per year in 2022/23 to 2024/25
- Represented 8.5% of all Logan resident hospitalisations
- 51% of all PPHs were for chronic conditions: rate significantly higher than Qld
- 42% of all PPHs were for acute conditions: rate significantly higher than Qld
- 9% of all PPHs were for VPDs: rate significantly higher than Qld
- Rate for total acute & VPD PPHs significantly higher in females than males
- Rate for total chronic PPHs sig. lower in females than males

## Logan LGA all persons: By condition

- Chronic condition with highest rate: diabetes complications (27% of total PPHs)
- Acute condition with highest rate: urinary tract infections (11% of total PPHs)
- VPD with highest rate: pneumonia & influenza (6% of total PPHs)
- Rates for most conditions significantly higher than Qld rates

## Logan LGA all persons: By geography

- Rates of all categories and conditions (except dental conditions) in all Logan SA3s consistently significantly higher than Queensland rates
- Highest rates of total, chronic and VPD PPH in Browns Plains then Springwood – Kingston and Beenleigh SA3s
- Highest rates of acute PPH in Beenleigh then and Springwood – Kingston and Browns Plains SA3s

## Logan LGA all persons: Time series

- Data not currently available

## Logan LGA Indigenous: By category

- Counts too low for reliable calculations

## Logan LGA Indigenous: By condition

- Counts too low for reliable calculations

### Redland LGA all persons: By category

- Average 7,601 PPHs per year in 2022/23 to 2024/25
- Represented 7.3% of all Redland resident hospitalisations
- 51% of PPHs for chronic conditions: rate lower than Qld
- 43% of PPHs for acute conditions: rate higher than Qld
- 7% of PPHs for VPDs: rate higher than Qld
- Rate for total acute PPHs higher in females than males
- Rate for total chronic PPHs lower in females than males

### Redland LGA all persons: By condition

- Chronic condition with highest rate: diabetes complications (24% of total PPHs)
- Acute condition with highest rate: urinary tract infections (13% of total PPHs)
- VPD with highest rate: pneumonia & influenza (5% of total PPHs)
- Rates higher than Qld for UTI, cellulitis, pneumonia & influenza, asthma and hypertension
- Rates lower than Qld for diabetes complications, dental conditions, COPD, iron deficiency anaemia and angina

### Redland LGA all persons: By geography

- Rates in Capalaba and Cleveland – Stradbroke SA3s similar for total chronic and total acute PPHs
- Rate of total VPD PPHs higher in Cleveland – Stradbroke than in Capalaba SA3

### Redland LGA all persons: Time series

- Data not currently available

### Redland LGA Indigenous: By category

- Counts too low for reliable calculations

### Redland LGA Indigenous: By condition

- Counts too low for reliable calculations

### Sth Brisbane LGA all persons: By category

- Average 22,104 PPHs per year in 2022/23 to 2024/25
- Represented 6.6% of all sth Bris. resident hospitalisations
- 51% of PPHs for chronic conditions: rate higher than Qld
- 42% of PPHs for acute conditions: rate higher than Qld
- 9% of PPHs for VPDs: rate higher than Qld
- Rate for total acute PPHs higher in females than males
- Rate for total chronic and VPD PPHs lower in females than males

### Sth Brisbane LGA all persons: By condition

- Chronic condition with highest rate: diabetes complications (26% of total PPHs)
- Acute condition with highest rate: urinary tract infections (11% of total PPHs)
- VPD with highest rate: pneumonia & influenza (5% of total PPHs)
- Rates higher than Qld for VPDs other than pneumonia & influenza, hypertension and bronchiectasis
- Rates lower than Qld rates for a wide range of conditions including diabetes complications, UTI, dental conditions, cellulitis, COPD and congestive cardiac failure

### Sth Brisbane LGA all persons: By geography

- Overwhelmingly Forest Lake – Oxley SA3 had the highest rates of total chronic, acute and VPD PPHs in south Brisbane LGA
- Rates of total chronic and VPD PPH were also significantly higher than the Qld rates
- The lowest rates of PPHs in south Brisbane were in Sherwood – Indooroopilly, Brisbane Inner and Centenary SA3s

### Sth Brisbane LGA all persons: Time series

- Data not currently available

### Sth Brisbane LGA Indigenous: By category

- Counts too low for reliable calculations

### Sth Brisbane LGA Indigenous: By condition

- Counts too low for reliable calculations

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# Introduction

The Metro South Health (MSH) *Health indicators report series* is a compendium report compiled on an approximately biennial basis and covering a wide range of health indicators and population statistics for the residents of the MSH area. *Health indicators* is produced as a series of snapshot reports each covering specific indicators/topic areas. Where possible the timing of the different snapshots is aligned with releases of new data to ensure the most up-to-date reporting possible. The aim of the report series is to examine current and multi-year trends in various aspects of the health status of people living in the geographical area covered by MSH.

Data is presented separately for MSH and the sub-regions of Logan, Redland and the southern portion of Brisbane local government areas (LGAs) owing to the substantial differences in population characteristics and therefore potentially the health outcomes of the residents of these areas. Data are entirely sourced from the Queensland Health Admitted Patient Data Collection (QHAPDC).

MSH is one of 16 Hospital and Health Services (HHS) in Queensland and serves an estimated population of over 1.3 million people, representing 23 per cent of Queensland's population. The HHS's catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales. A detailed profile of the population of MSH can be found in the 2025 Snapshot Series Report: Population profiles<sup>1</sup>.

## Potentially preventable hospitalisations

Potentially preventable hospitalisation (PPH) is defined by the AIHW (National Healthcare Agreement: 2024) as 'admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative 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)<sup>2</sup>. Separation rates for PPHs therefore have great potential and are widely used as indicators of the quality or effectiveness of both non-hospital care and hospital system performance<sup>3</sup>.

PPHs are a key indicator of primary care provision under the 2024 National Healthcare Agreement<sup>2</sup>. A high rate of PPHs may indicate an increased prevalence of the conditions in the community in question, poorer functioning of or limitations in access to primary healthcare such as general practitioners and community health centres, or an appropriate use of the hospital system to respond to greater need. PPHs are usually classified into three broad categories<sup>2</sup>.

- **Vaccine preventable.** These diseases can be prevented by appropriate vaccination and include influenza, bacterial pneumonia, hepatitis, tetanus, diphtheria, pertussis (whooping cough), chicken pox, measles, mumps, rubella, polio and haemophilus meningitis. The conditions themselves are considered to be preventable, rather than the hospitalisation. Note: COVID-19 is not currently included under this definition.
- **Acute.** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include eclampsia, pneumonia (not vaccine-preventable), pyelonephritis, perforated ulcer, cellulitis, urinary tract infections, pelvic inflammatory disease, ear, nose and throat infections and dental conditions.

- **Chronic.** These conditions may be preventable through behaviour modification and lifestyle change, but can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure, nutritional deficiencies and chronic obstructive pulmonary disease (COPD).

For the purposes of this report, the Queensland Health PPH definition which excludes renal dialysis was used, owing to inconsistencies in coding practices across Queensland.

The specification for this indicator was revised during 2014, and this new specification has been applied to all years of data presented in this report. Therefore, the data presented here are not comparable with data presented in reports dated pre-2016 and caution should be used in making comparisons over time using different specifications.

# Metro South Health

## Geographical area

Metro South Health (MSH) is situated in the south-east corner of Queensland, covering 3,856 square kilometres from the Brisbane River in the north to Redland City in the east, and through Logan City and Scenic Rim Regional Council to the border of New South Wales in the south-west.

Under the Australian Statistical Geography Standard (ASGS) 2021 classification MSH is subdivided into 20 Statistical Area 3's (SA3s) and 68 SA2s which broadly represent suburbs or groupings of suburbs. It encompasses the local government areas (LGAs) of Brisbane (south of the Brisbane River only), Logan, Redland and part of Scenic Rim, specifically the Statistical Area Level 2 (SA2) of Beaudesert (Figure 1).

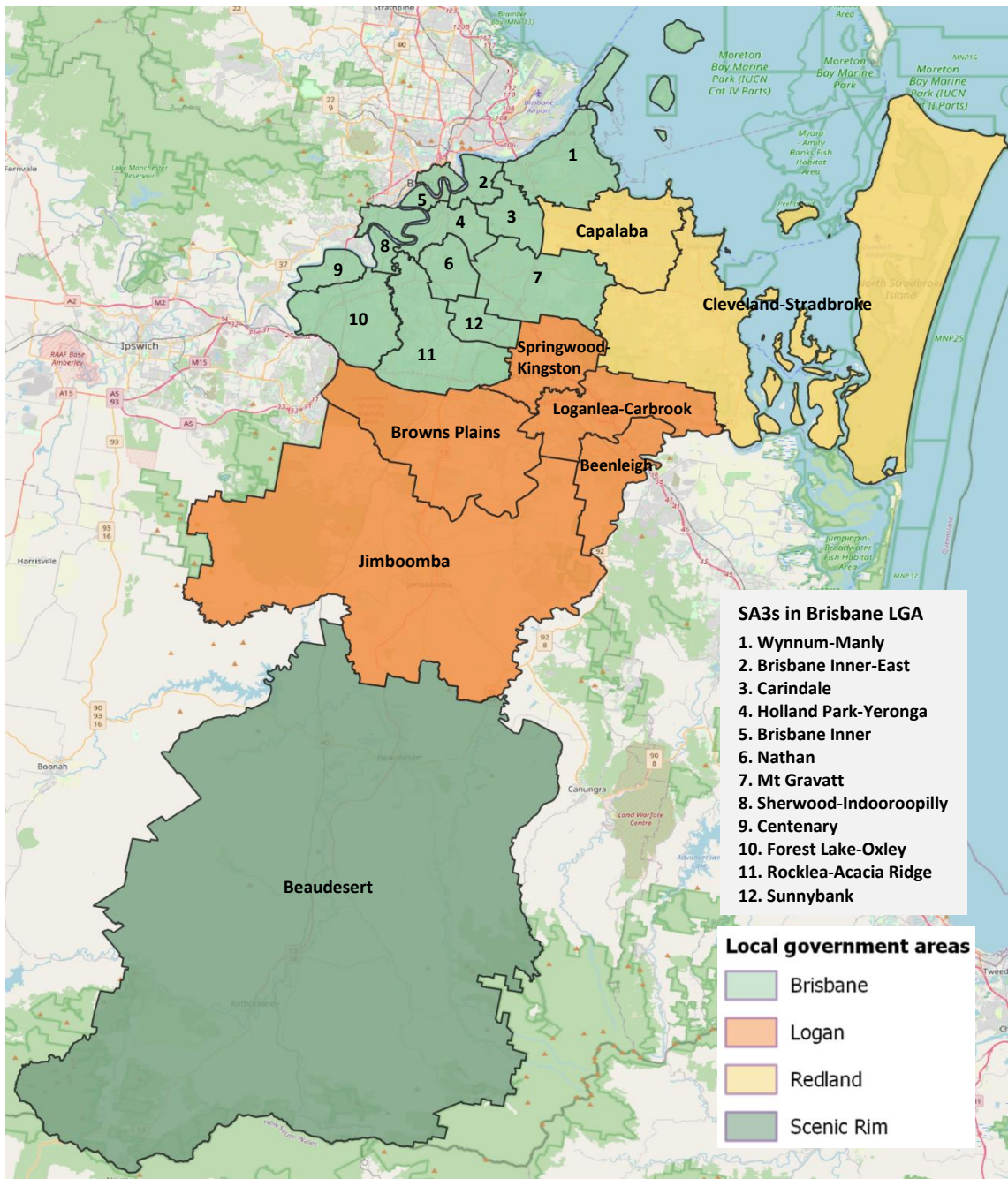


Figure 1: Map of Metro South Health showing local government areas within the MSH boundary and 2021 SA3 boundaries and names

MSH encompasses 20 Statistical Area 3s (SA3s). Five SA3s (Beenleigh, Browns Plains, Jimboomba, Loganlea – Carbrook and Springwood – Kingston) comprise the entirety of the Logan LGA. One SA3 (Beaudesert) is contained within but represents only the central part of the Scenic Rim LGA.

Ten Metro South SA3s (Brisbane Inner-East, Carindale, Centenary, Forest Lake – Oxley, Holland Park – Yeronga, Mt Gravatt, Nathan, Rocklea – Acacia Ridge, Sunnybank and Wynnum – Manly) are contained entirely within Brisbane LGA, south of the Brisbane River. A further two Brisbane LGA SA3s (Brisbane Inner and Sherwood – Indooroopilly) are partly contained within MSH but also include areas across the Brisbane River border with Metro North Hospital and Health Service (MNHHS). Where data are presented in this report for these two SA3s, only the data pertaining to the MSH residents of the SA3 (south of the Brisbane River) are included. This has the effect that the population sizes reported for these part-SA3s are considerably smaller than for other SA3s.

The final two SA3s within MSH (Capalaba and Cleveland – Stradbroke) are largely contained within Redland LGA. Capalaba SA3 includes the SA2 of Gumdale which is within Brisbane LGA.

## All persons PPHs by category

In 2024/25 there were 48,580 potentially preventable hospitalisations (PPHs) among MSH residents, representing 7.3% of all hospitalisations of MSH residents that year, at an age standardised rate (ASR) of 3,531 PPHs per 100,000 persons.

Among MSH residents there were almost 25,000 PPHs for chronic conditions and almost 20,000 for acute conditions in 2024/25 (Table 1). By comparison there were 4,838 PPHs for vaccine-preventable conditions in this period of which 62% were for influenza and pneumonia (Table 1; Table 2).

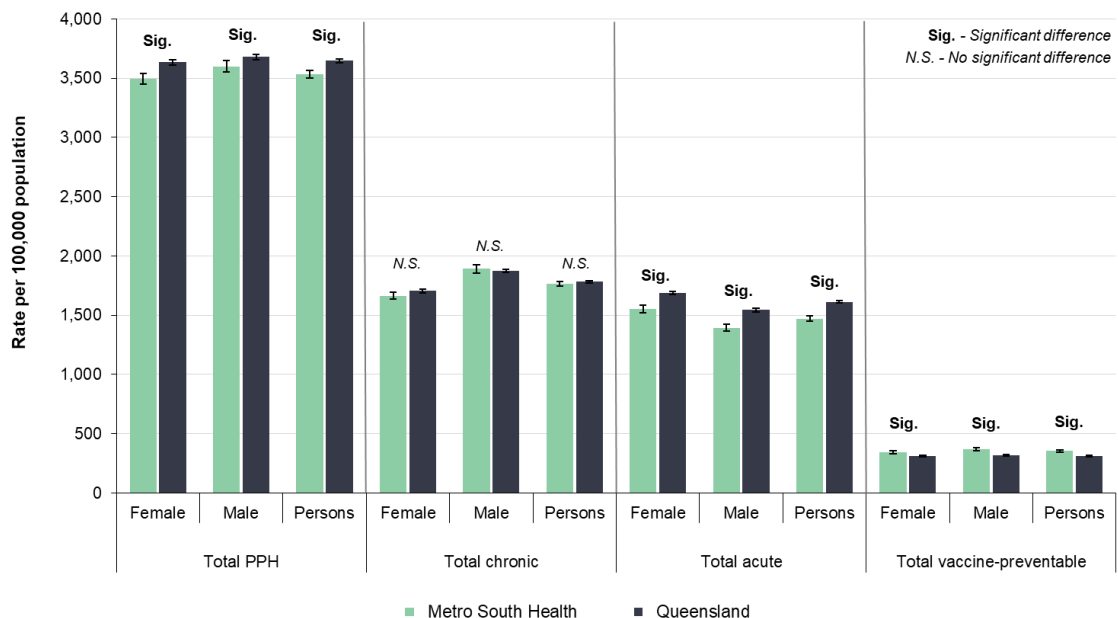
**Table 1: Potentially preventable hospitalisations by category, MSH and Queensland, 2024/25**

Category of PPH	Number of PPHs		Age standardised rate per 100,000 persons		Statistically significant difference MSH–QLD*
	MSH	QLD	MSH	QLD	
Total PPH	48,580	231,335	3,531	3,647	↓
Chronic	24,966	121,399	1,765	1,782	—
Acute	19,624	94,849	1,471	1,613	↓
Vaccine-preventable	4,838	19,131	356	313	↓

\* ↑ MSH statistically significantly higher than Queensland; ↓ MSH statistically significantly lower than Queensland; — no statistically significant difference between MSH and Queensland

All persons ASRs were significantly lower in MSH than in Queensland for total PPHs, and for the sub-categories of total acute and total vaccine-preventable PPHs. However, the MSH all persons rate of total chronic PPHs was statistically similar to the Queensland rate (Figure 2; Table 1).

ASRs of total chronic PPHs and total PPHs were significantly lower in females than in males in both MSH and Queensland in 2024/25. However for total acute PPHs the rate was significantly higher in females than males in MSH and Queensland. Rates of total vaccine-preventable PPH were statistically similar in females and males.



**Figure 2: Potentially preventable hospitalisations by category and sex, age standardised rates with 95% confidence intervals, Metro South Health and Queensland, 2024/25**  
 Presence of significant differences between Metro South Health and Queensland noted for each condition.

## All persons PPHs by condition

Chronic conditions represented just over half (51%) of all PPHs in MSH residents in 2024/25 (Table 2). Diabetes complications was the chronic condition with the highest ASR of PPH (863 PPHs per 100,000 persons) and represented one quarter of all PPHs in MSH residents (Table 2). Chronic obstructive pulmonary disease (COPD), iron deficiency anaemia and congestive cardiac failure were the chronic conditions with the next highest rates (each around 200 PPHs per 100,000 persons) (Table 2).

Acute conditions represented 40% of all PPHs in MSH residents. The highest acute condition ASRs were for urinary tract infections followed by cellulitis and dental conditions (Table 2).

Vaccine-preventable conditions represented the final 10% of the total PPH count in 2024/25 with the ASR highest for pneumonia and influenza (Table 2).

**Table 2: Number and age standardised rate of potentially preventable hospitalisations by category and condition, Metro South Health, 2024/25**

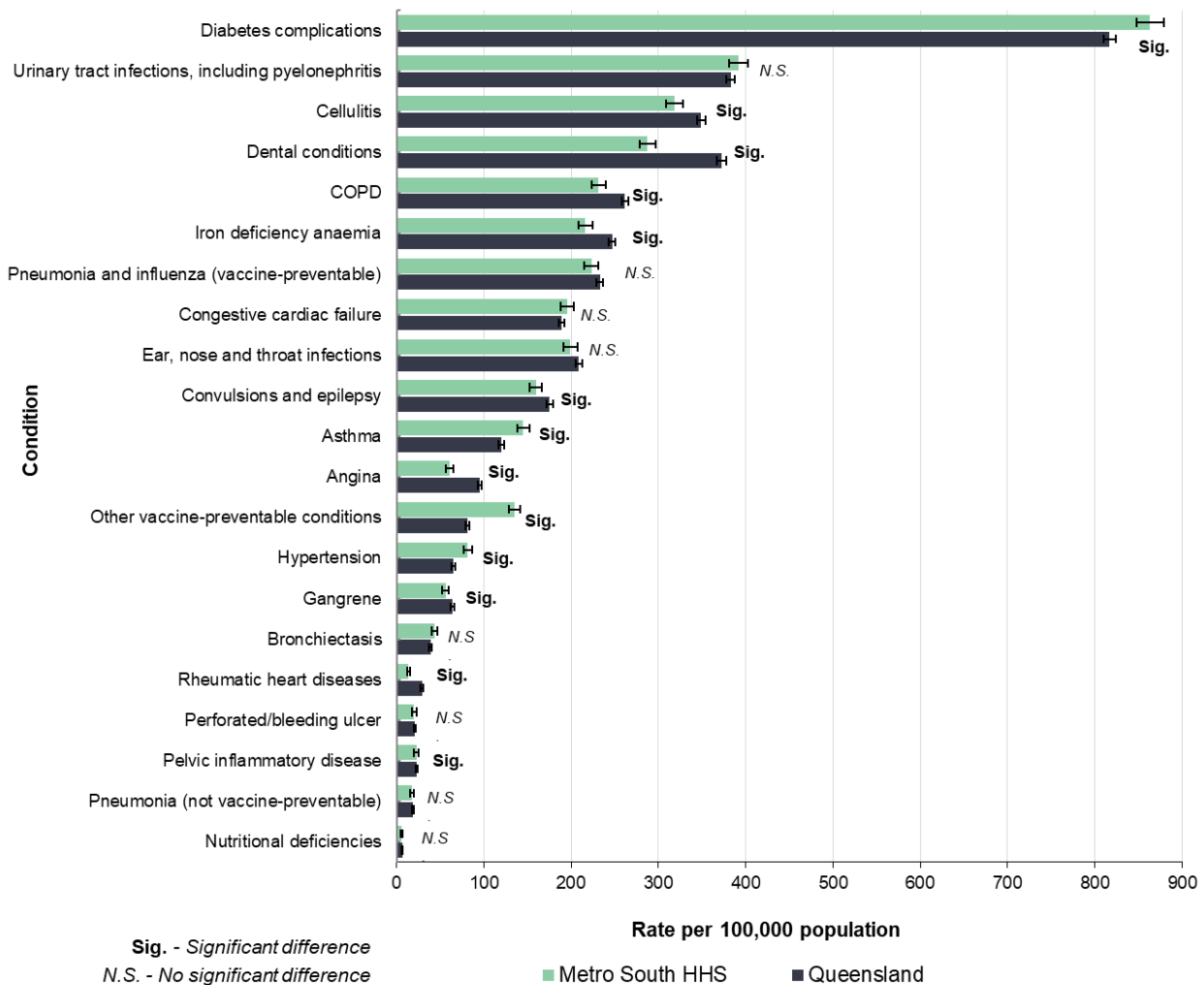
Sub-category and condition	Number	ASR per 100,000 persons	% of total count
<b>Vaccine-preventable</b>	<b>4,838</b>	<b>356.3</b>	<b>10.0</b>
Pneumonia and influenza (vaccine preventable)	3,016	223.3	6.2
Other vaccine-preventable conditions	1,854	135.3	3.8
<b>Chronic*</b>	<b>24,966</b>	<b>1,764.6</b>	<b>51.4</b>
Diabetes complications	12,329	863.4	25.4
COPD	3,372	231.4	6.9
Iron deficiency anaemia	2,970	216.4	6.1
Congestive cardiac failure	2,855	195.7	5.9
Asthma	1,872	145.3	3.9
Hypertension	1,153	81.8	2.4
Angina	871	60.5	1.8
Bronchiectasis	622	43.3	1.3
Rheumatic heart disease	193	13.8	0.4
Nutritional deficiencies	74	5.5	0.2
<b>Acute</b>	<b>19,624</b>	<b>1,471.3</b>	<b>40.4</b>
Urinary tract infections (including pyelonephritis)	5,429	391.8	11.2
Cellulitis	4,326	318.6	8.9
Dental conditions	3,750	287.7	7.7
Ear, nose and throat infections	2,486	199.4	5.1
Convulsions and epilepsy	2,081	159.6	4.3
Gangrene	768	56.0	1.6
Pelvic inflammatory disease	295	22.6	0.6
Perforated/bleeding ulcer	283	20.2	0.6
Pneumonia (not vaccine preventable)	238	17.9	0.5
Eclampsia	5	**	0.0
<b>Total preventable hospitalisations</b>	<b>48,580</b>	<b>3,531.1</b>	<b>100.0</b>

\* As more than one condition may be reported for a separation, the sum of all conditions does not necessarily equal the total number of separations recorded for each category

\*\* Cell counts are inadequate to produce reliable age standardised rate

In 2024/25 PPH rates were significantly lower in MSH than in Queensland for a range of conditions including: cellulitis, dental conditions, COPD, iron deficiency anaemia, convulsions and epilepsy and angina (Figure 3).

In comparison, PPH rates were significantly higher in MSH than Queensland for diabetes complications, asthma, hypertension and 'other vaccine preventable' conditions (that is, those other than pneumonia and influenza) (Figure 3).



**Figure 3: Potentially preventable hospitalisations, age standardised rates with 95% confidence intervals by condition, Metro South Health and Queensland, 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

## All persons PPHs by geographical area

In 2022/23 to 2024/25 the highest rate of total PPHs was recorded in residents of Browns Plains SA3, followed by Springwood – Kingston and Beenleigh SA3 residents (Appendix 1: Table 1). Rates of total PPH were significantly higher than the Queensland rate for residents of all SA3s within Logan LGA, along with Forest Lake – Oxley SA3 in Brisbane LGA (Appendix 1: Table 1). Rates of total PPH were lowest in the inner Brisbane SA3s of Brisbane Inner and Sherwood – Indooroopilly (Appendix 1: Table 2).

Following the same pattern as total PPHs, the highest rate of total chronic PPH was recorded in residents of Browns Plains SA3, followed by Springwood – Kingston and Beenleigh SA3 residents (Appendix 1: Table 2). Rates of total chronic PPH were significantly higher than the Queensland rate for residents of all SA3s within Logan LGA, along with Forest Lake – Oxley SA3 (Appendix 1: Table 2). Rates of total chronic PPH were lowest in Brisbane Inner and Sherwood – Indooroopilly SA3s (Appendix 1: Table 2).

The highest rates of total acute PPHs were recorded in residents of Beenleigh, Springwood – Kingston and Browns Plains SA3s (Appendix 1: Table 2). Rates of total acute PPH were significantly higher than the Queensland rate for

residents of all SA3s within Logan LGA, except Jimboomba SA3, along with Capalaba and Cleveland – Stradbroke SA3s within Redland LGA (Appendix 1: Table 2). Rates of total acute PPH were lowest in Brisbane Inner and Sherwood – Indooroopilly SA3 residents (Appendix 1: Table 2).

Finally, the highest rates of total vaccine-preventable PPHs were recorded in residents of Forest Lake – Oxley SA3, followed by Browns Plains and Springwood – Kingston SA3s (Appendix 1: Table 1). Rates of total vaccine-preventable PPH were significantly higher than the Queensland rate for residents of Forest Lake – Oxley SA3, all SA3s within Logan LGA, Sunnybank, Rocklea – Acacia Ridge and Cleveland – Stradbroke SA3s (Appendix 1: Table 1). Rates of total vaccine-preventable PPH were lowest in Sherwood – Indooroopilly and Centenary SA3 residents (Appendix 1: Table 1).

PPH rates for diabetes complications (the most common chronic PPH condition) were highest in Browns Plains, Springwood – Kingston and Beenleigh SA3 residents while rates for urinary tract infections (the most common acute PPH condition) were highest in Loganlea – Carbrook and Springwood – Kingston SA3 residents (Appendix 1: Table 3). Rates by SA3 for several other common PPH conditions are detailed in Appendix 1: Tables 4 and 5.

## All persons PPH time series

Historically time series for PPHs have been difficult to interpret owing to periodic changes to clinical coding practices. However coding has been stable since 2012/13 enabling time series data to be presented in this report from that date onward.

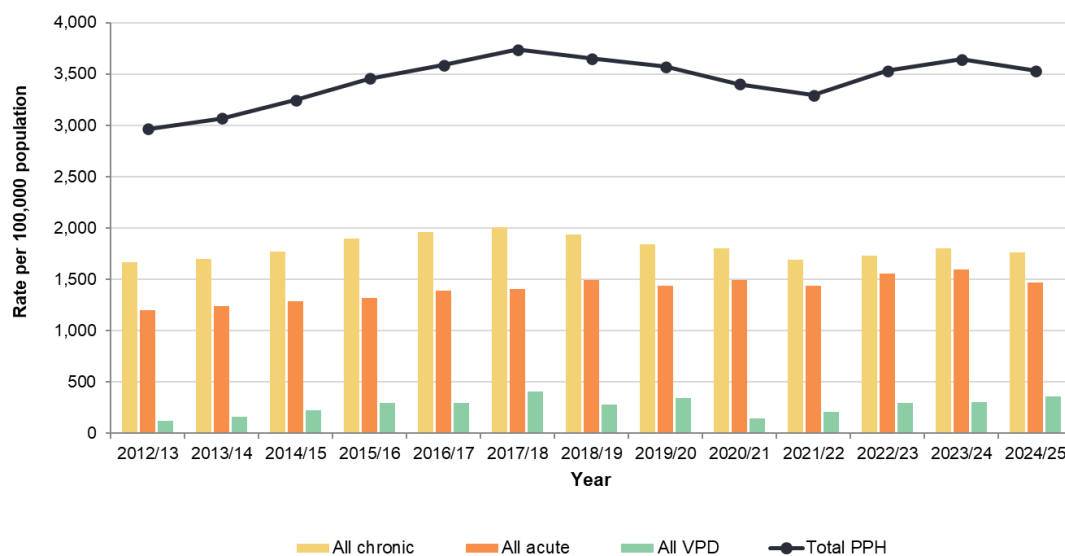
The annual ASR of total PPHs in MSH residents increased steadily from 2012/13 to a peak in 2017/18 after which a decline was recorded before and during the COVID-19 years. However from 2022/23 onwards the rate increased again (Figure 4). Over the ten years from 2015/16 to 2024/25 the total annual number of PPH episodes increased by almost 11,000 from 37,608 to 48,580, however the ASR per 100,000 persons increased by just 2%.

Between 2015/16 and 2024/25 the annual ASR of total chronic PPHs decreased by 7% overall. Despite this reduction, the annual number of chronic PPHs increased over the same period resulting in 4,550 more episodes in 2024/25 compared with 2015/16.

Total acute PPH ASRs increased relatively steadily over the entire period from 2012/13 to 2024/25 (Figure 4). Between 2015/16 and 2024/25 the annual number of acute PPHs increased by just over 5,100 and the age standardised rate increased by 12%.

The vaccine preventable PPH ASR peaked in 2017/18 but experienced a substantial drop in 2020/21 (Figure 4). This was most likely the result of the public health measures (including closure of the international border, local lockdowns, social distancing) implemented from late-March 2020 onwards and through 2021 in response to the COVID-19 pandemic. During this period influenza notifications in MSH and the rest of Queensland dropped, remaining at or close to zero<sup>4</sup>. The ASR of PPH for vaccine preventable influenza and pneumonia fell from over 200 per 100,000 persons in 2019/20 to just nine per 100,000 persons in 2020/21 during the peak of the pandemic.

Post-pandemic, the rate of vaccine preventable PPHs increased steadily, in 2024/25 reaching the highest rate recorded since the 2017/18 peak (Figure 4). The total vaccine preventable PPH count in 2024/25 was 21% higher than in 2015/16, the highest count on record in MSH,



**Figure 4: Age standardised rates of total potentially preventable hospitalisations and three sub-categories, 2012/13 to 2024/25, Metro South Health**

The annual ASRs of both total PPHs and total acute PPHs were significantly lower in MSH residents compared with all Queenslanders in all years from 2013/14 to 2024/25. For total chronic PPHs over this period, the ASR was significantly higher in MSH residents in some years while in other years the rate was statistically similar to the Queensland rate. For total vaccine preventable PPHs the annual ASR was significantly higher in MSH residents compared with all Queenslanders in all years from 2013/14 to 2024/25 (Table 3).

Diabetes complications is the chronic condition with consistently the highest annual episode counts and rates of PPH in both MSH and Queensland. MSH diabetes complications PPH annual counts increased from 7,451 in 2012/13 to 12,329 in 2024/25: a 65% increase over the 13 year period. MSH ASRs of PPH for diabetes complications peaked in 2020/21 during the COVID-19 pandemic at 981 episodes per 100,000 persons but dropped noticeably in subsequent years (Figure 5). Overall, between 2012/13 and 2024/25 the rate per 100,000 persons increased by 14%. From 2019/20 onwards the rate in MSH residents was consistently significantly higher than in all Queensland residents (Figure 5).

**Table 3: Number and age standardised rates\* (per 100,000 persons) of potentially preventable hospitalisations by sub-category, Metro South Health with comparison rates for Queensland, 2013/14 to 2024/25**

Type of potentially preventable hospitalisation		YEAR											
		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Total potentially preventable hospitalisations</b>													
Metro South	Number	31,981	34,605	37,608	40,024	42,821	42,841	43,086	42,189	41,604	45,639	48,581	48,580
	Rate	3,069.4	3,247.6	3,454.6	3,587.2	3,736.4	3,650.0	3,571.1	3,398.7	3,292.2	3,529.2	3,643.3	3,531.1
Queensland	Rate	3,207.4	3,451.3	3,650.4	3,744.3	3,927.5	3,839.1	3,683.8	3,547.9	3,521.5	3,637.6	3,712.2	3,647.0
<b>Total acute potentially preventable hospitalisations</b>													
Metro South	Number	13,213	13,972	14,516	15,623	16,109	17,421	17,176	18,112	17,698	19,552	20,621	19,624
	Rate	1,239.5	1,287.3	1,314.7	1,389.4	1,404.9	1,493.9	1,440.8	1,489.6	1,440.1	1,556.5	1,593.8	1,471.3
Queensland	Rate	1,401.2	1,472.5	1,513.7	1,563.7	1,602.3	1,642.9	1,561.1	1,641.9	1,643.0	1,676.6	1,715.4	1,613.6
<b>Total chronic potentially preventable hospitalisations</b>													
Metro South	Number	17,333	18,599	20,416	21,692	22,946	22,827	22,401	22,760	21,850	23,016	24,701	24,966
	Rate	1,697.8	1,773.6	1,898.1	1,957.5	2,004.5	1,936.6	1,839.5	1,803.8	1,688.8	1,729.9	1,800.3	1,764.5
Queensland	Rate	1,716.8	1,828.3	1,938.8	1,995.7	2,029.3	1,993.3	1,889.6	1,851.7	1,756.8	1,768.0	1,791.8	1,782.1
<b>Total vaccine preventable disease potentially preventable hospitalisations</b>													
Metro South	Number	1,747	2,460	3,253	3,341	4,669	3,273	4,200	1,829	2,666	3,805	4,040	4,838
	Rate	162.1	226.6	295.3	296.5	406.0	276.7	347.5	145.7	210.8	299.0	307.0	356.3
Queensland	Rate	113.4	187.0	242.3	232.4	361.9	249.0	283.1	86.4	161.5	243.3	259.0	313.2

\* Rates are standardised to the Australian standard population 2001 using five-year age groups to 85 plus years per 100,000 population

- Rate significantly higher for comparison year
- Rate significantly lower for comparison year

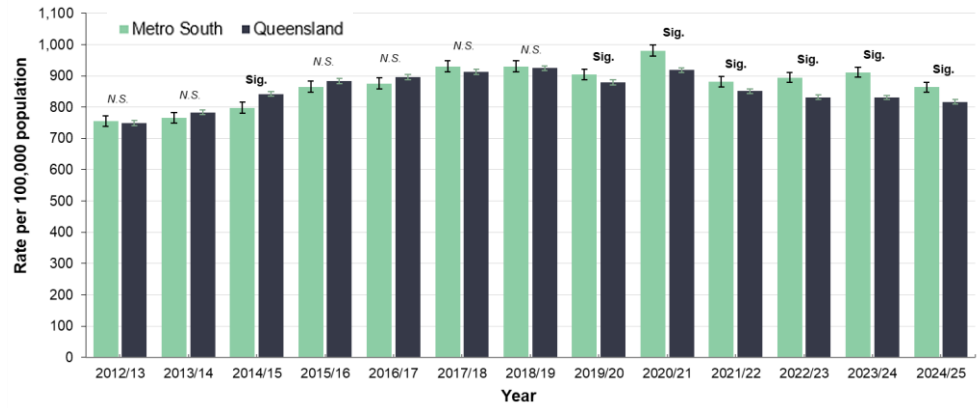
Congestive cardiac failure (CCF) PPHs annual episode counts for MSH residents increased from around 2,100 in 2012/13 to 2,900 in 2024/25. However the annual ASR decreased fairly steadily over this period and in 2024/25 was 9% lower than in 2012/13 (Figure 5). Annual ASRs in MSH have been statistically similar to Queensland rates since 2016/17 (Figure 5).

There were over 1,000 fewer annual episode counts for angina PPHs in MSH residents between 2012/13 (1,940) and 2024/25 (871). This represented a 55% decrease. The annual ASR also decreased over this period from 194/100,000 persons to 60/100,000 in 2024/25 (Figure 5). Annual ASRs in MSH have been significantly lower than Queensland rates since at least 2012/13 (Figure 5).

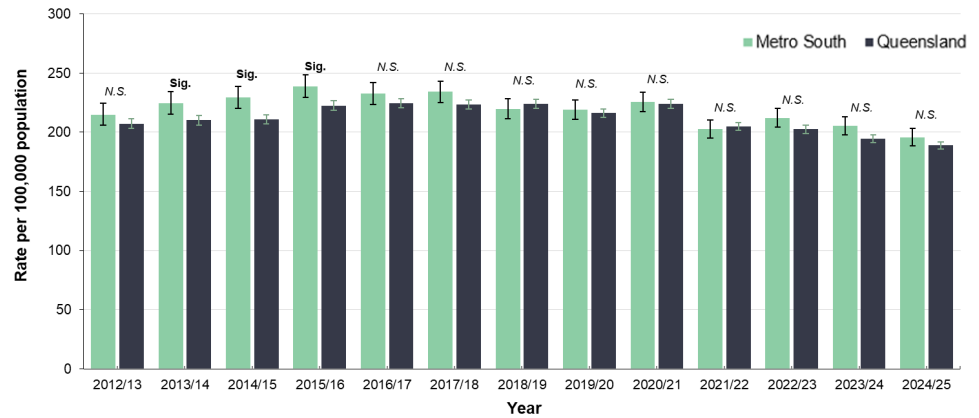
Hypertension PPHs annual episode counts for MSH residents more than doubled from just over 500 in 2012/13 to over 1,150 in 2024/25. Annual MSH ASRs also increased steadily (by 61%) over this period (Figure 5). Annual ASRs in MSH have been significantly higher than Queensland rates since 2017/18 (Figure 5).

Other chronic conditions such as asthma, COPD and iron deficiency anaemia did not display any consistent trends over the period from 2012/13 to 2024/25. Both COPD and asthma did experience a reduction in counts and ASRs during the pandemic.

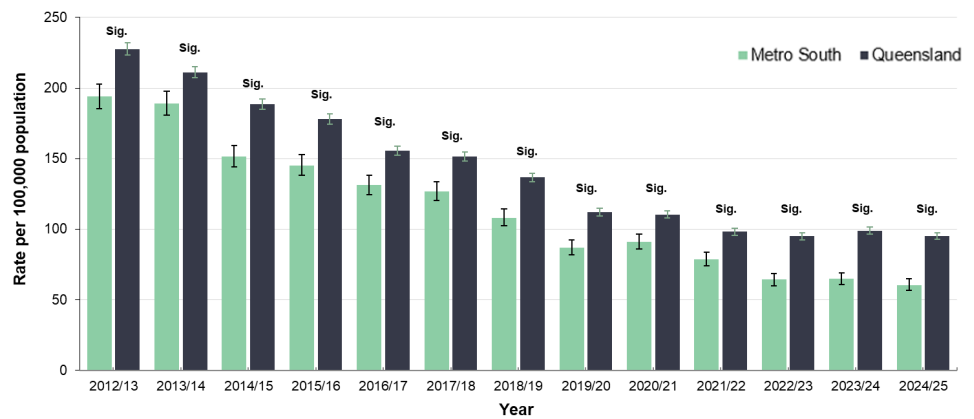
**Diabetes complications**



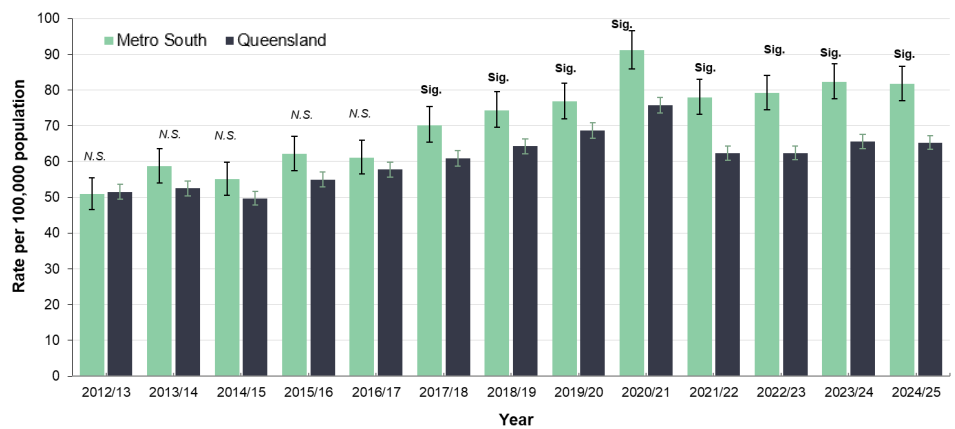
**Congestive cardiac failure**



**Angina**



**Hypertension**



**Figure 5: Age standardised rates of PPH for selected chronic conditions, 2012/13 to 2024/25, Metro South Health and Queensland**  
 Presence of significant differences between Metro South Health and Queensland noted for each condition.

Urinary tract infections (UTI) is the acute condition with consistently the highest annual episode counts and ASRs of PPH in both MSH and Queensland. MSH UTI PPH annual counts increased from 3,306 in 2012/13 to 5,429 in 2024/25: a 64% increase over the 13 year period. ASRs of PPH for UTI peaked in 2020/21 during the COVID-19 pandemic at 414 episodes per 100,000 persons but dropped slightly in subsequent years (Figure 6). In most years the rate in MSH residents was statistically similar to that in all Queensland residents (Figure 6).

Cellulitis PPHs annual episode counts for MSH residents increased by 82% from around 2,380 in 2012/13 to 4,330 in 2024/25. The annual ASR also increased over this period from 229 episodes per 100,000 persons in 2012/13 to 319 per 100,000 in 2024/25 (Figure 6). Annual ASRs in MSH have been significantly lower than Queensland rates since at least 2012/13 (Figure 6).

Both annual episode counts and ASRs of PPHs for dental conditions in MSH residents were relatively stable between 2012/13 and 2019/20. However in 2020/21 with the COVID-19 pandemic there was a substantial jump (34% increase) in the number of dental episodes from around 2,400 to over 3,200. In subsequent years ASRs remained at or above this higher level (Figure 6

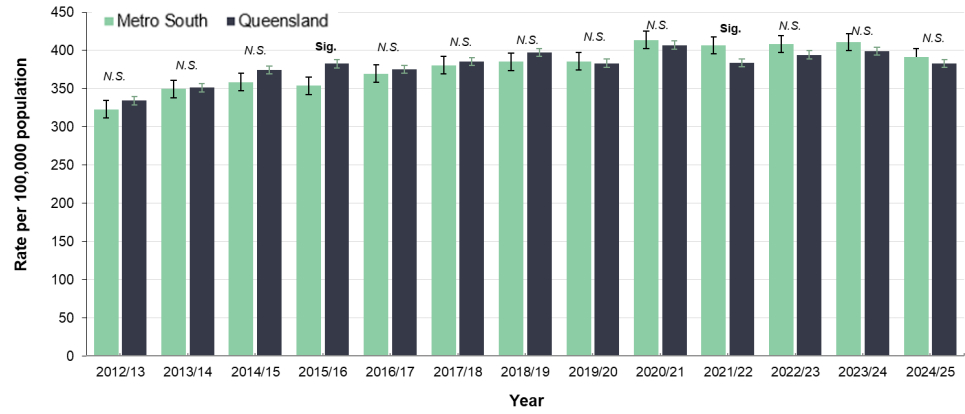
). Annual ASRs for dental conditions in MSH have been significantly lower than Queensland rates since at least 2012/13 (Figure 6 ).

Annual episode counts and ASRs for ear, nose and throat infection PPHs of MSH residents did not show a consistent trend between 2012/13 and 2024/25. Rates peaked in 2018/19 in MSH before falling to a low in 2020/21 during the pandemic. In subsequent years rates again increased but not consistently. In most years since 2020/21 the annual ASRs in MSH were statistically similar to Queensland rates (Figure 6).

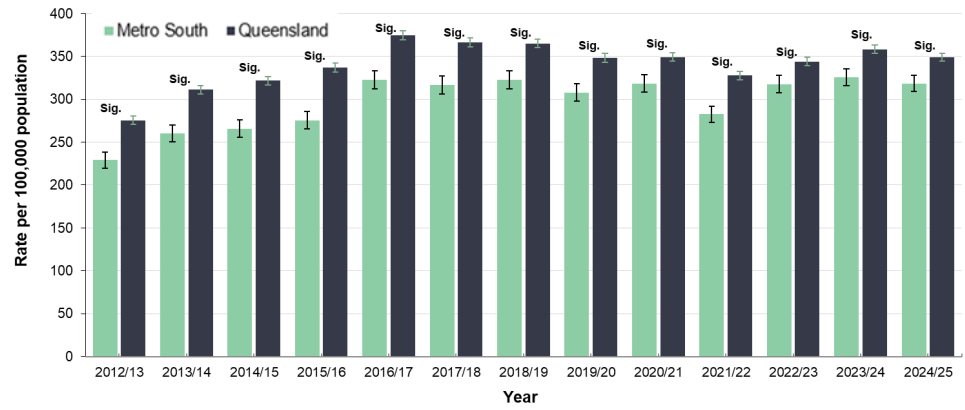
The impact of the COVID-19 pandemic can be seen in the rates of PPH of not only vaccine preventable conditions (primarily influenza and pneumonia) but also a range of both chronic and acute conditions. Rates of other respiratory-related PPHs also fell during the pandemic period. These included COPD, ear, nose and throat infections, asthma and non-vaccine preventable pneumonia.

PPH rates of various other, mainly chronic conditions, experienced a noticeable increase in 2020/21 during the main part of the COVID-19 response and lockdowns. These included PPHs for dental conditions, diabetes complications, hypertension and urinary tract infections. Small increases were also recorded for angina and congestive cardiac failure. These increases may indicate that management and preventative measures usually associated with these conditions may have fallen during the COVID-19 pandemic period when access to primary care was unusually limited, leading to hospitalisations which would have been preventable under more normal conditions.

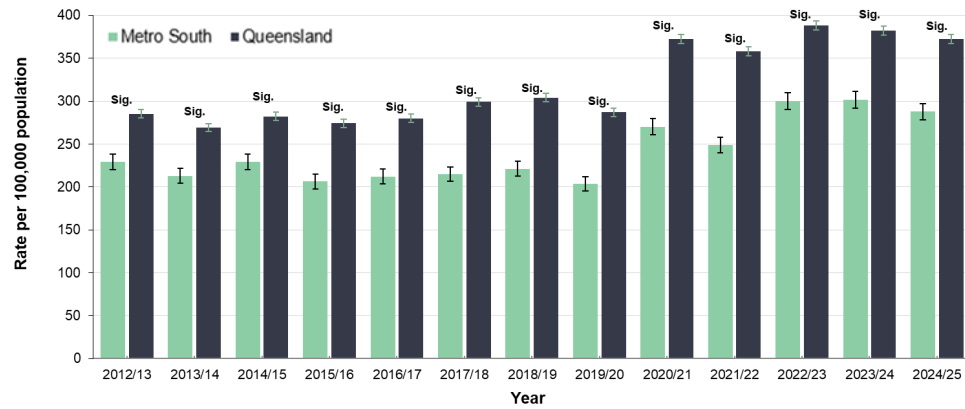
**Urinary tract infections (including pyelonephritis)**



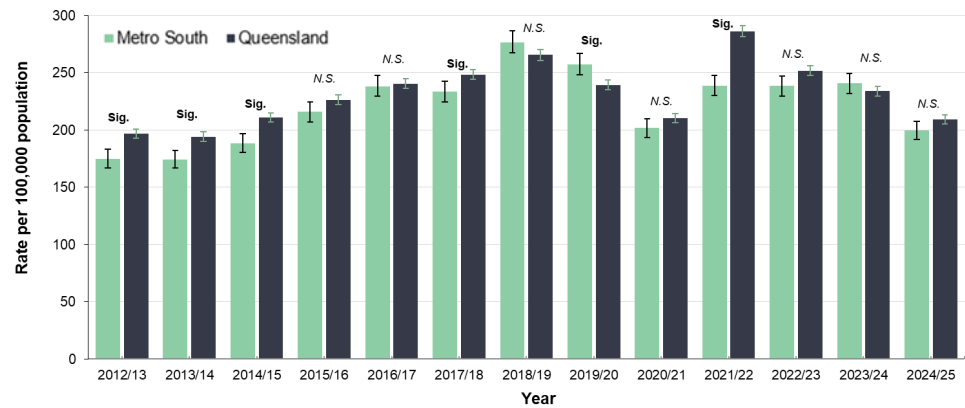
**Cellulitis**



**Dental conditions**



**Ear, nose & throat infections**



**Figure 6: Age standardised rates of PPH for selected acute conditions, 2012/13 to 2024/25, Metro South Health and Queensland**  
 Presence of significant differences between Metro South Health and Queensland noted for each condition.

# Indigenous persons PPHs by category

Owing to the comparatively small counts, PPH rates and counts for Aboriginal and Torres Strait Islander residents are presented as annual averages for 2022/23 to 2024/25.

In the three years from 2022/23 to 2024/25 there were 6,913 potentially preventable hospitalisations (PPHs) among Aboriginal and Torres Strait Islander MSH residents. The annual average count was 2,304 with an annual ASR of 8,395 PPHs per 100,000 persons, significantly higher and more than double the rate in non-Indigenous residents (Table 4). PPHs represented 9.8% of all Aboriginal and Torres Strait Islander hospitalisations in 2022/23 to 2024/25.

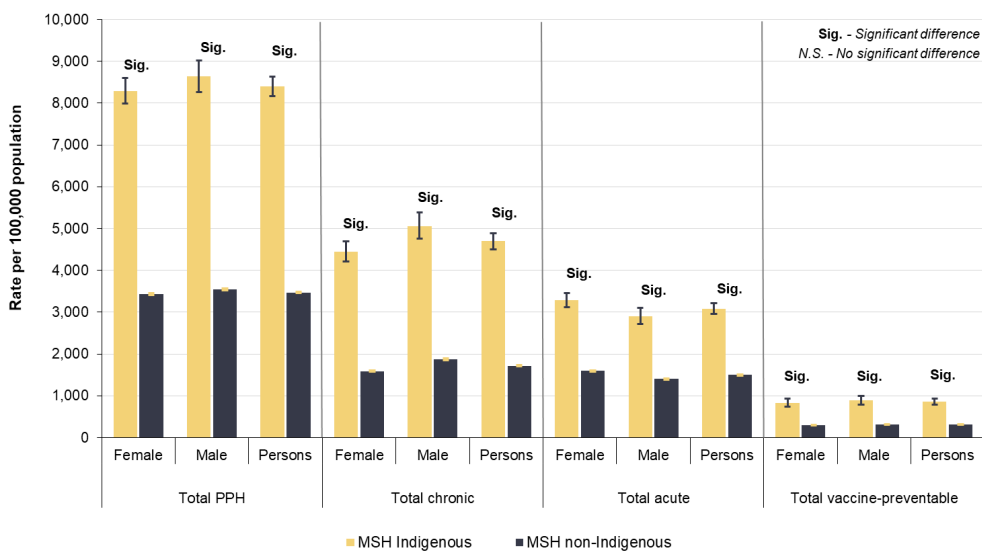
Among Aboriginal and Torres Strait Islander MSH residents on average there were 987 PPHs for chronic conditions and 1,126 for acute conditions per year (Table 4). On average there were 246 PPHs per year for vaccine-preventable conditions, the majority (60%) of which were for influenza and pneumonia (Table 4, Table 5).

**Table 4: MSH potentially preventable hospitalisations by category and Indigenous status, 2022/23 to 2024/25**

Category of PPH	Annual average number of PPHs		Age standardised rate per 100,000 persons		Statistically significant difference in rate Indigenous – non-Indigenous*
	Indigenous	non-Indigenous	Indigenous	non-Indigenous	
Total PPH	2,304	45,296	8,394.5	3,470.5	↑
Chronic	987	23,241	4,696.6	1,719.2	↑
Acute	1,126	18,806	3,085.4	1,496.3	↑
Vaccine-preventable	246	3,982	857.6	310.4	↑

\* ↑ Indigenous statistically significantly higher than non-Indigenous; ↓ Indigenous statistically significantly lower than non-Indigenous; — no statistically significant difference between Indigenous and non-Indigenous

The MSH Aboriginal and Torres Strait Islander all persons annual average ASRs were significantly and substantially higher than the non-Indigenous rates for total PPHs, and for each of the three sub-categories of chronic, acute and vaccine-preventable PPHs. (Figure 7; Table 4).



**Figure 7: Potentially preventable hospitalisations by category and sex, age standardised rates with 95% confidence intervals, Metro South Health Indigenous and non-Indigenous residents, 2022/23 to 2024/25**  
Presence of significant differences between Indigenous and non-Indigenous noted for each condition.

The ASRs of chronic PPHs were significantly lower in females than in males in both Aboriginal and Torres Strait Islander and non-Indigenous residents. However for acute PPHs the rate was significantly higher in females than males. Rates of vaccine-preventable PPH were statistically similar in females and males.

## Indigenous persons PPHs by condition

Chronic conditions represented 43% of all PPHs in MSH Aboriginal and Torres Strait Islander residents in 2022/23 to 2024/25 (Table 5). Diabetes complications was the chronic condition with the highest ASR of PPH (2,468 PPHs per 100,000 persons) in Aboriginal and Torres Strait Islander residents, representing 21% of all PPHs (Table 5).

The rate of diabetes complication PPHs was almost three times higher in Aboriginal and Torres Strait Islander than in non-Indigenous residents of MSH (Figure 8). The rates of all chronic condition PPHs (with annual average counts of 20 or more) were significantly higher in Aboriginal and Torres Strait Islander than non-Indigenous residents of MSH (Figure 8).

COPD was the second most common chronic condition PPH in Aboriginal and Torres Strait Islander residents and the annual ASR in MSH was 4.6 times higher than in non-Indigenous MSH residents (Figure 8).

Acute conditions represented 49% of all PPHs in MSH Aboriginal and Torres Strait Islander residents; a higher proportion than in non-Indigenous residents (42%). The highest acute condition ASRs were for cellulitis followed by urinary tract infections (Table 5; Figure 8).

The rate of cellulitis PPHs was 2.7 times higher in Aboriginal and Torres Strait Islander compared with non-Indigenous MSH residents while the ASR of gangrene PPH was 3.4 times higher in Aboriginals and Torres Strait Islander residents (Figure 8). Rates of all acute condition PPHs (with annual average counts of 20 or more) were significantly higher in Aboriginal and Torres Strait Islander compared with non-Indigenous residents of MSH (Figure 8).

Vaccine-preventable conditions represented the final 11% of the total PPH average annual count in MSH Aboriginal and Torres Strait Islander residents in 2022/23 to 2024/25 with the ASR highest for pneumonia and influenza (Table 5; Figure 8).

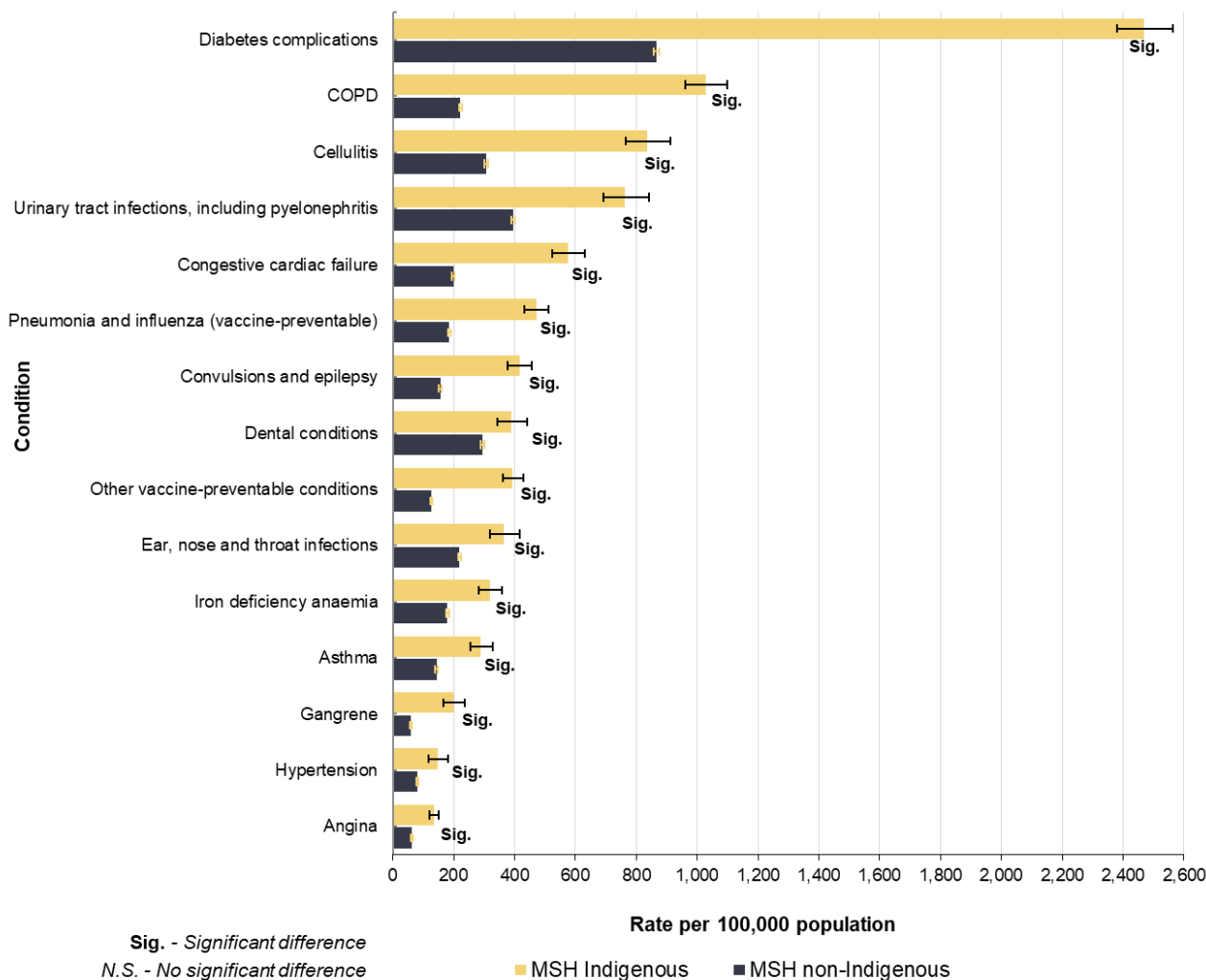
**Table 5: Annual average number and age standardised rate of Indigenous potentially preventable hospitalisations by category and condition, Metro South Health, 2022/23 to 2024/25**

Sub-category and condition	Annual average number	ASR per 100,000 persons	% of total count
<b>Vaccine-preventable</b>	<b>246</b>	<b>857.6</b>	<b>10.7</b>
Pneumonia and influenza (vaccine preventable)	148	470.5	6.4
Other vaccine-preventable conditions	99	393.6	4.3
<b>Chronic*</b>	<b>987</b>	<b>4,696.6</b>	<b>42.8</b>
Diabetes complications	492	2,467.9	21.4
COPD	195	1,029.0	8.4
Congestive cardiac failure	94	574.9	4.1
Asthma	107	289.1	4.6
Iron deficiency anaemia	75	319.0	3.2
Angina	27	135.2	1.2
Hypertension	30	147.5	1.3
Rheumatic heart disease	10	**	0.4
Bronchiectasis	11	**	0.5
Nutritional deficiencies	<5	**	0.0
<b>Acute</b>	<b>1,126</b>	<b>3,085.4</b>	<b>48.9</b>
Cellulitis	266	836.8	11.5
Urinary tract infections (including pyelonephritis)	220	764.0	9.6
Ear, nose and throat infections	205	364.8	8.9
Convulsions and epilepsy	178	416.7	7.7
Dental conditions	161	390.0	7.0
Gangrene	53	198.9	2.3
Pelvic inflammatory disease	27	62.4	1.2
Pneumonia (not vaccine preventable)	14	**	0.6
Perforated/bleeding ulcer	<5	**	0.0
Eclampsia	<5	**	0.0
<b>Total preventable hospitalisations</b>	<b>2,304</b>	<b>8,394.5</b>	<b>100.0</b>

\* As more than one condition may be reported for a separation, the sum of all conditions does not necessarily equal the total number of separations recorded for each category

\*\* Cell counts are inadequate to produce reliable age standardised rate

The rates of both pneumonia and influenza and other vaccine-preventable conditions PPHs were substantially higher in Aboriginal and Torres Strait Islander compared with non-Indigenous residents of MSH. The ASR of pneumonia and influenza PPH was 2.5 times higher in Aboriginal and Torres Strait Islander residents while other vaccine-preventable condition PPHs were 3.1 times higher than in non-Indigenous residents (Figure 8).



**Figure 8: Potentially preventable hospitalisations, age standardised rates with 95% confidence intervals by condition, Metro South Health Indigenous and non-Indigenous residents, 2022/23 to 2024/25.**

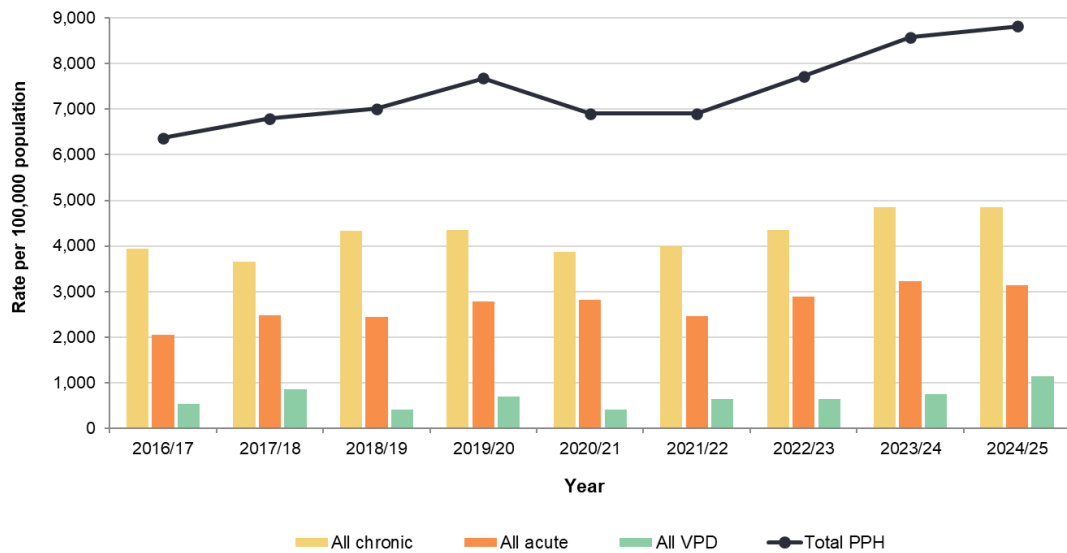
Presence of significant differences between Indigenous and non-Indigenous noted for each condition.

## Indigenous persons PPH time series

Time series data for PPHs of Aboriginal and Torres Strait Islander residents were available between 2016/17 and 2024/25 only at the time of writing.

The annual ASR of total PPHs in Aboriginal and Torres Strait Islander MSH residents increased from 2016/17 to a peak in 2019/20. It then decreased during the COVID-19 pandemic years but from 2022/23 onwards the rate increased again (Figure 9; Table 6). The rate in 2024/25 was 38% higher than in 2016/17. Over the nine years from 2016/17 to 2024/25 the total annual number of PPH episodes increased by 83% from 1,401 to 2,568 (Table 6).

The MSH Aboriginal and Torres Strait Islander annual ASR of total chronic PPHs also peaked in 2019/20, declined in 2020/21 and in the following years increased steadily (Figure 9; Table 6). The rate in 2024/25 was 23% higher than in 2016/17. In the nine years to 2024/25 the annual number of chronic PPHs increased by 64% from 676 to 1,112 (Table 6).



**Figure 9: Age standardised rates of total potentially preventable hospitalisations and three sub-categories, Indigenous persons only, 2016/17 to 2024/25, Metro South Health**

Total acute PPH ASRs increased relatively steadily over the period from 2016/17 to 2024/25 with a drop in 2021/22 during the pandemic (Figure 9; Table 6). The rate in 2024/25 was 53% higher than in 2016/17. Between 2016/17 and 2023/24 the annual number of acute PPHs increased by 87% from 647 to 1,209 (Table 6).

The vaccine-preventable PPH annual ASR was variable. It increased by 41% overall between 2016/17 and 2024/25 but the greatest increases were in the most recent three years (Figure 9; Table 6). The annual number of vaccine-preventable PPHs almost tripled from 109 in 2016/17 to 319 in 2024/25 (Table 6).

**Table 6: Number and age standardised rates\* (per 100,000 persons) of potentially preventable hospitalisations by sub-category, Metro South Health Indigenous persons with comparison rates for Metro South Health non-Indigenous persons, 2016/17 to 2024/25**

Type of potentially preventable hospitalisation	YEAR									
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	
<b>Total potentially preventable hospitalisations</b>										
MSH Indigenous Number	1,401	1,541	1,671	1,814	1,735	1,718	2,019	2,326	2,568	
Rate	6,369.8	6,800.5	7,015.4	7,682.2	6,904.1	6,907.1	7,728.4	8,578.5	8,817.9	
MSH non-Indigenous Rate	3,530.6	3,672.5	3,579.9	3,491.1	3,325.7	3,224.4	3,448.2	3,547.4	3,416.4	
<b>Total acute potentially preventable hospitalisations</b>										
MSH Indigenous Number	647	735	788	866	911	857	995	1,174	1,209	
Rate	2,050.2	2,482.4	2,442.1	2,787.3	2,810.6	2,454.4	2,894.9	3,220.3	3,132.3	
MSH non-Indigenous Rate	1,367.9	1,376.2	1,465.7	1,405.6	1,453.8	1,410.1	1,521.6	1,549.2	1,420.7	
<b>Total chronic potentially preventable hospitalisations</b>										
MSH Indigenous Number	676	664	805	805	768	741	876	973	1,112	
Rate	3,936.9	3,653.0	4,326.2	4,348.2	3,865.7	3,997.5	4,357.5	4,847.4	4,853.6	
MSH non-Indigenous Rate	1,924.6	1,975.4	1,896.9	1,800.6	1,769.0	1,657.1	1,689.1	1,756.5	1,711.4	
<b>Total vaccine preventable disease potentially preventable hospitalisations</b>										
MSH Indigenous Number	109	176	112	170	93	160	186	232	319	
Rate	538.9	854.2	415.3	686.6	401.8	650.6	646.1	757.6	1,141.9	
MSH non-Indigenous Rate	292.4	398.0	272.4	340.2	140.9	202.3	291.8	296.5	341.2	

\* Rates are standardised to the Australian standard population 2001 using five-year age groups to 85 plus years per 100,000 population

  Rate significantly higher for comparison year  
  Rate significantly lower for comparison year

# Logan Local Government Area

## All persons PPHs by category

In 2022/23 to 2024/25 on average there were 17,148 potentially preventable hospitalisations (PPHs) among Logan LGA residents with an average annual age standardised rate (ASR) of 4,529 PPHs per 100,000 persons. This represented 8.5% of all hospitalisations of Logan LGA residents over that period.

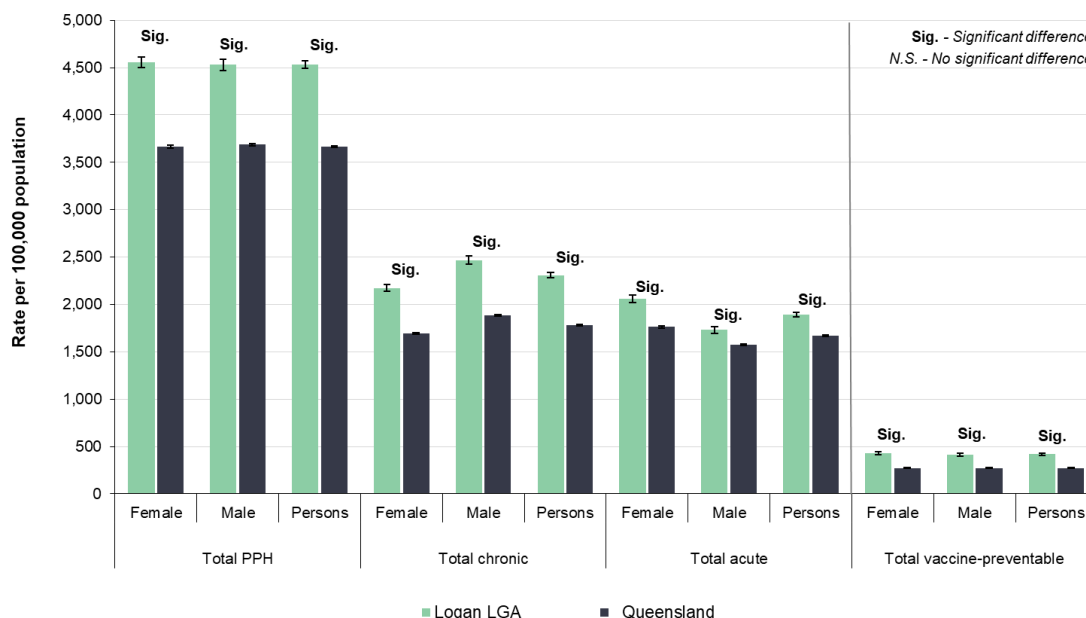
Among Logan LGA residents on average there were over 8,700 PPHs for chronic conditions and almost 7,200 for acute conditions per year in 2022/23 to 2024/25 (Table 7). By comparison there were almost 1,600 PPHs for vaccine-preventable conditions in this period of which 66% were for influenza and pneumonia (Table 7; Table 8).

**Table 7: Potentially preventable hospitalisations by category, Logan LGA and Queensland, 2022/23 to 2024/25**

Category of PPH	Annual average number of PPHs		Age standardised rate per 100,000 persons		Statistically significant difference LGA-QLD*
	Logan LGA	QLD	Logan LGA	QLD	
Total PPH	17,148	225,569	4,490.1	3,665.3	↑
Chronic	8,716	117,683	2,281.2	1,780.7	↑
Acute	7,178	95,394	1,891.6	1,667.7	↑
Vaccine-preventable	1,592	15,995	419.0	272.5	↑

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

All persons ASRs were significantly higher in Logan LGA than in Queensland for total chronic, total acute and total vaccine-preventable PPHs (Figure 10; Table 7).



**Figure 10: Potentially preventable hospitalisations by category and sex, age standardised rates with 95% confidence intervals, Logan LGA and Queensland, 2022/23 to 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

There was no significant difference in the ASR of total PPHs between the sexes in Logan LGA in 2022/23 to 2024/25. However, the ASRs of both total acute and total vaccine-preventable PPHs were significantly higher in females than in males while for total chronic PPHs the rate was significantly higher in males than females.

# All persons PPHs by condition

Chronic conditions represented just over half (51%) of all PPHs in Logan LGA residents in 2022/23 to 2024/25 (Table 8). Diabetes complications was the chronic condition with the highest ASR of PPH (1,195 PPHs per 100,000 persons) and represented over one quarter (27%) of all PPHs in Logan LGA residents (Table 8). Chronic obstructive pulmonary disease (COPD), congestive cardiac failure and iron deficiency anaemia and were the chronic conditions with the next highest rates (each over 200 PPHs per 100,000 persons) (Table 8).

Acute conditions represented 42% of all PPHs. The highest acute condition ASRs were for urinary tract infections followed by cellulitis and ear, nose and throat infections (Table 8).

Vaccine-preventable conditions represented the final 9% of the total PPH count in 2022/23 to 2024/25 with the ASR highest for pneumonia and influenza (Table 8).

**Table 8: Annual average number and average annual age standardised rate of potentially preventable hospitalisations by category and condition, Logan LGA, 2022/23 to 2024/25**

Sub-category and condition	Average annual number	ASR per 100,000 persons	% of total count
<b>Vaccine-preventable</b>	<b>1,592</b>	<b>419.0</b>	<b>9.3</b>
Pneumonia and influenza (vaccine preventable)	1,048	274.7	6.1
Other vaccine-preventable conditions	551	146.1	3.2
<b>Chronic*</b>	<b>8,716</b>	<b>2,309.3</b>	<b>50.8</b>
Diabetes complications	4,544	1,195.2	26.5
COPD	1,305	339.9	7.6
Congestive cardiac failure	976	270.3	5.7
Iron deficiency anaemia	806	218.2	4.7
Asthma	714	187.0	4.2
Hypertension	339	92.4	2.0
Angina	273	72.2	1.6
Bronchiectasis	179	47.5	1.0
Rheumatic heart disease	52	13.7	0.3
Nutritional deficiencies	27	6.8	0.2
<b>Acute</b>	<b>7,178</b>	<b>1,891.6</b>	<b>41.9</b>
Urinary tract infections (including pyelonephritis)	1,889	506.5	11.0
Cellulitis	1,556	418.3	9.1
Ear, nose and throat infections	1,295	324.6	7.5
Dental conditions	1,063	279.0	6.2
Convulsions and epilepsy	796	208.0	4.6
Gangrene	296	79.8	1.7
Pelvic inflammatory disease	112	30.4	0.7
Pneumonia (not vaccine preventable)	105	27.1	0.6
Perforated/bleeding ulcer	79	21.2	0.5
Eclampsia	<5	**	0.0
<b>Total preventable hospitalisations</b>	<b>17,148</b>	<b>4,529.3</b>	<b>100.0</b>

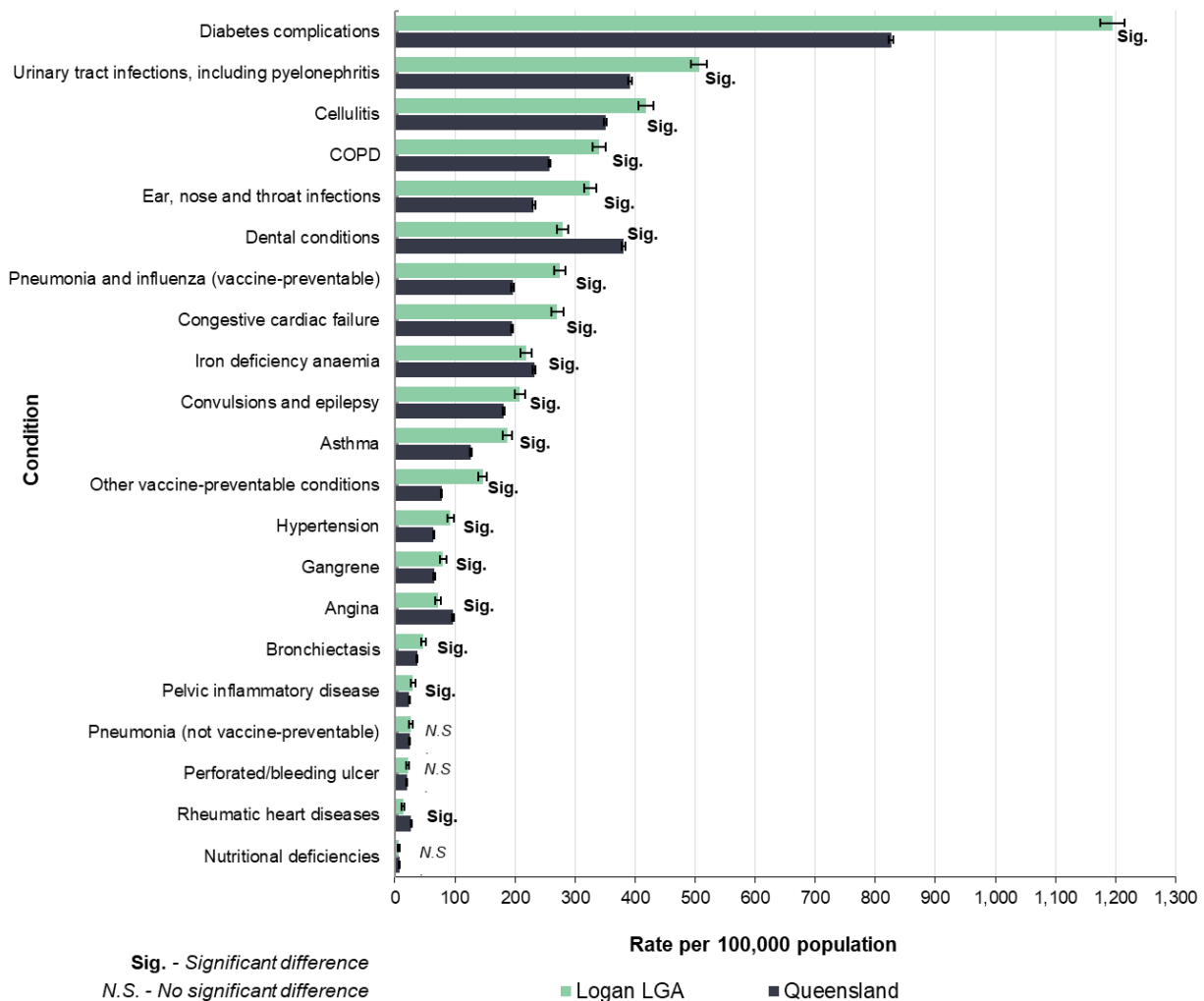
\* As more than one condition may be reported for a separation, the sum of all conditions does not necessarily equal the total number of separations recorded for each category

\*\* Cell counts are inadequate to produce reliable age standardised rate

In 2022/23 to 2024/25 PPH rates were significantly higher in Logan LGA than in Queensland for a wide range of conditions with the most common ones including: diabetes complications, urinary tract infections, cellulitis, COPD,

ear, nose and throat infections, vaccine-preventable pneumonia and influenza, congestive cardiac failure, convulsions and epilepsy, asthma, 'other vaccine preventable' conditions (that is, those other than pneumonia and influenza) and hypertension (Figure 11).

In comparison, over this period PPH rates were significantly lower in Logan LGA than Queensland for dental conditions, iron deficiency anaemia, and angina (Figure 11).



**Figure 11: Potentially preventable hospitalisations, age standardised rates with 95% confidence intervals by condition, Logan LGA and Queensland, 2022/23 to 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

## All persons PPH time series

At the time of writing of this report, detailed time series data were not available for PPHs for the residents of the Logan LGA.

# Redland Local Government Area

## All persons PPHs by category

In 2022/23 to 2024/25 on average there were 7,601 potentially preventable hospitalisations (PPHs) among Redland LGA residents with an average annual age standardised rate (ASR) of 3,651 PPHs per 100,000 persons. This represented 7.3% of all hospitalisations of Redland LGA residents over that period.

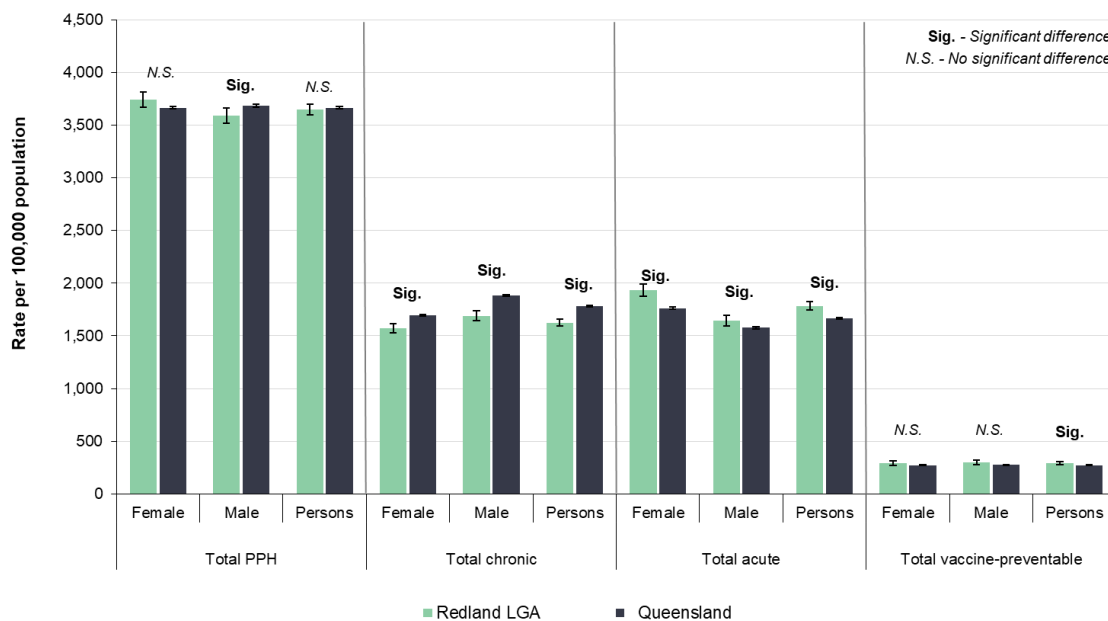
Among Redland LGA residents there were almost 3,900 PPHs for chronic conditions and almost 3,300 for acute conditions in 2022/23 to 2024/25 (Table 9). By comparison there were 547 PPHs for vaccine-preventable conditions in this period of which 75% were for influenza and pneumonia (Table 9; Table 10).

**Table 9: Potentially preventable hospitalisations by category, Redland LGA and Queensland, 2022/23 to 2024/25**

Category of PPH	Annual average number of PPHs		Age standardised rate per 100,000 persons		Statistically significant difference LGA-QLD*
	Redland LGA	QLD	Redland LGA	QLD	
Total PPH	7,601	225,569	3,650.6	3,665.3	—
Chronic	3,888	117,683	1,624.2	1,780.7	↓
Acute	3,278	95,394	1,784.8	1,667.7	↑
Vaccine-preventable	547	15,995	292.9	272.5	↑

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

The all persons PPH ASR was significantly higher in Redland LGA than in Queensland for both total acute and total vaccine-preventable PPHs while the rate for total chronic PPHs was significantly lower than the Queensland rate (Figure 12; Table 9).



**Figure 12: Potentially preventable hospitalisations by category and sex, age standardised rates with 95% confidence intervals, Redland LGA and Queensland, 2022/23 to 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

The ASRs of total acute and total PPHs were significantly higher in females than in males in Redland LGA in 2022/23 to 2024/25. However for total chronic PPHs the rate was significantly lower in females than males. Rates of vaccine-preventable PPH were statistically similar in females and males in Redland LGA.

## All persons PPHs by condition

Chronic conditions represented just over half (51%) of all PPHs in Redland LGA residents in 2022/23 to 2024/25 (Table 10). Diabetes complications was the chronic condition with the highest ASR of PPH (738 PPHs per 100,000 persons) and represented just under one quarter (24%) of all PPHs in Redland LGA residents (Table 10). Chronic obstructive pulmonary disease (COPD), congestive cardiac failure and iron deficiency anaemia were the chronic conditions with the next highest rates in Redland LGA residents (Table 10).

Acute conditions represented 43% of all PPHs in Redland LGA residents. The highest acute condition ASRs were for urinary tract infections followed by cellulitis and dental conditions (Table 10).

Vaccine-preventable conditions represented the final 7% of the total PPH count in 2022/23 to 2024/25 with the ASR highest for pneumonia and influenza (Table 10).

**Table 10: Annual average number and annual average age standardised rate of potentially preventable hospitalisations by category and condition, Redland LGA, 2022/23 to 2024/25**

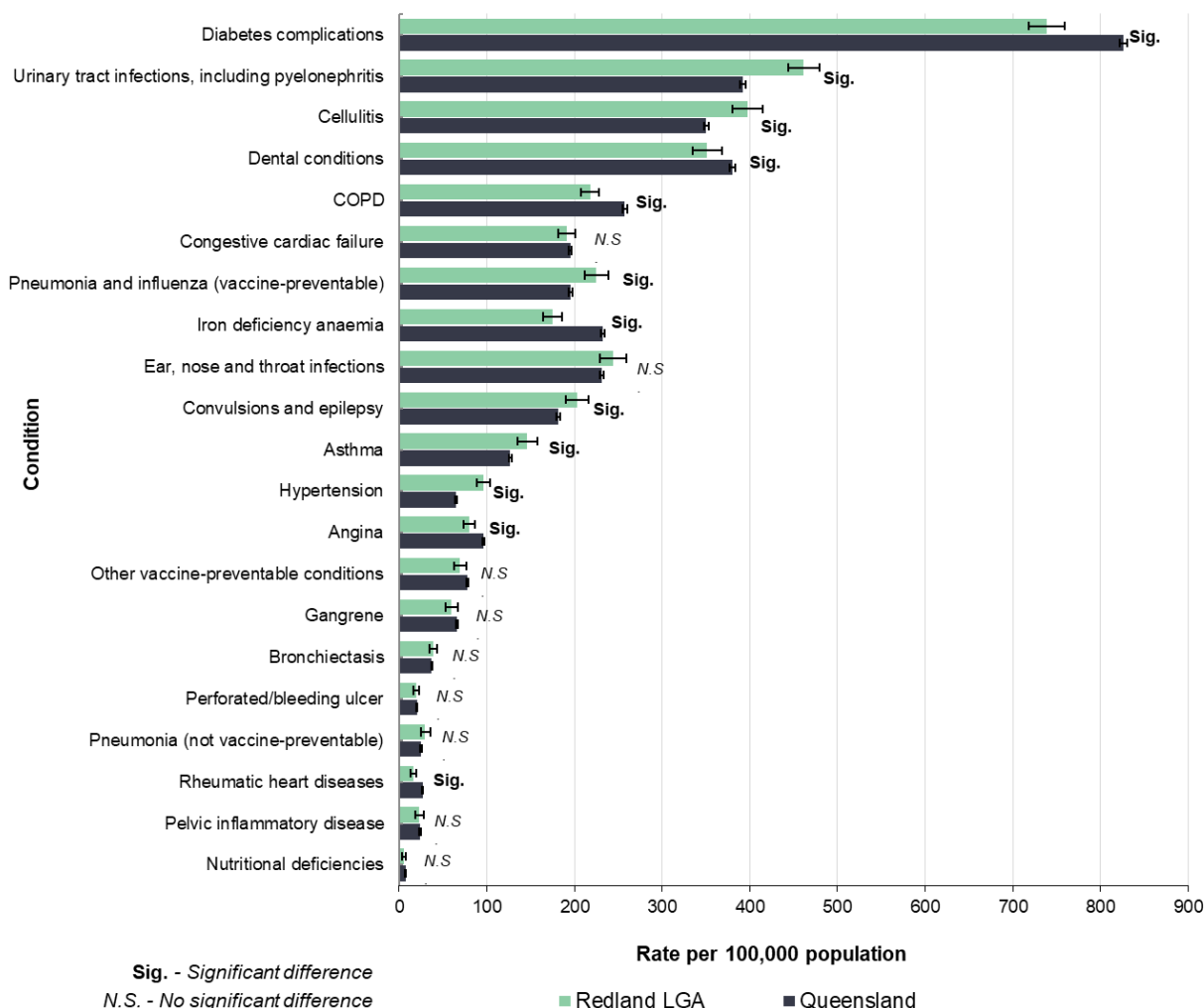
Sub-category and condition	Annual average number	ASR per 100,000 persons	% of total count
<b>Vaccine-preventable</b>	<b>547</b>	<b>292.9</b>	<b>7.2</b>
Pneumonia and influenza (vaccine preventable)	412	224.6	5.4
Other vaccine-preventable conditions	137	69.3	1.8
<b>Chronic*</b>	<b>3,888</b>	<b>1,624.2</b>	<b>51.2</b>
Diabetes complications	1,810	738.3	23.8
COPD	572	217.7	7.5
Congestive cardiac failure	525	191.1	6.9
Iron deficiency anaemia	368	174.6	4.8
Asthma	252	146.2	3.3
Hypertension	228	96.2	3.0
Angina	204	80.1	2.7
Bronchiectasis	97	38.6	1.3
Rheumatic heart disease	37	15.8	0.5
Nutritional deficiencies	10	5.0	0.1
<b>Acute</b>	<b>3,278</b>	<b>1,784.8</b>	<b>43.1</b>
Urinary tract infections (including pyelonephritis)	962	461.7	12.7
Cellulitis	790	397.0	10.4
Dental conditions	595	351.1	7.8
Ear, nose and throat infections	355	244.1	4.7
Convulsions and epilepsy	336	202.7	4.4
Gangrene	124	59.6	1.6
Perforated/bleeding ulcer	46	19.1	0.6
Pneumonia (not vaccine preventable)	46	29.6	0.6
Pelvic inflammatory disease	32	23.1	0.4
Eclampsia	<5	**	0.0
<b>Total preventable hospitalisations</b>	<b>7,601</b>	<b>3,650.6</b>	<b>100.0</b>

\* As more than one condition may be reported for a separation, the sum of all conditions does not necessarily equal the total number of separations recorded for each category

\*\* Cell counts are inadequate to produce reliable age standardised rate

In 2022/23 to 2024/25 PPH rates were significantly higher in Redland LGA than in Queensland for a range of conditions including: urinary tract infections, cellulitis, vaccine-preventable pneumonia and influenza, convulsions and epilepsy, asthma and hypertension (Figure 13).

In comparison, PPH rates were significantly lower in Redland LGA than Queensland for diabetes complications, dental conditions, COPD, iron deficiency anaemia, angina and rheumatic heart diseases (Figure 13).



**Figure 13: Potentially preventable hospitalisations, age standardised rates with 95% confidence intervals by condition, Redland LGA and Queensland, 2022/23 to 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

## All persons PPH time series

At the time of writing of this report, detailed time series data were not available for PPHs for the residents of the Redland LGA.

# Southern Brisbane LGA

## All persons PPHs by category

In 2022/23 to 2024/25 on average there were 22,104 potentially preventable hospitalisations (PPHs) among southern Brisbane LGA residents with an average annual age standardised rate (ASR) of 3,066 PPHs per 100,000 persons. This represented 6.6% of all hospitalisations over that period.

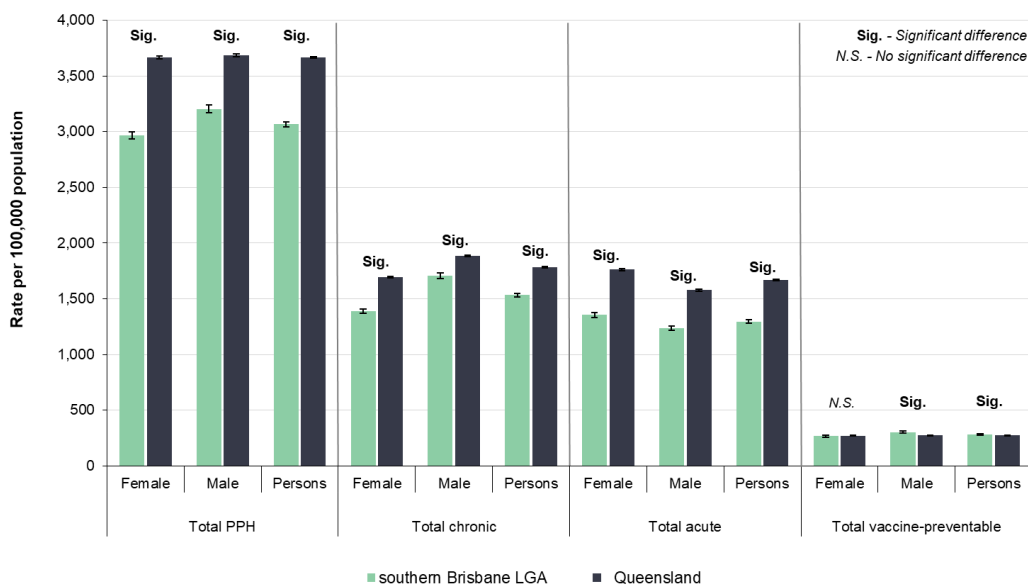
Among southern Brisbane LGA residents on average there were almost 11,200 PPHs for chronic conditions and almost 9,200 for acute conditions per year in 2022/23 to 2024/25 (Table 11). By comparison there were 2,036 PPHs for vaccine-preventable conditions in this period of which 49% were for influenza and pneumonia (Table 11; Table 12).

**Table 11: Potentially preventable hospitalisations by category, southern Brisbane LGA and Queensland, 2022/23 to 2024/25**

Category of PPH	Annual average number of PPHs		Age standardised rate per 100,000 persons		Statistically significant difference LGA-QLD*
	Sth Bris. LGA	QLD	Sth Bris. LGA	QLD	
Total PPH	22,104	225,569	3,066.4	3,665.3	↓
Chronic	11,197	117,683	1,533.4	1,780.7	↓
Acute	9,193	95,394	1,293.8	1,667.7	↓
Vaccine-preventable	2,036	15,995	283.5	272.5	↑

\* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

The all persons PPH ASR was significantly lower in southern Brisbane LGA than in Queensland for total PPHs, total chronic and total acute PPHs. However, the southern Brisbane LGA male and all persons rates of total vaccine-preventable PPHs were significantly higher than the Queensland rates (Figure 14; Table 11).



**Figure 14: Potentially preventable hospitalisations by category and sex, age standardised rates with 95% confidence intervals, southern Brisbane LGA and Queensland, 2022/23 to 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

The ASRs of total chronic, total vaccine-preventable and total PPHs were significantly lower in females than in males in southern Brisbane LGA in 2022/23 to 2024/25. However the total acute PPHs rate was significantly higher in females than males in southern Brisbane LGA (Figure 14).

## All persons PPHs by condition

Chronic conditions represented just over half (51%) of all PPHs in southern Brisbane LGA residents in 2022/23 to 2024/25 (Table 12). Diabetes complications was the chronic condition with the highest ASR (782 PPHs per 100,000 persons) and represented over one quarter (26%) of all PPHs in southern Brisbane LGA residents (Table 12). COPD, congestive cardiac failure and iron deficiency anaemia were the chronic conditions with the next highest PPH rates (each over 160 PPHs per 100,000 persons) (Table 12).

Acute conditions represented 42% of all PPHs. The highest acute condition ASRs were for urinary tract infections followed by dental conditions and cellulitis (Table 12).

Vaccine-preventable conditions represented the final 9% of the total PPH count in 2022/23 to 2024/25 with the ASR highest for 'other vaccine-preventable conditions' (that is not pneumonia and influenza) (Table 12).

**Table 12: Annual average number and annual average age standardised rate of potentially preventable hospitalisations by category and condition, Southern Brisbane LGA, 2022/23 to 2024/25**

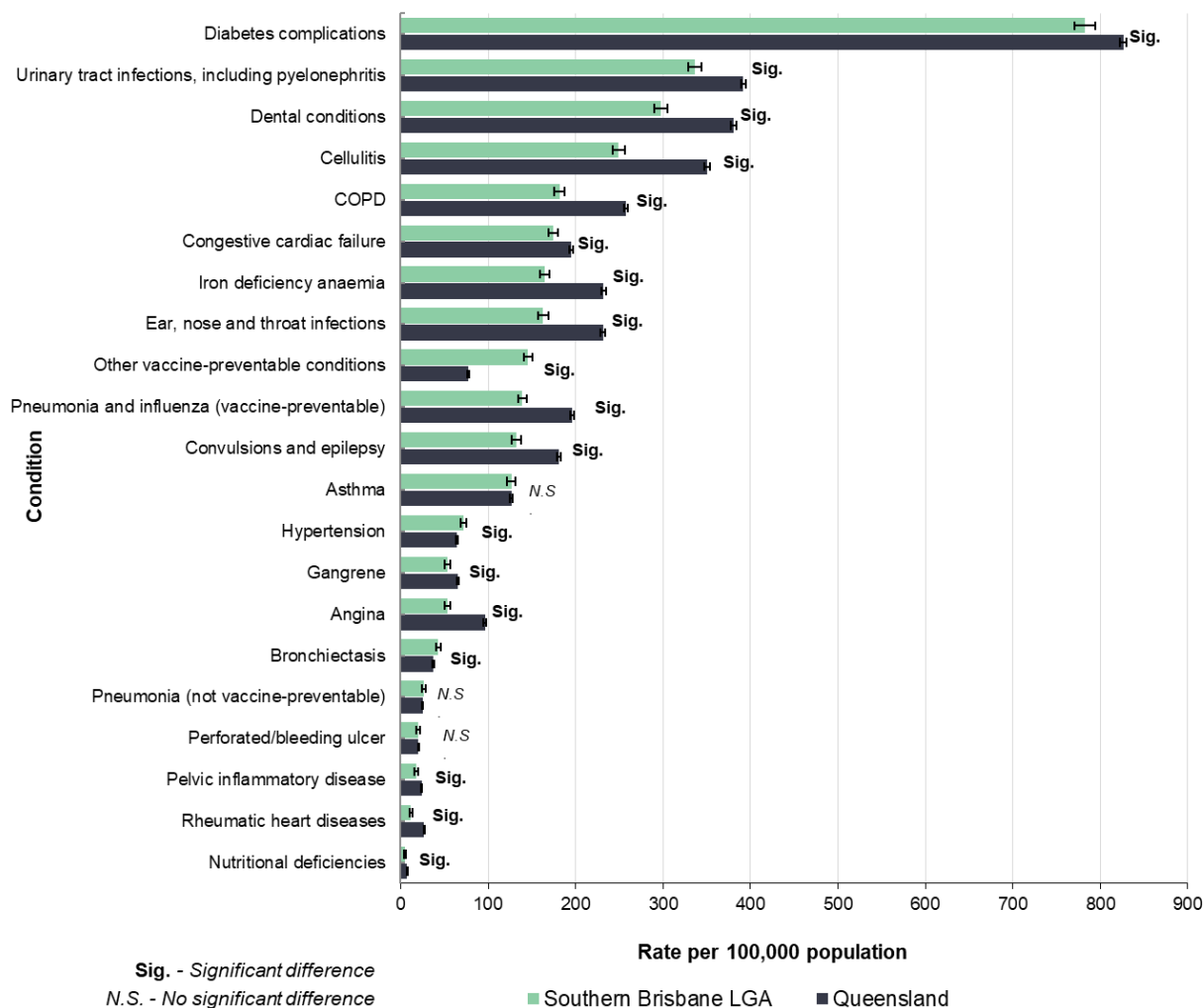
Sub-category and condition	Annual average number	ASR per 100,000 persons	% of total count
<b>Vaccine-preventable</b>	<b>2,036</b>	<b>283.5</b>	<b>9.2</b>
Other vaccine-preventable conditions	1,054	145.6	4.8
Pneumonia and influenza (vaccine preventable)	990	139.0	4.5
<b>Chronic*</b>	<b>11,197</b>	<b>1,533.4</b>	<b>50.7</b>
Diabetes complications	5,717	782.3	25.9
COPD	1,332	181.5	6.0
Congestive cardiac failure	1,328	173.9	6.0
Iron deficiency anaemia	1,202	164.9	5.4
Asthma	866	126.4	3.9
Hypertension	527	71.7	2.4
Angina	389	53.0	1.8
Bronchiectasis	312	42.8	1.4
Rheumatic heart diseases	84	11.5	0.4
Nutritional deficiencies	38	5.3	0.2
<b>Acute</b>	<b>9,193</b>	<b>1,293.8</b>	<b>41.6</b>
Urinary tract infections (including pyelonephritis)	2,468	336.0	11.2
Dental conditions	2,071	297.7	9.4
Cellulitis	1,808	249.3	8.2
Ear, nose and throat infections	1,081	162.8	4.9
Convulsions and epilepsy	928	132.3	4.2
Gangrene	393	53.6	1.8
Pneumonia (not vaccine preventable)	178	26.4	0.8
Perforated/bleeding ulcer	147	19.8	0.7
Pelvic inflammatory disease	132	17.7	0.6
Eclampsia	<5	**	0.0
<b>Total preventable hospitalisations</b>	<b>22,104</b>	<b>3,066.4</b>	<b>100.0</b>

\* As more than one condition may be reported for a separation, the sum of all conditions does not necessarily equal the total number of separations recorded for each category

\*\* Cell counts are inadequate to produce reliable age standardised rate

In 2022/23 to 2024/25 PPH rates were significantly higher in southern Brisbane LGA than Queensland for only three conditions: 'other vaccine preventable' conditions (that is, those other than pneumonia and influenza), hypertension and bronchiectasis (Figure 15).

In comparison, PPH rates were significantly lower in southern Brisbane LGA than Queensland for a wide range of conditions with the most common including : diabetes complications, urinary tract infections, dental conditions, cellulitis, COPD, congestive cardiac failure, iron deficiency anaemia, ear, nose and throat infections, pneumonia and influenza and convulsions and epilepsy (Figure 15).



**Figure 15: Potentially preventable hospitalisations, age standardised rates with 95% confidence intervals by condition, Southern Brisbane LGA and Queensland, 2022/23 to 2024/25**

Presence of significant differences between Metro South Health and Queensland noted for each condition.

## All persons PPH time series

At the time of writing of this report, detailed time series data were not available for PPHs for the residents of the southern Brisbane LGA.

# Comparison statistics

**Table 13: Comparison of key characteristics, Metro South Health, Logan, Redland and southern Brisbane LGAs**

Characteristic	Metro South Health	Logan LGA	Redland LGA	Southern Brisbane LGA	Queensland
Annual count*: total PPH	48,580	17,148	7,601	22,104	231,335
Annual count*: total chronic PPH	24,966	8,716	3,888	11,197	121,399
Annual count*: total acute PPH	19,624	7,178	3,278	9,193	94,849
Annual count*: total vaccine-preventable PPH	4,838	1,592	547	2,036	19,131
Total PPH as % of all hospitalisations	7.3%	8.5%	7.3%	6.6%	7.6%
Annual ASR**: total PPH	3,531.1	4,490.1	3,650.6	3,066.4	3,647.0
Annual ASR**: total chronic PPH	1,764.6	2,281.2	1,624.2	1,533.4	1,782.1
Annual ASR**: total acute PPH	1,471.3	1,891.6	1,784.8	1,293.8	1,613.6
Annual ASR**: total vaccine-preventable PPH	356.3	419.0	292.9	283.5	313.2
SA3 with highest ASR: total PPH	Browns Plains	Browns Plains	Cleveland – Stradbroke	Forest Lake – Oxley	Outback – North
SA3 with highest ASR: total chronic PPH	Browns Plains	Browns Plains	Capalaba	Forest Lake – Oxley	Outback – North
SA3 with highest ASR: total acute PPH	Beenleigh	Beenleigh	Cleveland – Stradbroke	Forest Lake – Oxley	Maryborough
SA3 with highest ASR: total vaccine-preventable PPH	Forest Lake – Oxley	Browns Plains	Cleveland – Stradbroke	Forest Lake – Oxley	Far North
SA3 with lowest ASR: total PPH	Sherwood – Indooroopilly#	Jimboomba	Capalaba	Sherwood – Indooroopilly#	Sherwood – Indooroopilly
SA3 with lowest ASR: total chronic PPH	Brisbane Inner#	Jimboomba	Cleveland – Stradbroke	Brisbane Inner#	Kenmore - Brookfield - Moggill
SA3 with lowest ASR: total acute PPH	Sherwood – Indooroopilly#	Jimboomba	Capalaba	Sherwood – Indooroopilly#	Sherwood – Indooroopilly
SA3 with lowest ASR: total VPD PPH	Sherwood – Indooroopilly#	Jimboomba	Capalaba	Sherwood – Indooroopilly#	Sherwood – Indooroopilly
Most common chronic condition PPH	Diabetes complications	Diabetes complications	Diabetes complications	Diabetes complications	Diabetes complications
Most common acute condition PPH	Urinary tract infections	Urinary tract infections	Urinary tract infections	Urinary tract infections	Urinary tract infections

\* Annual 2024/25 count for MSH and Qld, annual average count (2022/23 to 2024/25) for LGAs

\*\* Annual 2024/25 age standardised rate (ASR) per 100,000 persons for MSH and Qld, annual average ASR (2022/23 to 2024/25) for LGAs

# SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

# Appendix 1: Indicators by SA3

**Table 1: Episode counts and age standardised rates of total potentially preventable hospitalisations (PPHs) and total vaccine preventable PPHs, Metro South Health by SA3, LGA and Queensland, 2022/23 to 2024/25**

Geographic region (SA3/HHS)	Total PPHs			Total vaccine preventable PPHs		
	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#
Capalaba	3,131	3,596.0	—	219	274.0	—
Cleveland – Stradbroke	4,701	3,625.5	—	342	299.8	↑
Wynnum – Manly	2,611	3,100.9	↓	173	212.5	↓
Carindale	1,727	2,808.8	↓	137	227.2	↓
Holland Park – Yeronga	2,415	3,075.5	↓	210	266.8	—
Mt Gravatt	2,575	2,950.8	↓	214	250.4	—
Nathan	1,337	3,131.4	↓	116	274.3	—
Rocklea – Acacia Ridge	2,256	3,281.3	↓	242	341.1	↑
Sunnybank	1,672	3,038.7	↓	196	362.4	↑
Centenary	1,091	<b>2,687.2</b>	↓	67	<b>171.7</b>	↓
Sherwood – Indooroopilly**	547	<b>2,377.9</b>	↓	33	<b>148.3</b>	↓
Brisbane Inner**	1,027	<b>2,443.2</b>	↓	91	218.9	↓
Brisbane Inner-East	1,181	2,874.7	↓	84	<b>197.6</b>	↓
Forest Lake – Oxley	3,434	4,184.3	↑	459	<b>557.2</b>	↑
Beaudesert	742	3,597.4	—	52	273.8	—
Beenleigh	2,568	<b>4,732.9</b>	↑	211	398.4	↑
Browns Plains	4,807	<b>4,837.4</b>	↑	504	<b>494.7</b>	↑
Jimboomba	2,479	3,830.5	↑	204	301.8	↑
Loganlea – Carbrook	3,237	4,426.6	↑	272	380.4	↑
Springwood – Kingston	4,058	<b>4,782.8</b>	↑	401	<b>478.7</b>	↑
<b>Logan LGA</b>	17,148	4,529.3	↑	1,592	419.0	↑
<b>Redland LGA</b>	7,601	3,650.6	—	547	292.9	↑
<b>Southern Brisbane LGA</b>	22,104	3,066.4	↓	2,036	283.5	↑
<b>Metro South</b>	47,600	3,568.0	↓	4,228	321.5	↑
<b>Queensland</b>	225,569	3,665.3	.	15,995	272.5	.

# ↑ Rate in area statistically significantly higher than Queensland; ↓ Rate in area statistically significantly lower than Queensland; — no statistically significant difference in rate between area and Queensland.

\* Three SA3s with highest rates highlighted in **bold red**; three SA3s with lowest rates highlighted in **bold blue**

\*\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Table 2: Episode counts and age standardised rates of total chronic PPHs and total acute PPHs, Metro South Health by SA3, LGA and Queensland, 2024/25**

Geographic region (SA3/HHS)	Total chronic PPHs			Total acute PPHs		
	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#
Capalaba	1,569	1,620.7	↓	1,392	1,754.6	↑
Cleveland – Stradbroke	2,426	1,598.8	↓	1,999	1,774.6	↑
Wynnum – Manly	1,358	1,518.8	↓	1,110	1,403.9	↓
Carindale	853	1,327.7	↓	759	1,290.3	↓
Holland Park – Yeronga	1,181	1,512.5	↓	1,059	1,341.5	↓
Mt Gravatt	1,361	1,537.2	↓	1,034	1,202.4	↓
Nathan	657	1,522.3	↓	583	1,378.3	↓
Rocklea – Acacia Ridge	1,174	1,762.4	—	873	1,224.0	↓
Sunnybank	886	1,570.1	↓	621	<b>1,163.9</b>	↓
Centenary	596	<b>1,340.0</b>	↓	437	1,195.2	↓
Sherwood – Indooroopilly**	286	<b>1,158.2</b>	↓	234	<b>1,093.1</b>	↓
Brisbane Inner**	464	<b>1,137.7</b>	↓	486	<b>1,121.1</b>	↓
Brisbane Inner-East	548	1,386.6	↓	562	1,322.0	↓
Forest Lake – Oxley	1,728	2,126.9	↑	1,322	1,590.6	↓
Beaudesert	423	1,784.1	—	282	1,612.9	—
Beenleigh	1,329	<b>2,368.9</b>	↑	1,074	<b>2,048.9</b>	↑
Browns Plains	2,390	<b>2,529.1</b>	↑	2,015	<b>1,922.0</b>	↑
Jimboomba	1,190	1,944.0	↑	1,122	1,644.0	—
Loganlea – Carbrook	1,704	2,240.7	↑	1,321	1,886.7	↑
Springwood – Kingston	2,104	<b>2,427.1</b>	↑	1,647	<b>1,988.0</b>	↑
<b>Logan LGA</b>	8,716	2,309.3	↑	7,178	1,891.6	↑
<b>Redland LGA</b>	3,888	1,624.2	↓	3,278	1,784.8	↑
<b>Southern Brisbane LGA</b>	11,197	1,533.4	↓	9,193	1,293.8	↓
<b>Metro South</b>	<b>24,228</b>	<b>1,765.3</b>	—	<b>19,932</b>	<b>1,539.7</b>	↓
<b>Queensland</b>	<b>117,683</b>	<b>1,780.7</b>	.	<b>95,394</b>	<b>1,667.7</b>	.

# ↑ Rate in area statistically significantly higher than Queensland; ↓ Rate in area statistically significantly lower than Queensland; — no statistically significant difference in rate between area and Queensland.

\* Three SA3s with highest rates highlighted in **bold red**; three SA3s with lowest rates highlighted in **bold blue**

\*\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Table 3: Episode counts and age standardised rates of diabetes complications PPHs and urinary tract infections (including pyelonephritis) PPHs, Metro South Health by SA3, LGA and Queensland, 2024/25**

Geographic region (SA3/HHS)	Diabetes complication PPHs			Urinary tract infection PPHs		
	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#
Capalaba	765	766.2	↓	374	436.3	↑
Cleveland – Stradbroke	1,106	712.5	↓	611	464.4	↑
Wynnum – Manly	638	708.2	↓	325	385.4	—
Carindale	435	<b>675.3</b>	↓	179	<b>279.7</b>	↓
Holland Park – Yeronga	556	723.1	↓	258	310.2	↓
Mt Gravatt	702	797.6	—	287	318.6	↓
Nathan	327	767.1	↓	162	365.6	—
Rocklea – Acacia Ridge	616	938.0	↑	259	384.2	—
Sunnybank	475	835.9	—	204	361.5	—
Centenary	329	711.6	↓	118	288.5	↓
Sherwood – Indooroopilly**	138	<b>558.6</b>	↓	57	<b>238.5</b>	↓
Brisbane Inner**	216	<b>524.7</b>	↓	133	296.8	↓
Brisbane Inner-East	288	736.6	↓	115	<b>277.4</b>	↓
Forest Lake – Oxley	936	1154.7	↑	349	422.7	↑
Beaudesert	230	962.3	↑	83	396.7	—
Beenleigh	682	<b>1212.8</b>	↑	276	506.8	↑
Browns Plains	1,274	<b>1344.0</b>	↑	501	<b>512.6</b>	↑
Jimboomba	616	981.7	↑	278	445.0	↑
Loganlea – Carbrook	808	1048.3	↑	392	<b>541.1</b>	↑
Springwood – Kingston	1,164	<b>1336.2</b>	↑	441	<b>528.7</b>	↑
<b>Logan LGA</b>	4,544	1,195.2	↑	1,889	506.5	↑
<b>Redland LGA</b>	1,810	738.3	↓	962	461.7	↑
<b>Southern Brisbane LGA</b>	5,717	782.3	↓	2,468	336.0	↓
<b>Metro South</b>	<b>12,304</b>	<b>889.2</b>	↑	<b>5,402</b>	<b>403.6</b>	↑
<b>Queensland</b>	<b>55,603</b>	<b>826.3</b>	.	<b>24,386</b>	<b>391.9</b>	.

# ↑ Rate in area statistically significantly higher than Queensland; ↓ Rate in area statistically significantly lower than Queensland; — no statistically significant difference in rate between area and Queensland.

\* Three SA3s with highest rates highlighted in **bold red**; three SA3s with lowest rates highlighted in **bold blue**

\*\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Table 4: Episode counts and age standardised rates of cellulitis PPHs and dental conditions PPHs, Metro South Health by SA3, LGA and Queensland, 2022/23 to 2024/25**

Geographic region (SA3/HHS)	Cellulitis PPHs			Dental conditions PPHs		
	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#
Capalaba	334	399.0	↑	265	348.5	↓
Cleveland – Stradbroke	479	384.3	↑	365	<b>359.0</b>	—
Wynnum – Manly	227	271.8	↓	240	319.1	↓
Carindale	139	225.3	↓	206	<b>366.1</b>	—
Holland Park – Yeronga	242	298.5	↓	260	345.1	↓
Mt Gravatt	205	231.4	↓	220	265.1	↓
Nathan	114	262.0	↓	141	346.8	—
Rocklea – Acacia Ridge	150	215.2	↓	142	<b>190.8</b>	↓
Sunnybank	110	204.9	↓	106	<b>202.8</b>	↓
Centenary	84	<b>211.7</b>	↓	111	326.2	↓
Sherwood – Indooroopilly**	41	<b>183.2</b>	↓	71	342.8	—
Brisbane Inner**	90	<b>199.8</b>	↓	111	<b>257.7</b>	↓
Brisbane Inner-East	97	236.5	↓	192	<b>443.8</b>	↑
Forest Lake – Oxley	287	344.7	—	236	285.4	↓
Beaudesert	74	401.6	—	38	261.7	↓
Beenleigh	260	<b>499.0</b>	↑	148	292.6	↓
Browns Plains	388	389.3	↑	307	283.1	↓
Jimboomba	210	323.3	—	197	276.1	↓
Loganlea – Carbrook	295	<b>415.3</b>	↑	190	282.6	↓
Springwood – Kingston	404	<b>490.2</b>	↑	221	269.6	↓
<b>Logan LGA</b>	1,556	418.3	↑	1,063	279.0	↓
<b>Redland LGA</b>	790	397.0	↑	595	351.1	↓
<b>Southern Brisbane LGA</b>	1,808	249.3	↓	2,071	297.7	↓
<b>Metro South</b>	<b>4,228</b>	<b>320.8</b>	↓	<b>3,767</b>	<b>296.1</b>	↓
<b>Queensland</b>	<b>21,075</b>	<b>350.4</b>	.	<b>20,639</b>	<b>380.4</b>	.

# ↑ Rate in area statistically significantly higher than Queensland; ↓ Rate in area statistically significantly lower than Queensland; — no statistically significant difference in rate between area and Queensland.

\* Three SA3s with highest rates highlighted in **bold red**; three SA3s with lowest rates highlighted in **bold blue**

\*\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

**Table 5: Episode counts and age standardised rates of chronic obstructive pulmonary disease (COPD) PPHs and congestive cardiac failure PPHs, Metro South Health by SA3, LGA and Queensland, 2022-23 to 2024/25**

Geographic region (SA3/HHS)	COPD PPHs			Congestive cardiac failure PPHs		
	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#	Annual average episode count	Age standardised rate/100,000 persons*	Statistically significant difference from QLD#
Capalaba	214	209.3	↓	198	191.1	—
Cleveland – Stradbroke	366	215.6	↓	338	187.8	—
Wynnum – Manly	230	245.4	—	148	154.0	↓
Carindale	74	<b>111.2</b>	↓	124	177.8	—
Holland Park – Yeronga	164	214.6	↓	153	179.3	—
Mt Gravatt	149	167.4	↓	151	152.8	↓
Nathan	68	158.3	↓	88	186.1	—
Rocklea – Acacia Ridge	109	168.6	↓	134	214.4	—
Sunnybank	84	145.9	↓	112	190.9	—
Centenary	63	<b>136.5</b>	↓	64	<b>133.4</b>	↓
Sherwood – Indooroopilly**	32	<b>124.8</b>	↓	37	<b>132.3</b>	↓
Brisbane Inner**	60	150.1	↓	47	<b>117.6</b>	↓
Brisbane Inner-East	66	186.4	↓	59	155.3	↓
Forest Lake – Oxley	226	278.1	—	201	246.8	↑
Beaudesert	73	278.2	—	52	195.4	—
Beenleigh	218	<b>370.7</b>	↑	166	<b>285.5</b>	↑
Browns Plains	323	<b>354.3</b>	↑	247	<b>290.0</b>	↑
Jimboomba	188	322.9	↑	112	225.3	↑
Loganlea – Carbrook	273	338.5	↑	230	<b>294.0</b>	↑
Springwood – Kingston	303	<b>336.5</b>	↑	221	257.9	↑
<b>Logan LGA</b>	1,305	339.9	↑	976	270.3	↑
<b>Redland LGA</b>	572	217.7	↓	525	191.1	—
<b>Southern Brisbane LGA</b>	1,332	181.5	↓	1,328	173.9	↓
<b>Metro South</b>	<b>3,282</b>	<b>233.1</b>	↓	<b>2,882</b>	<b>204.2</b>	↑
<b>Queensland</b>	<b>18,063</b>	<b>257.6</b>	.	<b>13,727</b>	<b>195.1</b>	.

# ↑ Rate in area statistically significantly higher than Queensland; ↓ Rate in area statistically significantly lower than Queensland; — no statistically significant difference in rate between area and Queensland.

\* Three SA3s with highest rates highlighted in **bold red**; three SA3s with lowest rates highlighted in **bold blue**

\*\* SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included

# Definitions

**Age specific rate:** A rate reported for a specific age group. Age specific rates are calculated by dividing the number of events (e.g. deaths) occurring in a specific age group by the corresponding population in the same age group.

**Age standardised rate:** Age standardisation is a method of adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different periods of time, different geographic areas and/or different population sub-groups. Adjustments are usually undertaken for each of the comparison populations against a standard population.

The standard population used for the data presented in this report is the final 30 June estimated resident total population of Australia for 2001. The direct method of calculation was used by applying the formula:

$$SR = (\text{SUM } (r_i * P_i)) / \text{SUM } P_i$$

Where:

SR is the age-standardised rate of the population being studied

$r_i$  is the age group specific rate for age group  $i$  in the population being studied

$P_i$  is the population of age group  $i$  in the standard population

**Confidence intervals:** Usually expressed as 95% CI, this means we can be 95% confident that the true value of interest lies within the confidence intervals given. We do not usually know what the true value is as we can only estimate it from observations taken from samples. For example, if the mortality rate is 3.1 per 100,000 (95% CI: 2.9-3.2), we can be 95% confident that the true rate will be between 2.9 and 3.2, and our best estimate is 3.1 per 100,000.

**Crude rates:** A crude rate is the number of events (deaths, hospitalisations, newly diagnosed cancer cases) from a specific cause over a specified period of time (usually per year) divided by the total population. For example, a crude hospital separation rate is defined as the number of persons who completed an episode of hospital care within a specified time divided by the total population.

**Estimated resident populations (ERPs):** These are the official estimates of the Australian population, which link people to a place of usual residence within Australia. The Australian Bureau of Statistics defines 'usual residence' as the place where each person has lived or intends to live for six months or more from the reference date for data collection.

**Potentially preventable hospitalisation (PPHs):** Defined by the Australian Institute of Health and Welfare (AIHW) National Healthcare Agreement: 2022 as 'admissions to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative 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)'. For the purposes of this report, the Queensland Health definition which excludes renal dialysis was used, owing to inconsistencies in coding practices across Queensland.

**PPH – Acute conditions:** These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include eclampsia, pneumonia (not vaccine-preventable), pyelonephritis, perforated ulcer, cellulitis, urinary tract infections, pelvic inflammatory disease, ear, nose and throat infections and dental conditions.

**PPH – Chronic conditions:** These conditions may be preventable through behaviour modification and lifestyle change, but can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure, nutritional deficiencies and chronic obstructive pulmonary disease (COPD).

**PPH – Vaccine preventable conditions:** These diseases can be prevented by appropriate vaccination and include influenza, bacterial pneumonia, hepatitis, tetanus, diphtheria, pertussis (whooping cough), chicken pox, measles, mumps, rubella, polio and haemophilus meningitis. The conditions themselves are considered to be preventable, rather than the hospitalisation.

**Prevalence:** Prevalence is the proportion of a population that has a disease or condition at a given point in time. It is usually expressed as a percentage where the number of events is the numerator and the population at risk is the denominator. Therefore if 10,000 people have diabetes in a total population at risk of 100,000, then the prevalence of diabetes in that population at that time is 1 in 10, or 10%.

**P value:** By convention, a P value of 0.05 or less is usually considered 'statistically significant'. That is, if the P value is less than 0.05, there is a less than one in 20 chance that the observed difference would have arisen by chance alone. When comparing rates between a Hospital and Health Service area and Queensland, if the P value is  $<0.01$ , this is often referred to 'highly significant' because the probability that the observed difference is due to chance alone is less than one in 100.

**Relative risk:** The ratio of the probability of an event occurring (death, disease) among those exposed to a risk factor compared to those not exposed. It is calculated by dividing the incidence rate in the exposed group by the incidence rate in the non-exposed group. A relative risk of 1.0 means there is no difference in risk between the two groups.

**Statistical significance:** A statistical test that provides us with information on whether an observed difference or association is unlikely to be due to chance alone (See P value). If it is unlikely to be due to chance alone it is deemed to be 'statistically significant'. However, it is important to note that statistical significance does not necessarily mean that an observed effect or difference is 'real', because by chance alone one in 20 'significant' findings will be spurious (where  $P=0.05$ ). Also 'statistical significance' does not necessarily mean clinically significant. It is the size of the effect that determines the clinical or public health importance, not the presence of statistical significance alone.

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