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Aboriginal Community Controlled Health Service	A primary healthcare 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.
Clinical Care Standard	A small number of quality statements that describe the care patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway in line with current best evidence. Clinical Care Standards play an important role in delivering appropriate care and reducing unwarranted variation because they identify and define the care people should expect to be offered or receive, regardless of where they are treated in Australia. Further information is available at www.safetyandquality.gov.au/our-work/clinical-care-standards.
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', data linking or linkage refers to the bringing together of information from more than one source that relates to the same individual or institution.

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defined daily dose (DDD)	A measurement unit created by the World Health Organization. The DDD is defined as the assumed average maintenance dose per day for a medicine used for its main indication in adults, and does not necessarily correspond to the recommended or prescribed daily dose. Therapeutic doses for individual patients and patient groups will often differ from the DDD because they will be based on individual characteristics such as age, weight, ethnic differences, type and severity of disease, and pharmacokinetic considerations. Use of DDDs allows comparisons of medicine dispensing independent of differences in price, preparation and quality per prescription. Expressing medicine dispensing in DDDs per thousand people per day (DDDs/1,000/day) allows the aggregation of data for medicines that have differing daily doses.
episode coning	An MBS funding arrangement that applies to GPs outside hospital requesting of multiple tests for the same patient on the same day. If more than three items are requested by a GP per patient attendance, benefits are paid only for the three items with the highest fees. The arrangement means that if a test is requested with three other more expensive tests, it is 'coned out' and may not be included in the MBS dataset.
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 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 affect 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, including 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 and private acute and psychiatric hospitals, freestanding 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	The administrative process of becoming a patient in a hospital.
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 and 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 (see http://meteor.aihw.gov.au/content/index.phtml/itemId/491016).

Medicare Benefits Schedule (MBS)	A listing of the Medicare services subsidised by the Australian Government.
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 (NHMD)	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, freestanding 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 offshore territories are not in scope but may be included. More information is available in the Technical Supplement.
National Perinatal Data Collection (NPDC)	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 each year to form the NPDC. More information is available in the Technical Supplement.
National Safety and Quality Health Service (NSQHS) Standards	Evidence-based standards that address the major safety and quality issues that affect a large number of patients in areas where there is variation and it is known that practices can be improved. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care. They were developed by the Commission in collaboration with states and territories, technical experts, clinicians, patients and carers, and a range of other stakeholders. The NSQHS Standards (first edition) were released in 2011, and the second edition was released in 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 intra-uterine).
population	The Atlas uses population estimates based on the ABS estimated resident population at 30 June of a reporting year, based on the 2011 and 2016 Census of Population and Housing. The population of Aboriginal and Torres Strait Islander Australians was a projected population based on the Aboriginal and Torres Strait Islander population from the 2011 Census.
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 Network	Primary Health Networks 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. They work directly with general practitioners, other primary care providers, secondary care providers and hospitals. Primary Health Networks began to operate on 1 July 2015 to replace Medicare Locals.
principal diagnosis	The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code.

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regulation 24 prescription	A PBS prescription that, in certain circumstances, allows a pharmacy to supply all repeats simultaneously.
remoteness categories	Categories of geographical remoteness are based on the ABS Australian Statistical Geography Standard (ASGS) 2016. The ABS ASGS 2016 remoteness categories divide Australia into broad geographic regions that share common characteristics of remoteness for statistical purposes. More information is available in the Technical Supplement.
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, a separation is referred to as a hospitalisation.
socioeconomic disadvantage	Local areas are grouped into socioeconomic quintiles based on the 2016 Index of Relative Socio-Economic Disadvantage (IRSD) at the Statistical Area Level 1 (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 ABS Socio-Economic Indexes for Areas (SEIFA) and the IRSD was used to calculate the socioeconomic status at the SA3 level in the Atlas.
	SEIFA includes four summary measures created from 2016 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)	A geographical area built from a whole SA2 and designed for the output of regional data, including 2016 Census data. As defined in the ABS Australian Statistical Geography Standard 2016, SA3 geography incorporates the territories of Jervis Bay, Cocos (Keeling) Islands, Christmas Island and Norfolk Island. The aim of SA3s is to create a standard framework for analysing ABS data at the regional level through clustering groups of SA2s that have similar regional characteristics.
	There are 340 spatial SA3s, covering the whole of Australia without gaps or overlaps. SA3s usually have a population of between 30,000 and 130,000 people. At 30 June 2016, a number of SA3s had populations below 30,000 and above 130,000.
	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, Gladstone, Geelong). In regional areas, they represent areas serviced by cities with populations of more than 20,000 people, or clusters of related suburbs around urban commercial and transport hubs within the major urban areas. In outer regional and remote areas, SA3s represent areas that are widely recognised as having a distinct identity, and similar social and economic characteristics.
	A small number of SA3s are termed 'zero SA3s'. These have an effective design population of small numbers and represent very large national parks close to the outskirts of major cities.
telehealth	Health services delivered using information and communication technologies, such as videoconferencing.