Gunnedah District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		last year	one year ago
Total hospitalisations ¹	2,192	2,287	-4%
Select medical hospitalisations ²	795	900	-12%
Total potentially preventable hospitalisations ³	335	334	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	44	63	-30%
Congestive Heart Failure (CHF) admissions 4	16	23	-30%

Rates per 1,000 select medical hospitalisations⁵

COPD ⁴	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF ⁴	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
Actual	55.3	70.1	41.4	Actual	20.1	25.6	22.5
Standardised	40.1†	28.9	38.8	Standardised	7.3†	*	24.1
95% CI	(17.9 - 68.0)	(19.6 - 40.2)	(36.4 - 41.3)	95% CI	(3.1 - 13.2)	*	(21.8 - 26.4)

Gunnedah District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

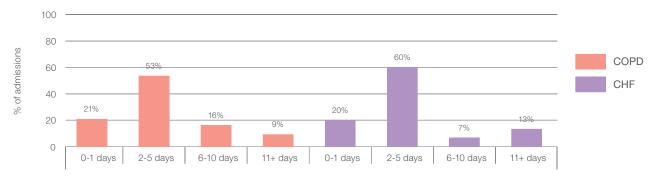


Same period Change since

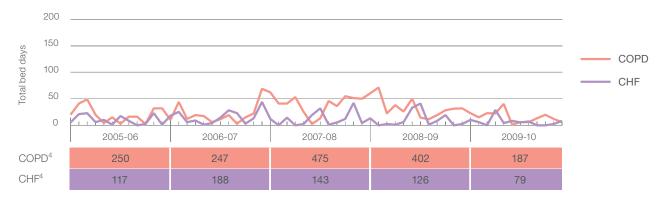
Gunnedah District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

COPD admissions ⁴	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions ⁴	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	93%	94%	97%	% Unplanned ¹⁰	100%	100%	97%
% from ED [‡]	86%	75%	77%	% from ED [‡]	94%	96%	70%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	4.4	6.7	5.8	Actual	5.3	5.4	6.7

Length of stay profiles



Gunnedah District Hospital: Total bed days, potentially avoidable admissions for COPD and CHF July 2005 to June 2010 (monthly)



- Suppressed: relative standard error ≥ 40%.
- (†) Interpret with caution: 30% ≤ relative standard error < 40%.
- A hospitalisation corresponds to one 'episode of care'. A single patient can have multiple hospitalisations in the time period.
- 2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.
- 3. Potentially preventable hospitalisations as defined in: The health of the people of NSW Report of the Chief Health Officer 2010.
- 4. For criteria used for COPD / CHF admissions, see Technical Supplement at www.bhi.nsw.gov.au
- 5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.
- 6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.
- Smoking status as recorded on admission: termed current if patient smoked tobacco within last month; previous if patient smoked tobacco in the past but excluding last month.
- We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.
- Postcode of usual residence at time of admission classified as outer regional or remote. 9.
- 10. Admissions with emergency status of 'non-emergency / planned'.

(*) Emergency Department

Note: Only records with valid and non-missing data are included in each analysis.

Note: Length of stay and total bed days calculated on 'acute' episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).

Note: Additional detail and definitions can be found in the Bureau's Technical Supplement at www.bhi.nsw.gov.au

Source: Admitted Patient Data Collection. Health Information Exchange, NSW Health. Data extracted on 28 February 2011.