

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

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations <sup>1</sup>	2,113	2,172	-3%
Select medical hospitalisations <sup>2</sup>	648	632	3%
Total potentially preventable hospitalisations <sup>3</sup>	375	364	3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	31	29	7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	14	19	-26%

### Rates per 1,000 select medical hospitalisations<sup>5</sup>

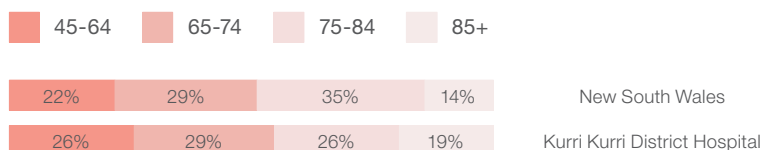
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	47.8	46.0	41.4	Actual	21.6	30.1	22.5
Standardised	20.7	*	38.8	Standardised	9.5†	19.8†	24.1
95% CI	(13.1 - 30.7)	*	(36.4 - 41.3)	95% CI	(4.0 - 17.8)	(8.1 - 36.4)	(21.8 - 26.4)

## Kurri Kurri District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

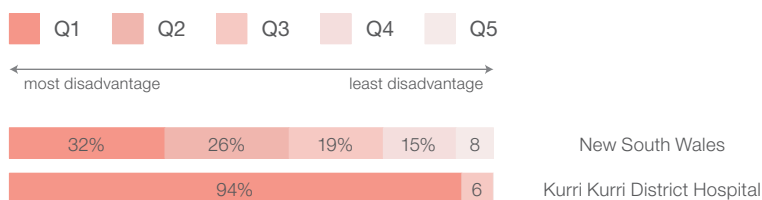
July 2009 to June 2010

### Potentially avoidable COPD admissions<sup>1,4</sup>

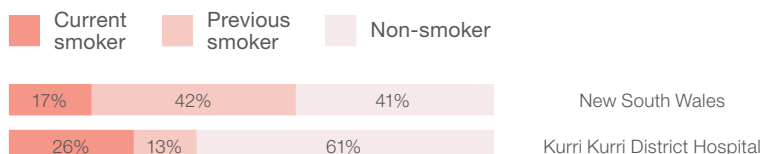
Age profile (years)



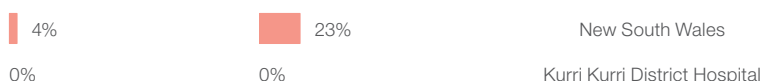
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



### Smoking status at admission<sup>7</sup>



### Aboriginal status<sup>8</sup>

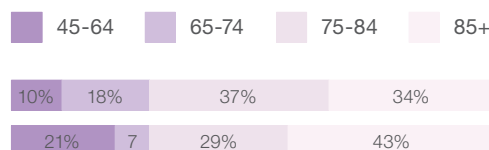


### Rural postcode<sup>9</sup>

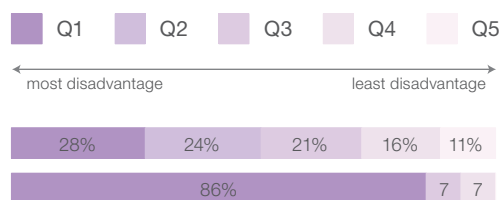


### Potentially avoidable CHF admissions<sup>1,4</sup>

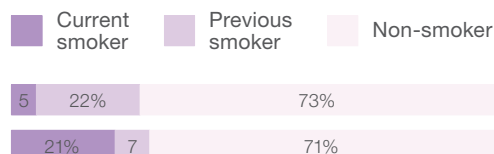
Age profile (years)



### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



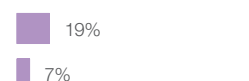
### Smoking status at admission<sup>7</sup>



### Aboriginal status<sup>8</sup>



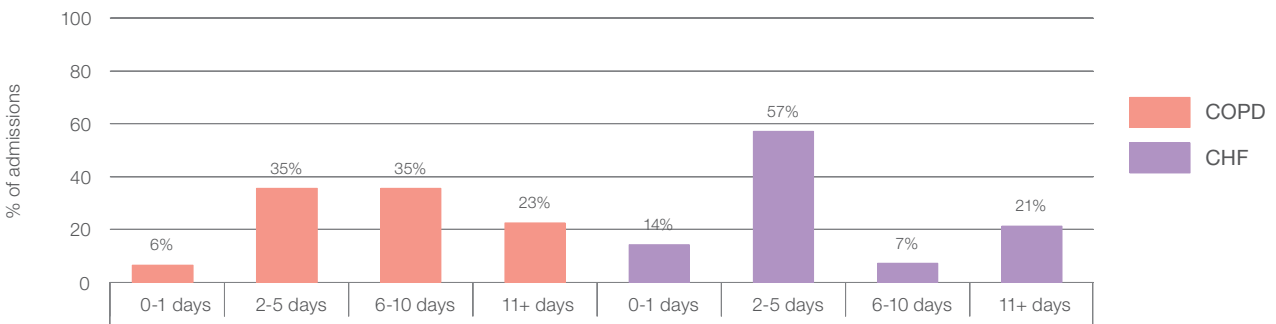
### Rural postcode<sup>9</sup>



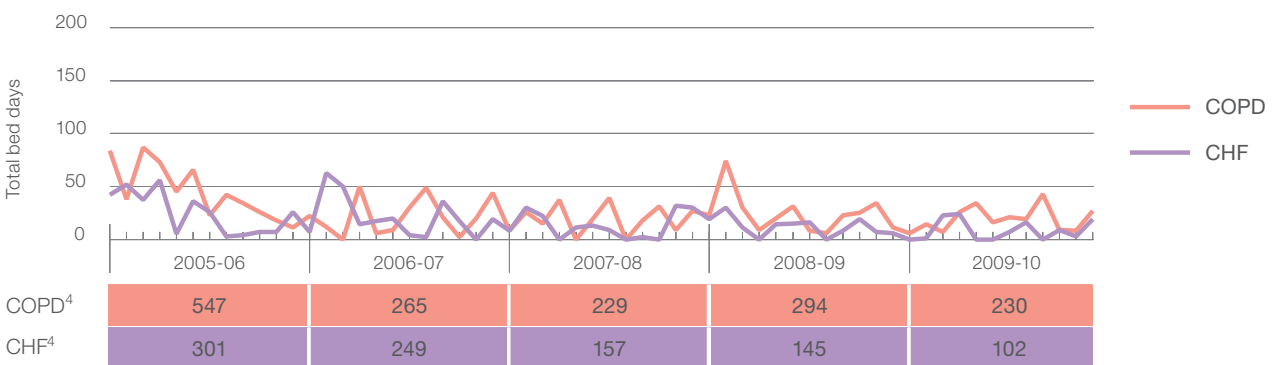
## Kurri Kurri District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	84%	97%	97%	100%	89%	97%
% from ED <sup>†</sup>	65%	62%	77%	57%	63%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	7.4	10.4	5.8	Actual	7.3	7.6

### Length of stay profiles



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



(\*) Suppressed: relative standard error  $\geq 40\%$ . (†) Interpret with caution:  $30\% \leq$  relative standard error  $< 40\%$ .

1. 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](http://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.
7. 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.
8. 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.
9. Postcode of usual residence at time of admission classified as outer regional or remote.
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](http://www.bhi.nsw.gov.au)

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