Bureau of Health Information

Release date: 22 May 2012

MEDIA BACKGROUNDER

Chronic Disease Care: Another piece of the picture

Hospitalisations and unplanned readmissions for Chronic Obstructive Pulmonary Disease and Congestive Heart Failure – July 2009 to June 2010. Vol 2, Part 2.

Chronic conditions are responsible for around 80% of the disease burden in Australia and represent the largest proportion of potentially avoidable hospitalisations.

Chronic obstructive pulmonary disease (COPD) is a chronic lung disease that causes shortness of breath. It occurs as a result of lung tissue being destroyed. This destruction of lung tissue is called emphysema and is caused by inhaled irritants such as tobacco smoke.

There is no cure for COPD, which caused more than 1,700 deaths in NSW in 2007.

Congestive heart failure (CHF) is a chronic condition that becomes worse over time as the heart is unable to pump blood fast enough to meet the body's needs. It can result from diseases that damage the heart, such as heart attack, high blood pressure, or damaged heart valves. It can occur suddenly but more commonly develops over several years.

CHF was the main cause of just over 1,000 deaths in NSW in 2007 and was a contributing cause in many more.

Hospitalisations

The report looks at a group of patients with COPD and CHF, and studies their patterns of hospital use from July 2009 until June 2010.

Many of these adults have multiple conditions that are driving their hospitalisations:

- Half of the adults with COPD and CHF were hospitalised but only a small proportion of their hospitalisations were for their chronic condition (17% for COPD and 7% for CHF).
- These adults are hospitalised for a variety of reasons. Many have other conditions in addition to their COPD or CHF which are driving hospitalisations.

There is a small group of adults with these conditions who are very high-intensity users of hospitals:

- The 4% of COPD patients who were most frequently hospitalised for COPD accounted for 62% of all COPD bed days.
- The 2% of CHF patients who were most frequently hospitalised for CHF accounted for 43% of all CHF bed days.

Unplanned readmissions

- The report looks at unplanned readmissions for the Local Health Districts and 35 of the larger hospitals.
- There was variation in the rate of unplanned readmissions across hospitals. Hospitals with the highest rates of unplanned readmissions were about three times the hospitals with the lowest rates.
- Variations may reflect appropriate care however this does not explain all of the variation between hospitals. The report found the impact of the clinical complexity of cases and the socioeconomic status of the patient on variation was modest. Variation may be influenced by other factors outside a hospital's control (referring practices, access to community and primary care, patient characteristics), as well as by the hospital's own practices.

The Bureau presents unplanned readmission rates within peer groups:

COPD

- For referral hospitals, rates ranged from 8.7% at Royal North Shore to 15.5% at Royal Prince Alfred hospital.
- For major metropolitan hospitals, rates ranged from 6.4% at Sutherland to 17.9% at Mona Vale hospital.
- For major non-metropolitan hospitals, rates ranged from 8.5% at Wagga Wagga to 17.2% at Orange Base hospital.

CHF

- For referral hospitals, rates ranged from 5.6% at John Hunter to 11.9% at Wollongong hospital.
- For major metropolitan hospitals, rates ranged from 6.1% at Manly to 12.7% at Auburn hospital.
- For major non-metropolitan hospitals, rates ranged from 4.3% at Maitland to 11.2% at Coffs Harbour hospital.