

Backgrounder

Chronic Disease Care: A piece of the picture

Admissions for chronic obstructive pulmonary disease and congestive heart failure – July 2009 to June 2010.

Q: What is COPD?

COPD, or chronic obstructive pulmonary disease, 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.

Q: What is CHF?

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

Q: What is a potentially avoidable hospital admission?

Hospital admissions* for COPD and CHF are potentially avoidable in two main ways, either through preventing the disease occurring in the first place or, after someone has developed the disease, preventing its escalation to the point where they need to be hospitalised.

*Number of hospital admissions does not equal number of patients. One patient can be responsible for multiple admissions in the time period.

Q: What does it mean when a hospital has a high rate of potentially avoidable admissions?

When a hospital has a high rate of potentially avoidable admissions for COPD and CHF, it means that these patients represent a greater proportion of that hospital's total medical admissions compared with other hospitals.

High admission rates do not necessarily reflect hospital quality or performance. Some hospitals might see more of these patients because they provide specialised

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clinics or services for them. Admissions can also be influenced by factors outside a hospital's control, such as patient access to primary care, patient circumstances, and the time of year. Admissions for these conditions peak in winter.

Q: Can the number of potentially avoidable admissions ever be reduced to zero?

No. The factors that cause hospitalisation for CHF and COPD are complex and many are rooted in factors outside a hospital's control. Hospitals can, however, work with those patients and care providers in the community to prevent the escalation of a patient's symptoms so they can stay well and out of hospital.

Q: How will this report benefit hospitals and their patients?

Hospitals will be able to use the information in this report to see how these admissions affect their workload compared with other hospitals. Hospitals need this information to determine where to focus efforts, both in the hospital setting and in their local communities, to reduce potentially avoidable admissions.

Some background statistics:

- 7% of the NSW population lives in regional and remote areas
 - 23% of COPD and 19% of CHF potentially avoidable admissions are for patients living in these areas
- 20% of the NSW population lives in the most disadvantaged socioeconomic group
 - 32% of COPD and 28% of CHF potentially avoidable admissions are for patients in this group
- 2% of the NSW population is Aboriginal
 - 4% of COPD and 2% of CHF potentially avoidable admissions are for Aboriginal patients
- 2% of NSW adults are aged 85 and over
 - 14% of COPD and 34% of CHF potentially avoidable admissions are for people in this age group.