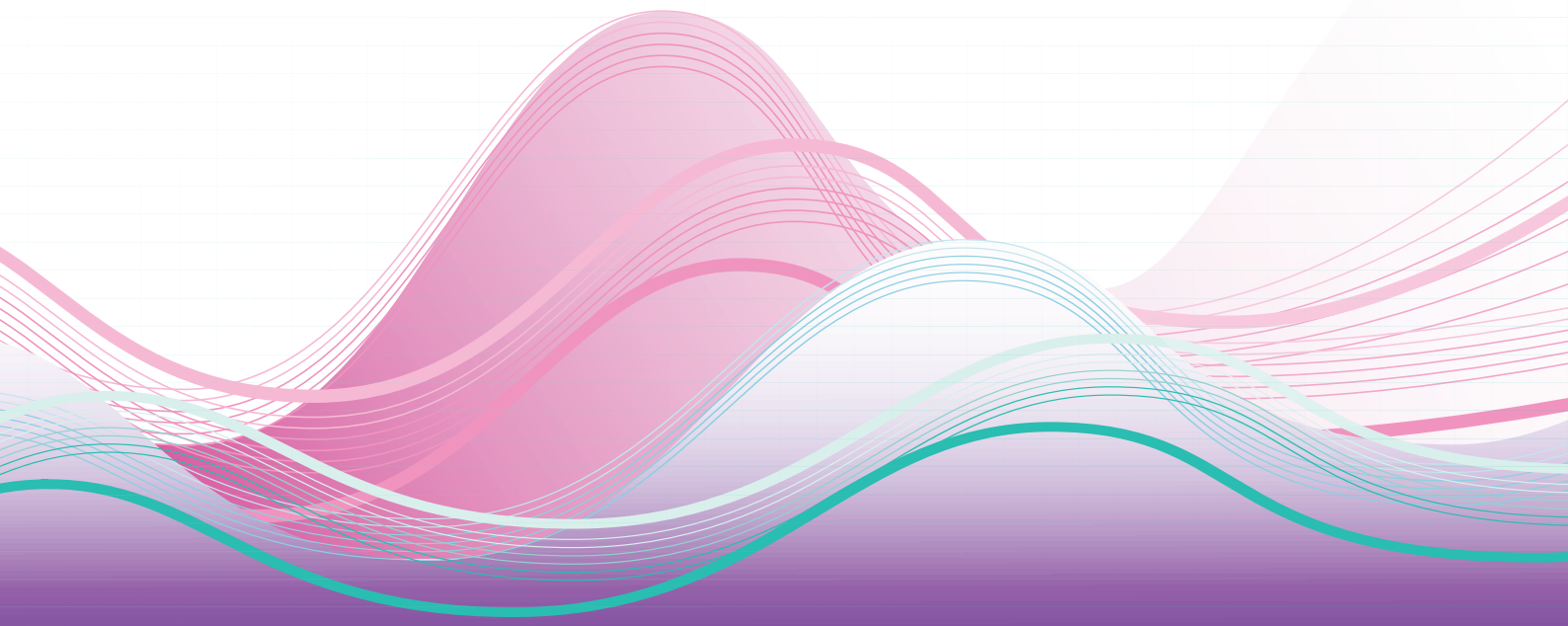


# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Central Coast Local Health Network

The Insights Series  
Volume 2, PART 1



## Gosford 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>	47,078	45,401	4%
Select medical hospitalisations <sup>2</sup>	11,993	10,644	13%
Total potentially preventable hospitalisations <sup>3</sup>	3,763	3,726	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	478	457	5%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	288	294	-2%

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

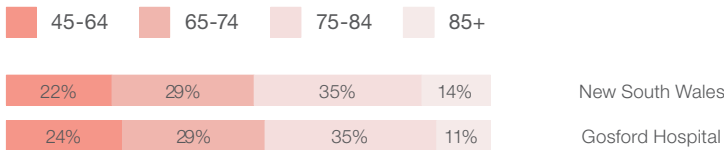
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	39.8	42.9	27.1	Actual	24.0	27.7	23.4
Standardised	23.8	26.5	28.3	Standardised	14.1	17.7	24.4
95% CI	(20.4 - 27.5)	(23.0 - 30.1)	(27.4 - 29.2)	95% CI	(11.6 - 16.8)	(14.3 - 21.3)	(23.6 - 25.3)

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

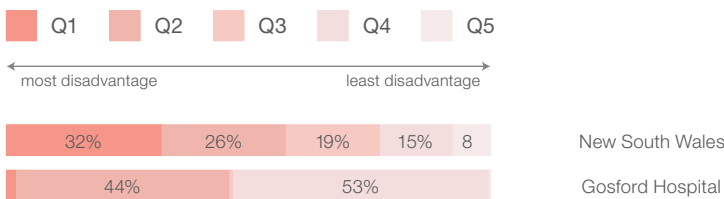
July 2009 to June 2010

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

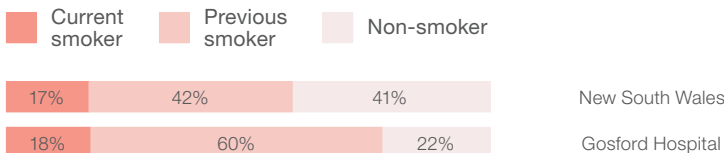
Age profile (years)



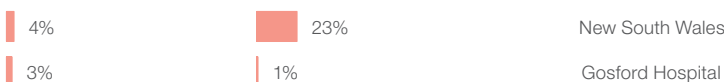
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

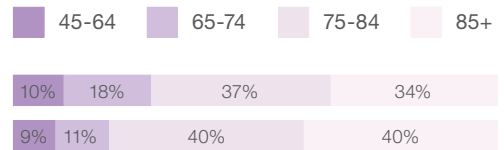


### Rural postcode<sup>9</sup>

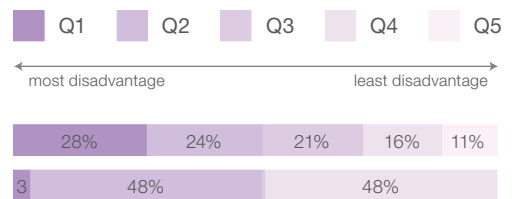


### Potentially avoidable CHF admissions<sup>1,4</sup>

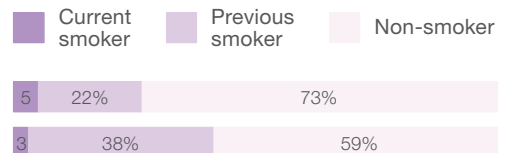
Age profile (years)



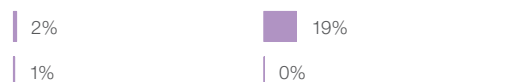
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



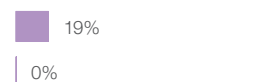
### Smoking status at admission<sup>7</sup>



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



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

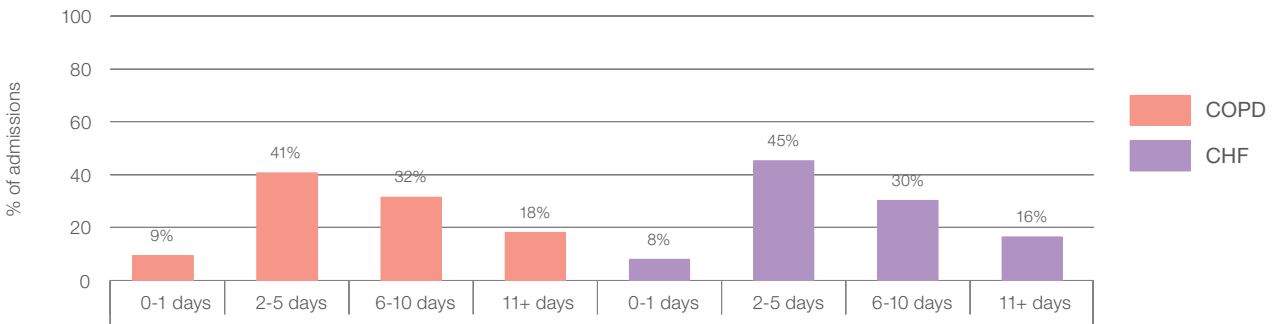


**Gosford Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

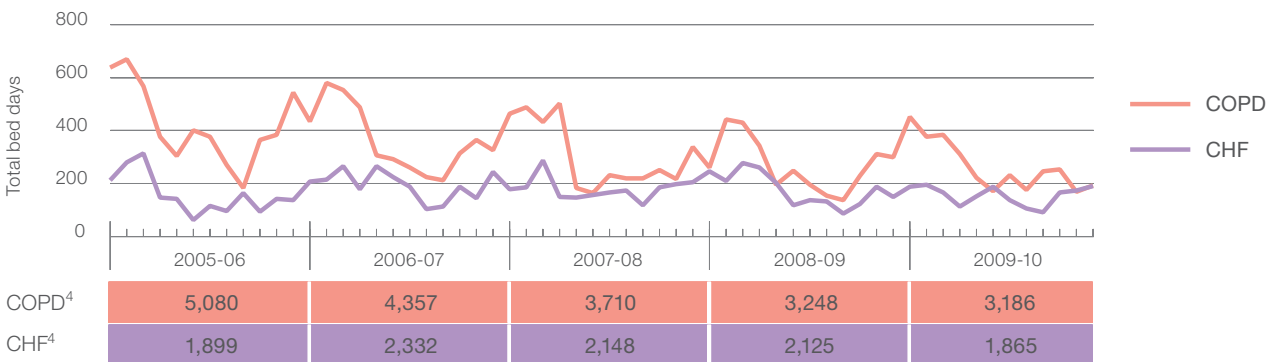
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	97%	99%	97%	99%	100%	98%
% from ED <sup>†</sup>	90%	92%	87%	92%	95%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.7	7.1	6.1	Actual	6.6	7.2

**Length of stay profiles**



**Gosford 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.

## Wyong 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>	24,907	24,412	2%
Select medical hospitalisations <sup>2</sup>	9,241	8,971	3%
Total potentially preventable hospitalisations <sup>3</sup>	2,781	2,665	4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	575	575	0%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	250	260	-4%

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

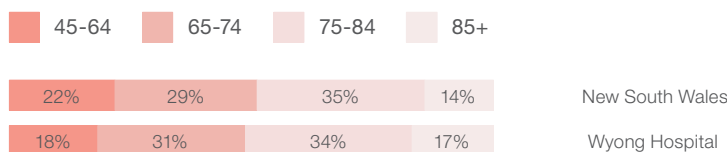
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	62.3	64.2	39.0	Actual	27.1	29.0	27.4
Standardised	54.1	59.6	40.6	Standardised	19.2	20.7	27.0
95% CI	(47.2 - 61.4)	(48.1 - 71.9)	(39.1 - 42.1)	95% CI	(16.5 - 22.2)	(17.9 - 23.8)	(25.8 - 28.2)

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

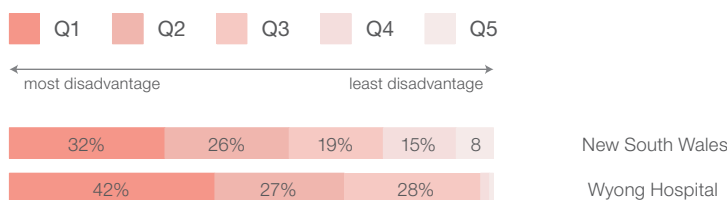
July 2009 to June 2010

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

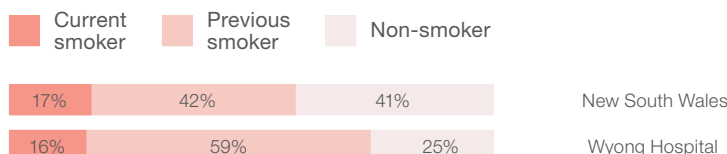
Age profile (years)



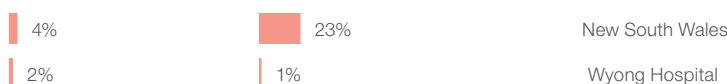
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



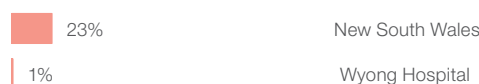
### Smoking status at admission<sup>7</sup>



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

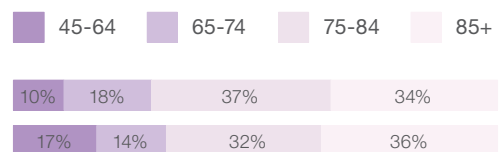


### Rural postcode<sup>9</sup>

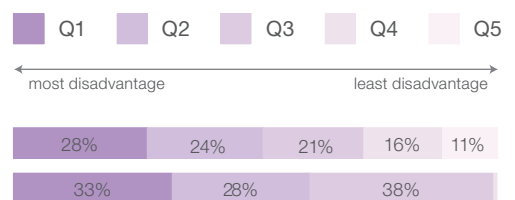


### Potentially avoidable CHF admissions<sup>1,4</sup>

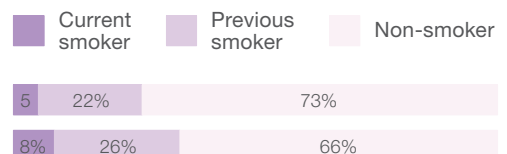
Age profile (years)



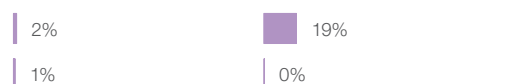
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



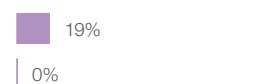
### Smoking status at admission<sup>7</sup>



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



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



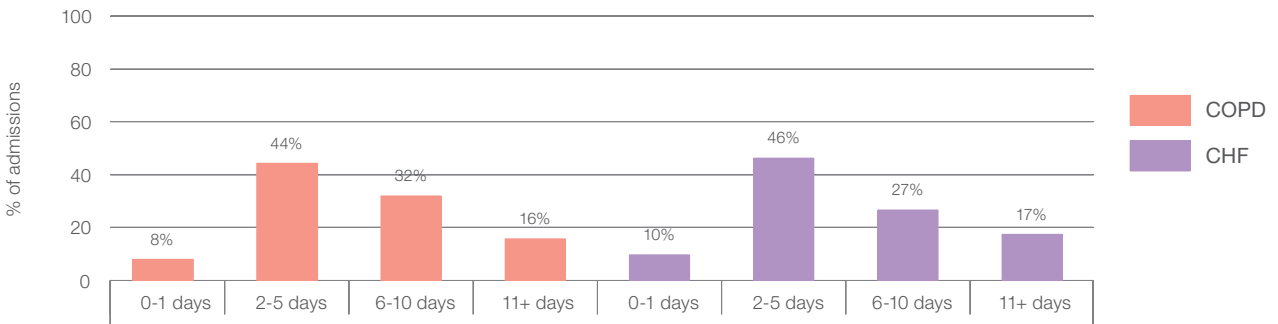


**Wyong Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

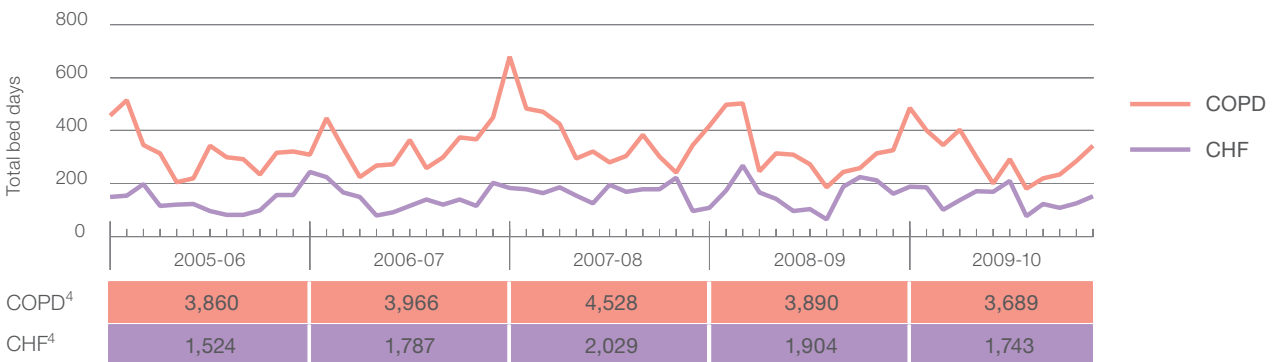
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	99%	99%	98%	100%	99%	98%
% from ED <sup>†</sup>	96%	93%	83%	94%	92%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.6	6.8	6.1	Actual	7.1	7.3

**Length of stay profiles**



**Wyong 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

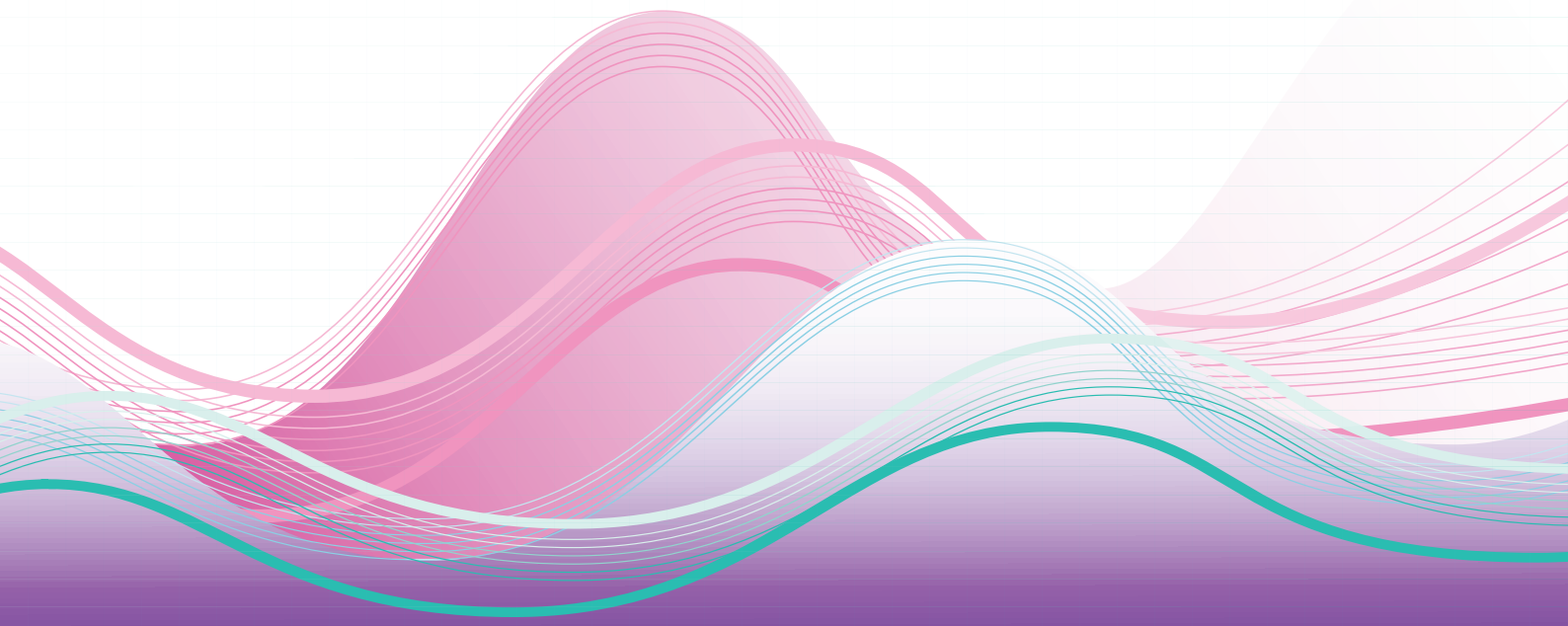
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Far West Local Health Network

The Insights Series  
Volume 2, PART 1



## Broken Hill Base 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>	7,715	7,456	3%
Select medical hospitalisations <sup>2</sup>	2,429	2,395	1%
Total potentially preventable hospitalisations <sup>3</sup>	922	1,047	-12%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	83	86	-3%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	57	63	-10%

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

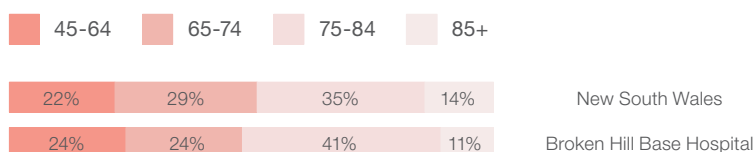
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	34.2	36.1	42.3	Actual	23.5	26.4	27.8
Standardised	*	19.2†	41.0	Standardised	*	7.5†	27.9
95% CI	*	(6.2 - 34.5)	(39.0 - 42.9)	95% CI	*	(5.8 - 9.7)	(26.3 - 29.6)

## Broken Hill Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

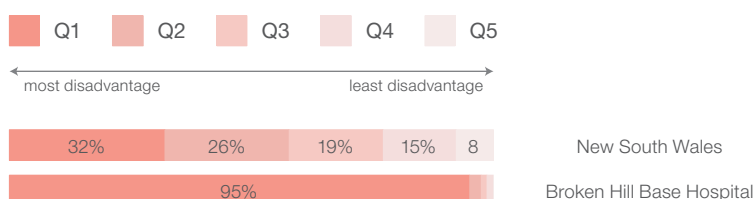
July 2009 to June 2010

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

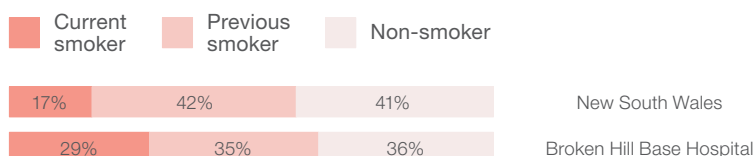
Age profile (years)



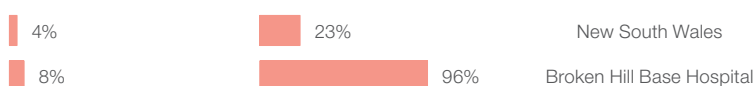
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



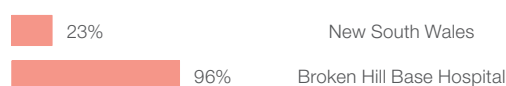
### Smoking status at admission<sup>7</sup>



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

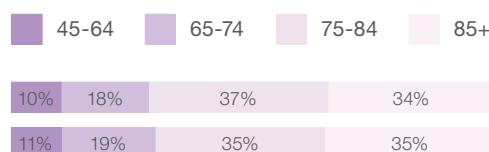


### Rural postcode<sup>9</sup>

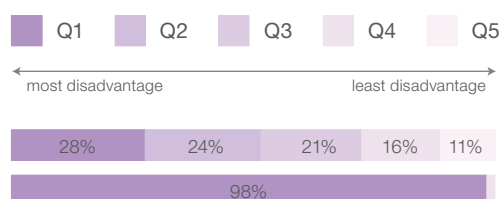


### Potentially avoidable CHF admissions<sup>1,4</sup>

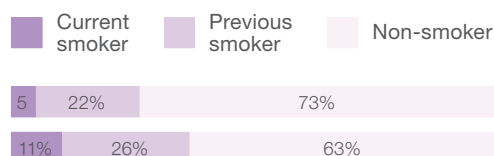
Age profile (years)



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



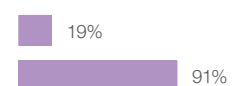
### Smoking status at admission<sup>7</sup>



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



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

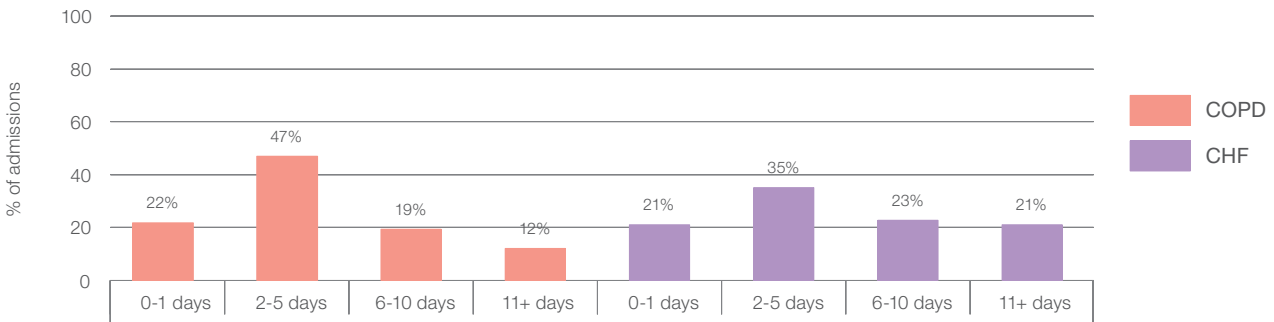


## Broken Hill Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

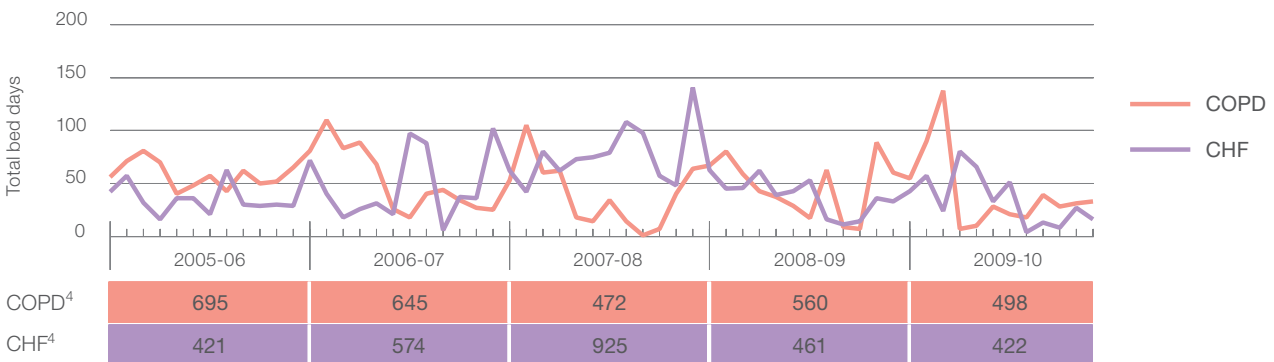
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	100%		98%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	83%	87%	73%	% from ED <sup>†</sup>	86%	84%	80%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	6.0	6.9	5.5	Actual	7.7	10.9	6.5

### Length of stay profiles



## Broken Hill Base 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.

## Download our reports

The report, *Chronic Disease Care: A piece of the picture* - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100  
**Fax:** +61 2 8644 2119  
**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)  
**Postal address:**  
PO Box 1770  
Chatswood  
New South Wales 2057  
Australia  
**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

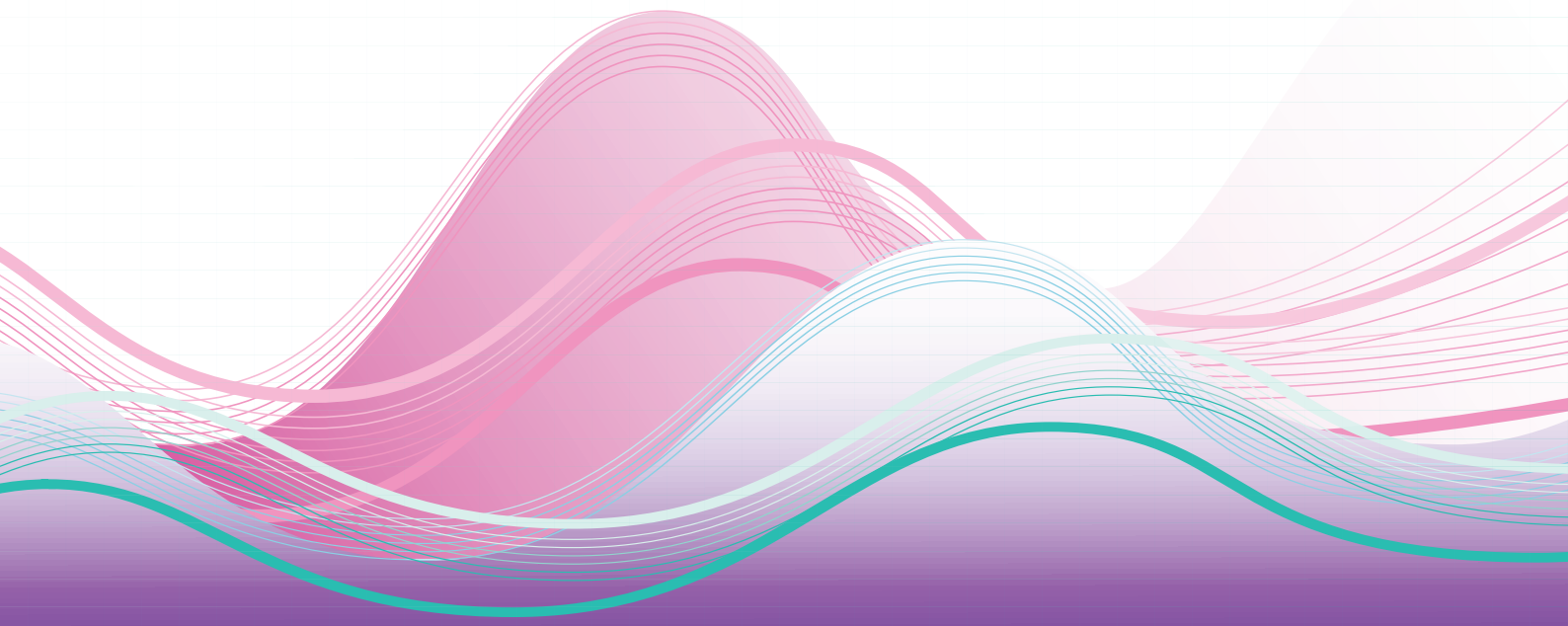
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Hunter New England Local Health Network

The Insights Series  
Volume 2, PART 1





## Armidale and New England 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>	8,580	8,479	1%
Select medical hospitalisations <sup>2</sup>	2,427	2,294	6%
Total potentially preventable hospitalisations <sup>3</sup>	623	643	-3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	47	67	-30%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	56	54	4%

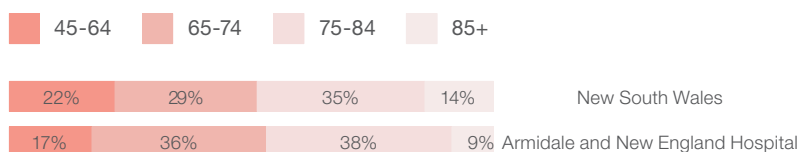
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	19.4	29.3	42.3	Actual	23.1	23.6	27.8
Standardised	14.2	19.1	41.0	Standardised	15.2	22.8	27.9
95% CI	(8.8 - 21.0)	(13.4 - 26.0)	(39.0 - 42.9)	95% CI	(10.5 - 21.0)	(15.2 - 32.0)	(26.3 - 29.6)

## Armidale and New England Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

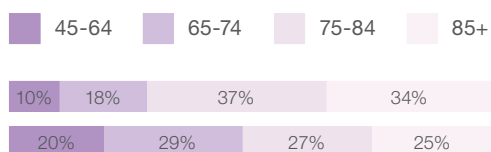
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

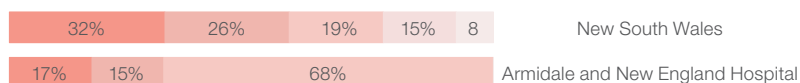
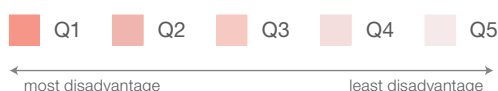


### Potentially avoidable CHF admissions<sup>1,4</sup>

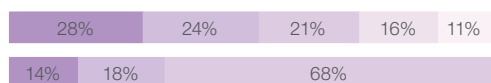
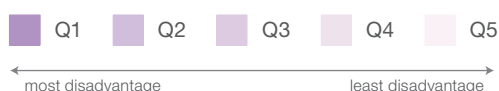
Age profile (years)



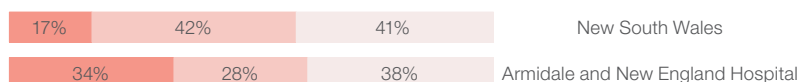
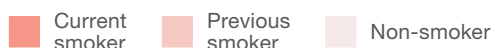
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



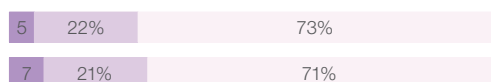
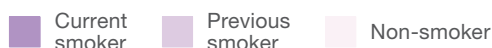
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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



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



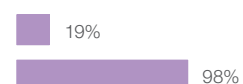
### Rural postcode<sup>9</sup>



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



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

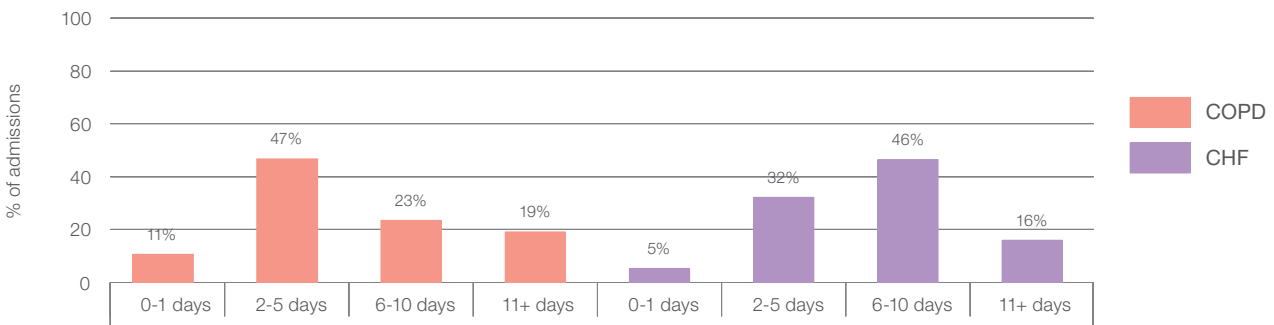




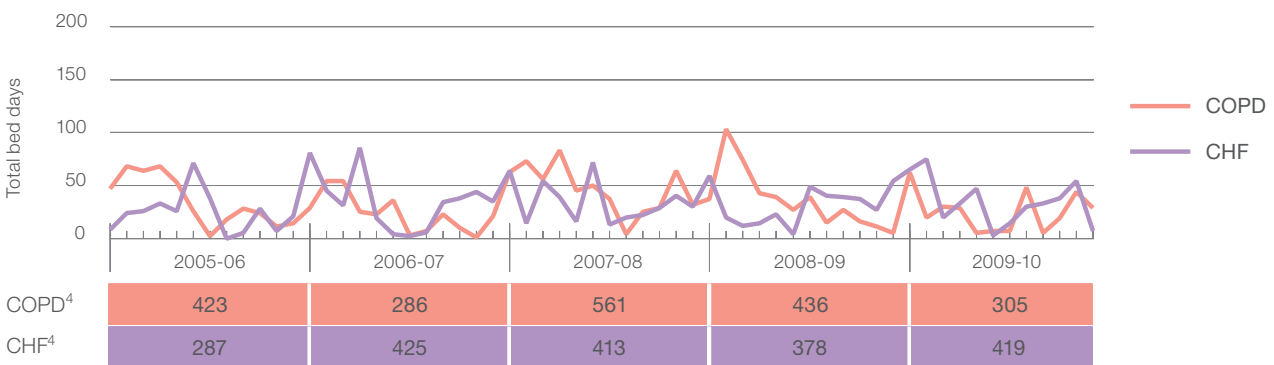
**Armidale and New England Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

	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>	98%	97%	98%	100%	98%	98%
% from ED <sup>†</sup>	85%	91%	73%	80%	76%	80%
<b>COPD average length of stay in days<sup>4</sup></b>						
Actual	6.5	6.5	5.5	<b>CHF average length of stay in days<sup>4</sup></b>		
Actual				7.5	7.2	6.5

**Length of stay profiles**



**Armidale and New England 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.

## Belmont 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>	6,467	6,756	-4%
Select medical hospitalisations <sup>2</sup>	3,020	3,113	-3%
Total potentially preventable hospitalisations <sup>3</sup>	907	970	-6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	161	233	-31%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	176	199	-12%

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

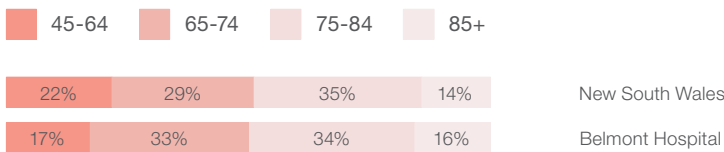
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	53.5	75.1	42.3	Actual	58.2	64.1	27.8
Standardised	66.6	85.3	41.0	Standardised	45.0	38.6	27.9
95% CI	(46.1 - 89.8)	(62.2 - 110.8)	(39.0 - 42.9)	95% CI	(33.0 - 58.5)	(31.1 - 47.0)	(26.3 - 29.6)

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

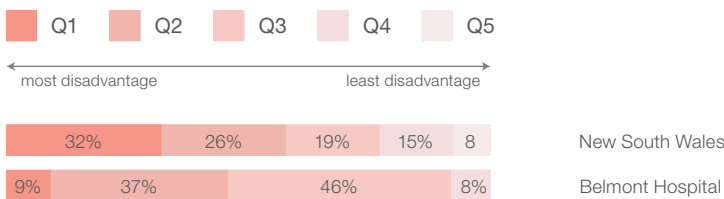
July 2009 to June 2010

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

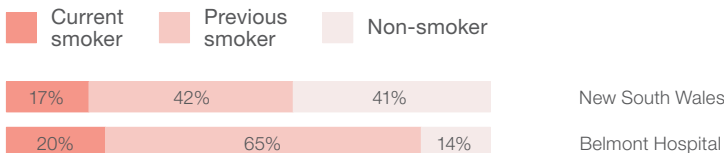
Age profile (years)



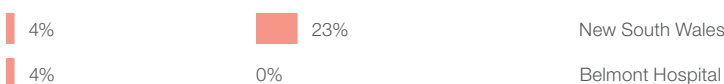
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

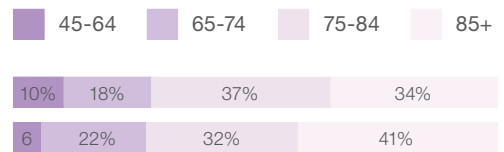


Rural postcode<sup>9</sup>

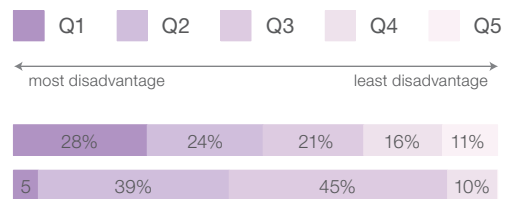


### Potentially avoidable CHF admissions<sup>1,4</sup>

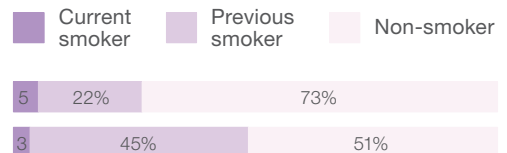
Age profile (years)



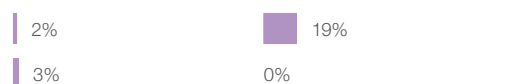
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



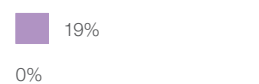
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

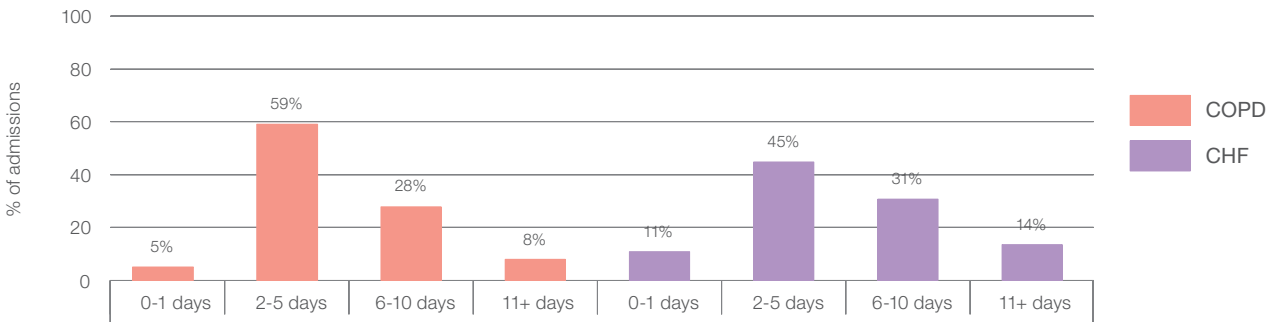


## Belmont Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

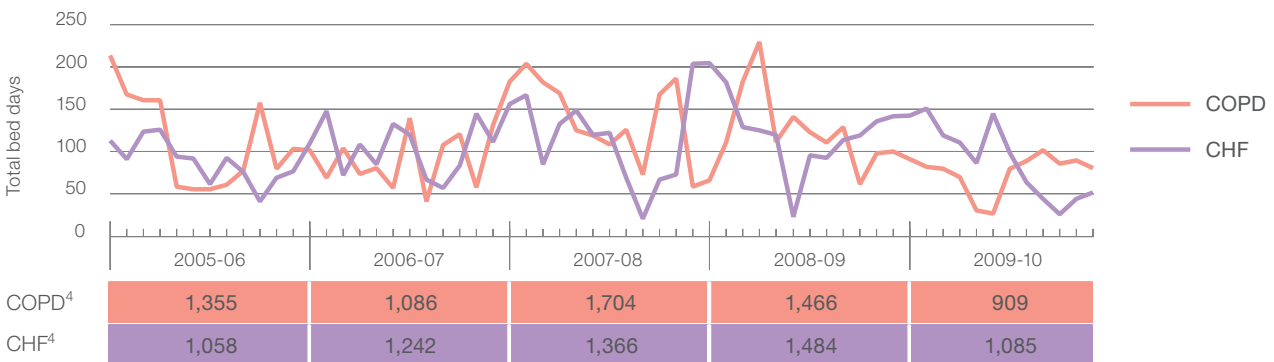
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	100%		98%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	95%	95%	73%	% from ED <sup>†</sup>	98%	96%	80%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.7	6.3	5.5	Actual	6.4	7.6	6.5

### Length of stay profiles



## Belmont 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.

## Calvary Mater Newcastle: 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>	12,645	12,699	0%
Select medical hospitalisations <sup>2</sup>	8,099	8,119	0%
Total potentially preventable hospitalisations <sup>3</sup>	1,508	1,436	5%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	288	295	-2%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	208	214	-3%

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

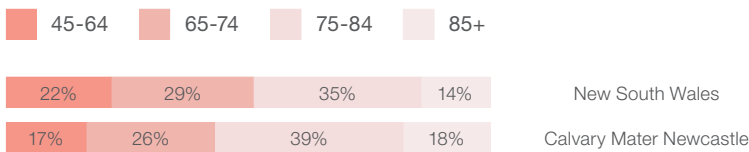
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	35.5	36.1	32.7	Actual	25.7	26.5	22.5
Standardised	31.6	53.8†	31.9	Standardised	22.1	24.0	21.9
95% CI	(27.7 - 35.8)	(21.4 - 89.0)	(28.1 - 36.1)	95% CI	(18.9 - 25.5)	(20.4 - 28.0)	(18.8 - 25.4)

## Calvary Mater Newcastle: Patient profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

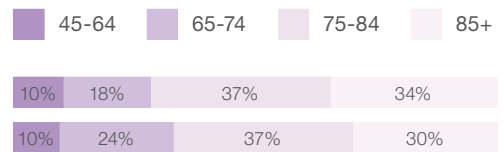
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

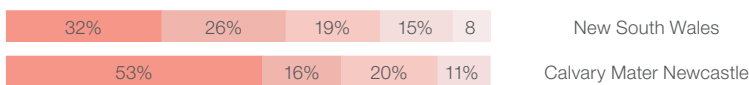


### Potentially avoidable CHF admissions<sup>1,4</sup>

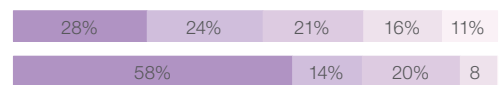
Age profile (years)



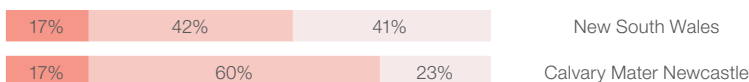
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



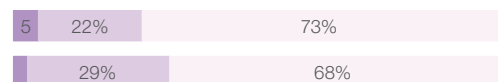
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



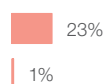
### Smoking status at admission<sup>7</sup>



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



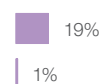
### Rural postcode<sup>9</sup>



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



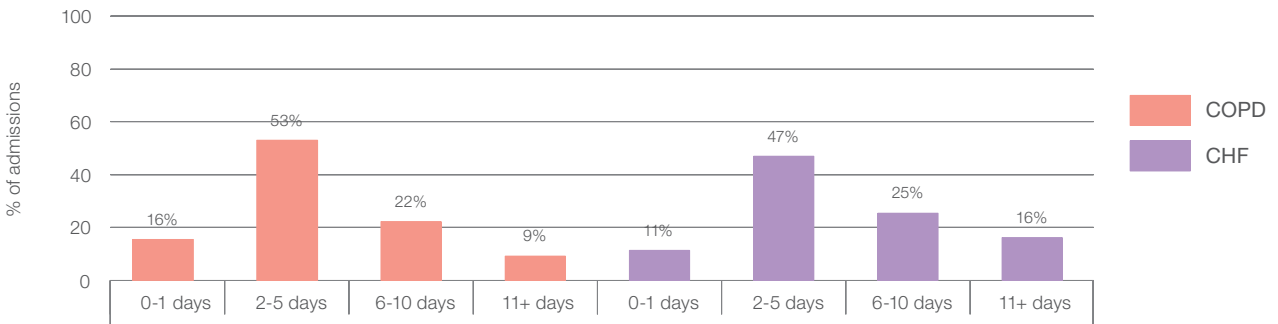
### Rural postcode<sup>9</sup>



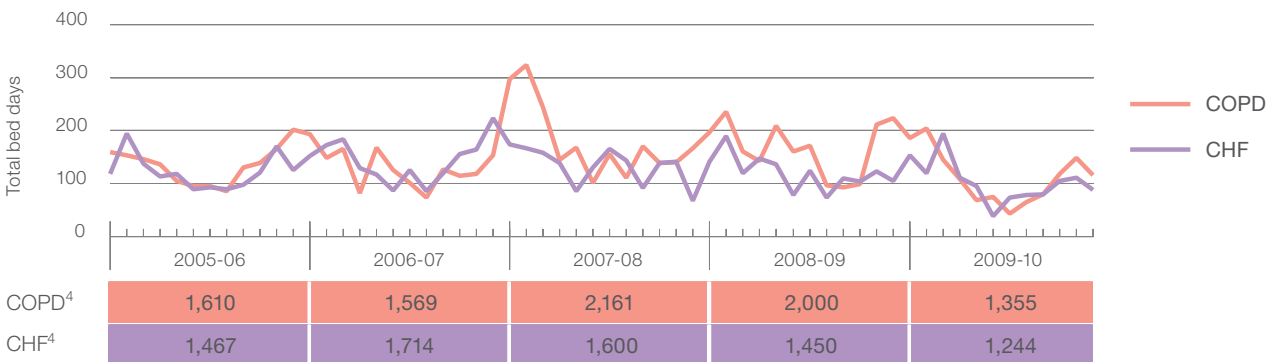
**Calvary Mater Newcastle: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

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>	100%	99%	98%	100%	98%	100%
% from ED <sup>†</sup>	93%	88%	84%	91%	90%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.8	7.0	4.9	Actual	6.1	7.1

Length of stay profiles



**Calvary Mater Newcastle: 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.

## Cessnock 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>	3,787	3,927	-4%
Select medical hospitalisations <sup>2</sup>	2,089	2,174	-4%
Total potentially preventable hospitalisations <sup>3</sup>	467	463	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	80	72	11%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	48	51	-6%

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

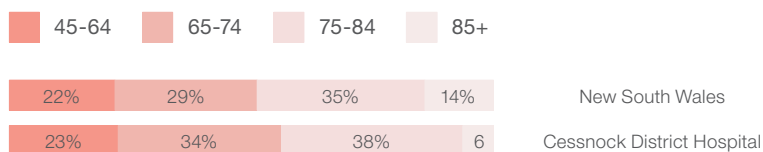
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	38.3	33.2	41.4	Actual	23.0	23.5	22.5
Standardised	28.6†	34.9†	38.8	Standardised	10.8	13.5†	24.1
95% CI	(10.5 - 50.0)	(15.0 - 58.7)	(36.4 - 41.3)	95% CI	(5.3 - 17.7)	(5.8 - 23.1)	(21.8 - 26.4)

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

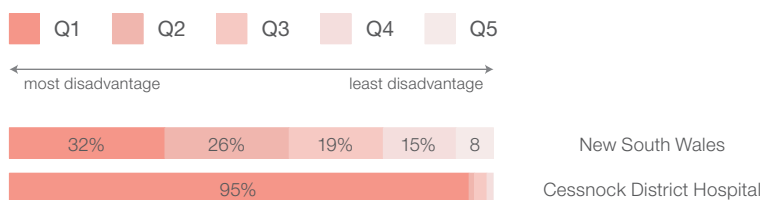
July 2009 to June 2010

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

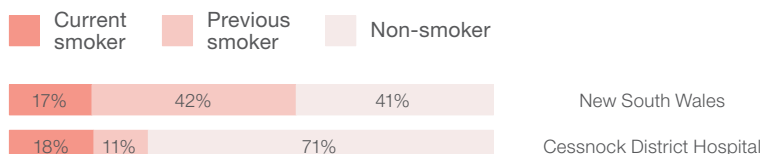
Age profile (years)



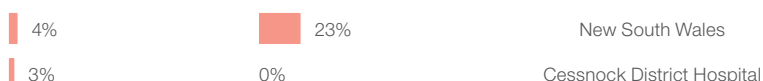
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

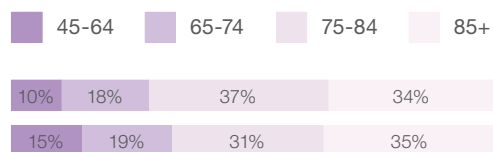


### Rural postcode<sup>9</sup>

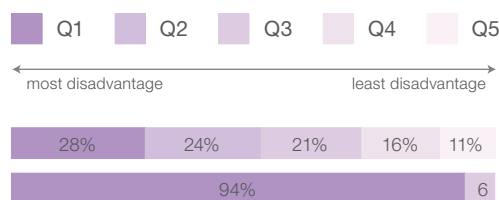


### Potentially avoidable CHF admissions<sup>1,4</sup>

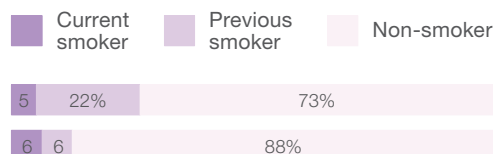
Age profile (years)



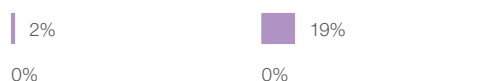
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



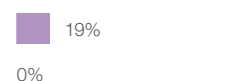
### Smoking status at admission<sup>7</sup>



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



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

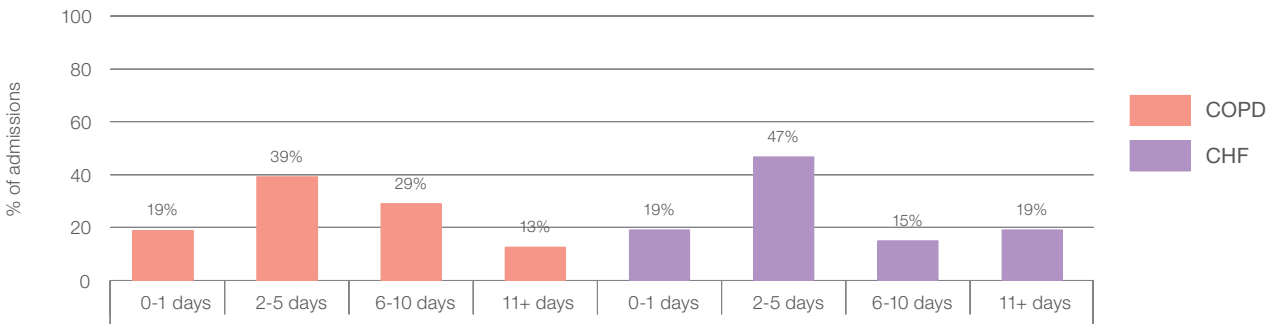


### Cessnock District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

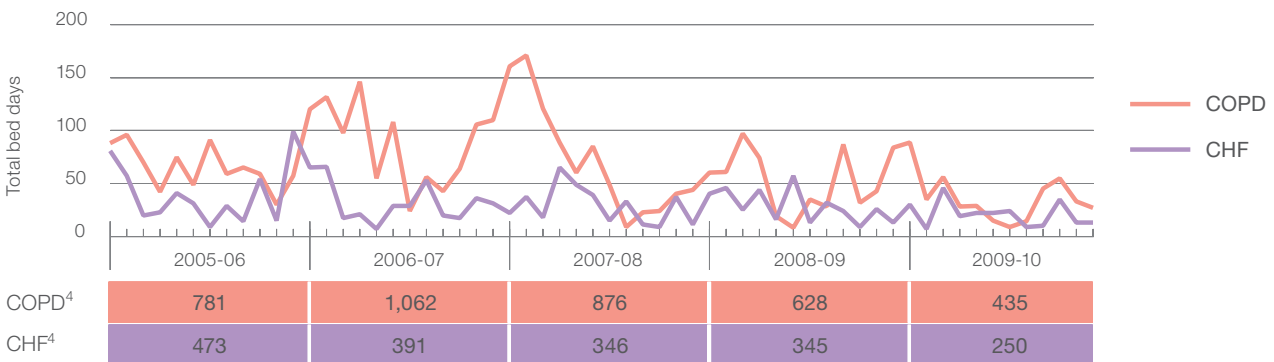
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	96%		97%	% Unplanned <sup>10</sup>	96%
% from ED <sup>†</sup>	84%	81%	77%	% from ED <sup>†</sup>	81%	69%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.7	8.5	5.8	Actual	5.3	6.8	6.7

#### Length of stay profiles



### Cessnock 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.

## Gunnedah 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>	2,192	2,287	-4%
Select medical hospitalisations <sup>2</sup>	795	900	-12%
Total potentially preventable hospitalisations <sup>3</sup>	335	334	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	44	63	-30%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	16	23	-30%

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

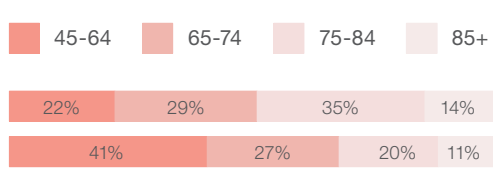
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	55.3	70.1	41.4	Actual	20.1	25.6	22.5
Standardised	40.1†	28.9	38.8	Standardised	7.3†	*	24.1
95% CI	(17.9 - 68.0)	(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

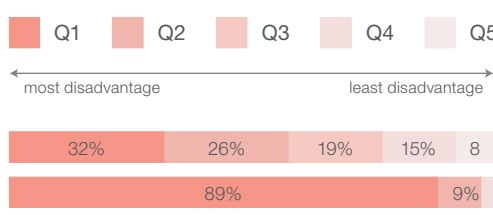
July 2009 to June 2010

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

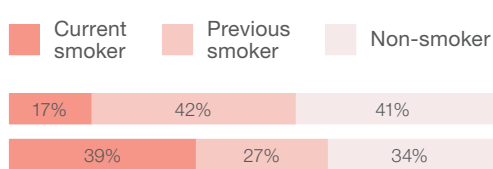
Age profile (years)



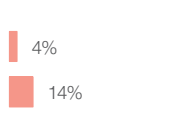
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



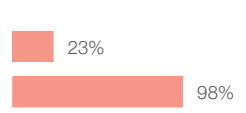
### Smoking status at admission<sup>7</sup>



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

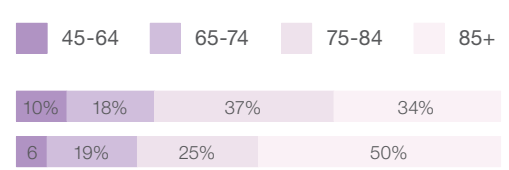


### Rural postcode<sup>9</sup>

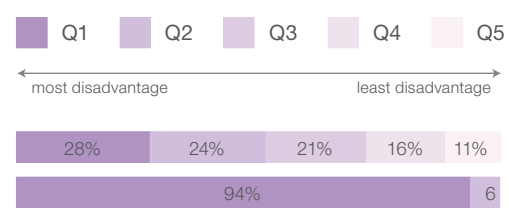


### Potentially avoidable CHF admissions<sup>1,4</sup>

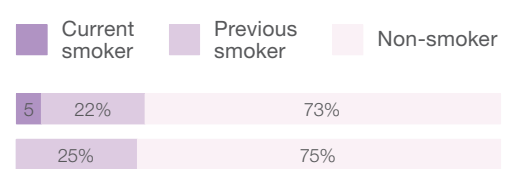
Age profile (years)



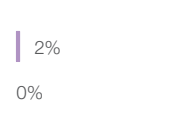
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



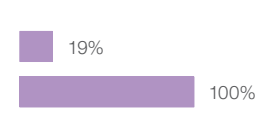
### Smoking status at admission<sup>7</sup>



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



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

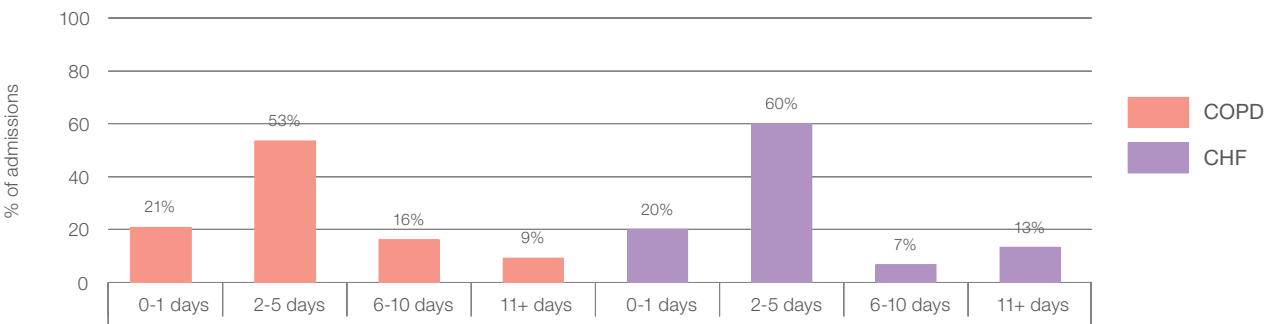




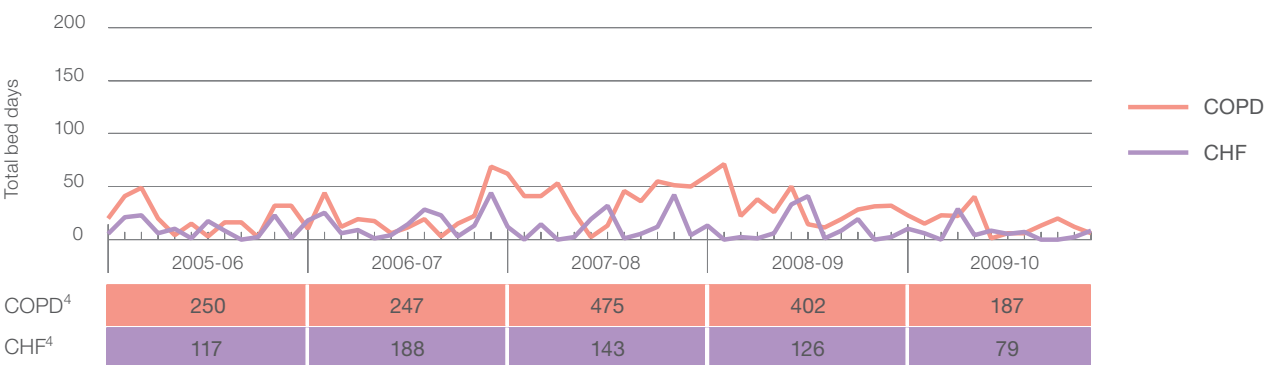
## Gunnedah District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

	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>	93%	94%	97%	100%	100%	97%
% from ED <sup>†</sup>	86%	75%	77%	94%	96%	70%
<b>COPD average length of stay in days<sup>4</sup></b>						
Actual	4.4	6.7	5.8	<b>CHF average length of stay in days<sup>4</sup></b>		
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  $\geq 40\%$ . (†) 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.

## Inverell 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>	3,947	3,969	-1%
Select medical hospitalisations <sup>2</sup>	1,510	1,427	6%
Total potentially preventable hospitalisations <sup>3</sup>	378	377	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	58	46	26%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	31	55	-44%

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

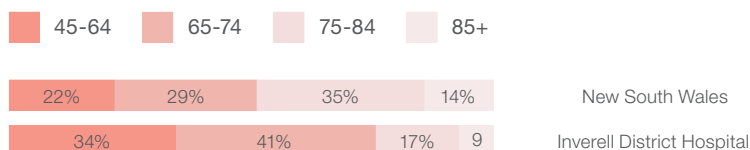
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	38.6	31.7	41.4	Actual	20.6	38.7	22.5
Standardised	*	8.8	38.8	Standardised	*	*	24.1
95% CI	*	(6.4 - 11.9)	(36.4 - 41.3)	95% CI	*	*	(21.8 - 26.4)

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

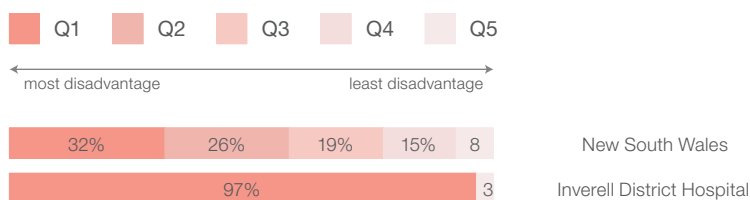
July 2009 to June 2010

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

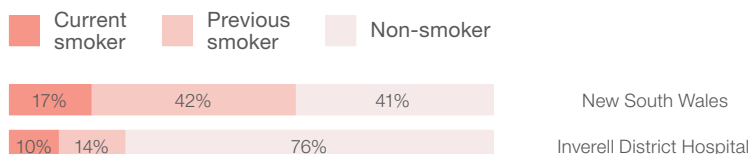
Age profile (years)



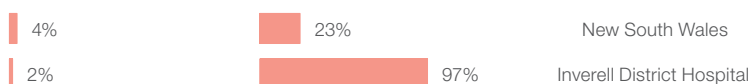
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



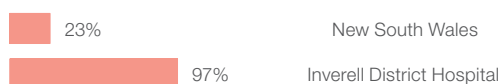
### Smoking status at admission<sup>7</sup>



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

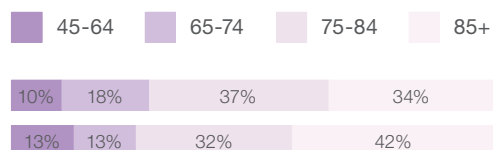


### Rural postcode<sup>9</sup>

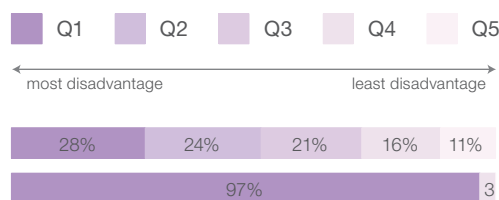


### Potentially avoidable CHF admissions<sup>1,4</sup>

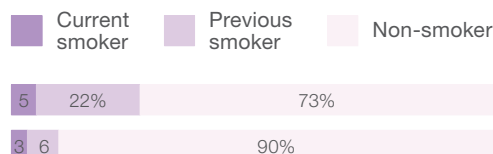
Age profile (years)



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



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



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

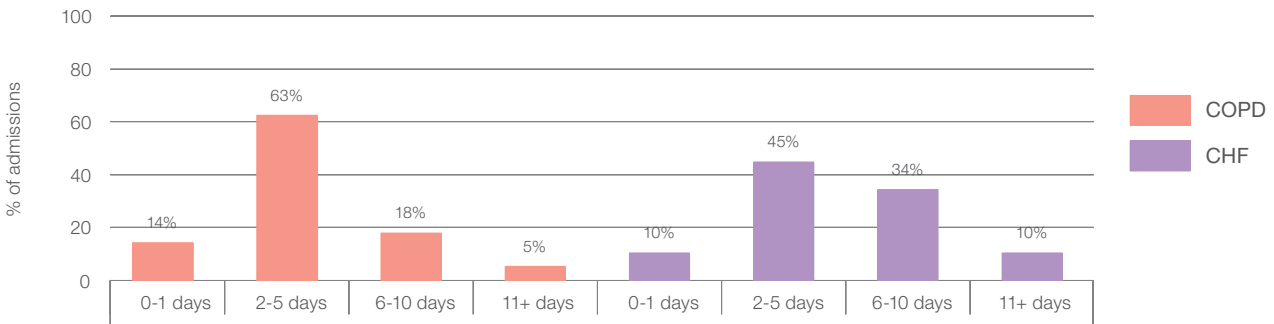


## Inverell District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

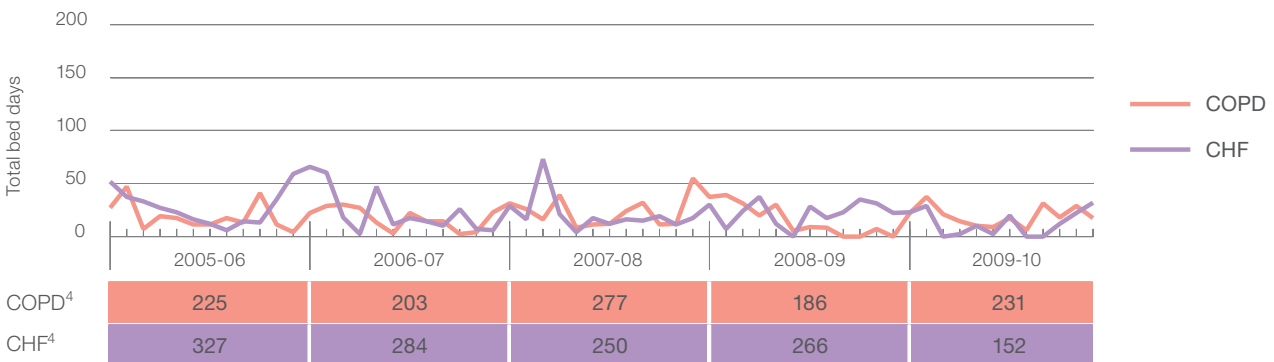
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	97%	100%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	83%	59%	77%	% from ED <sup>†</sup>	52%	58%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	4.1	4.3	5.8	Actual	5.2	4.9	6.7

### Length of stay profiles



## Inverell 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.

## John Hunter 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>	75,141	72,106	4%
Select medical hospitalisations <sup>2</sup>	12,208	11,634	5%
Total potentially preventable hospitalisations <sup>3</sup>	4,699	4,703	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	379	366	4%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	321	315	2%

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

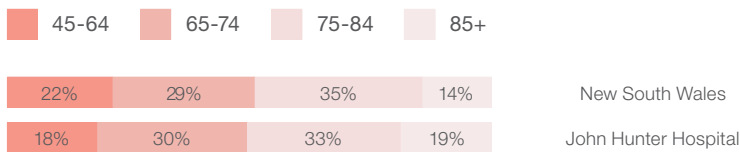
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	30.0	30.6	27.1	Actual	26.3	27.2	23.4
Standardised	24.5	22.6	28.3	Standardised	21.0	22.6	24.4
95% CI	(21.8 - 27.4)	(20.1 - 25.4)	(27.4 - 29.2)	95% CI	(18.5 - 23.7)	(19.9 - 25.6)	(23.6 - 25.3)

## John Hunter Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

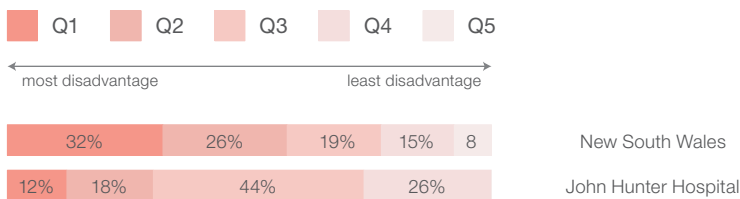
July 2009 to June 2010

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

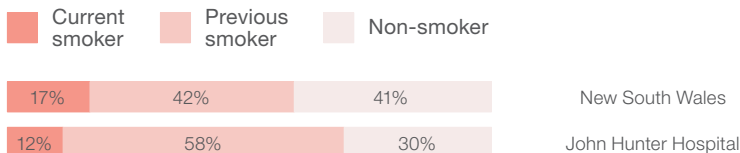
Age profile (years)



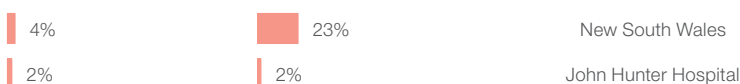
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

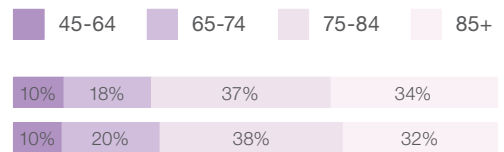


Rural postcode<sup>9</sup>

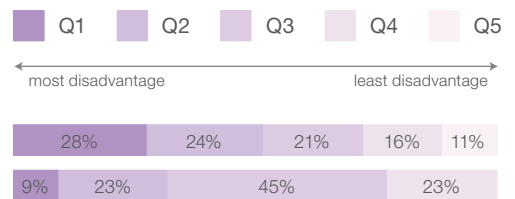


### Potentially avoidable CHF admissions<sup>1,4</sup>

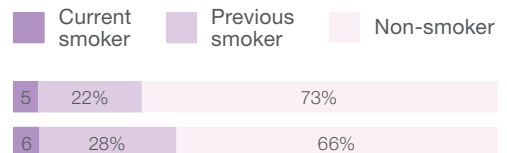
Age profile (years)



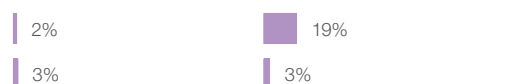
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



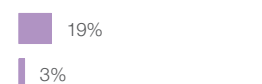
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

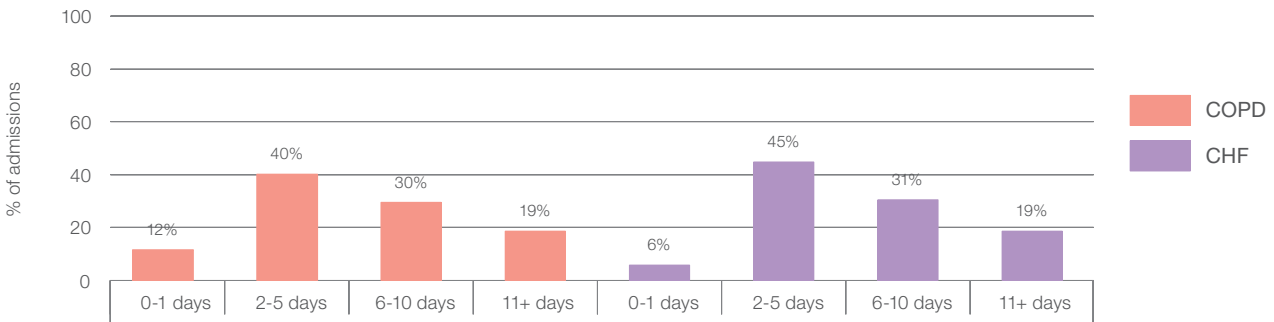


## John Hunter Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

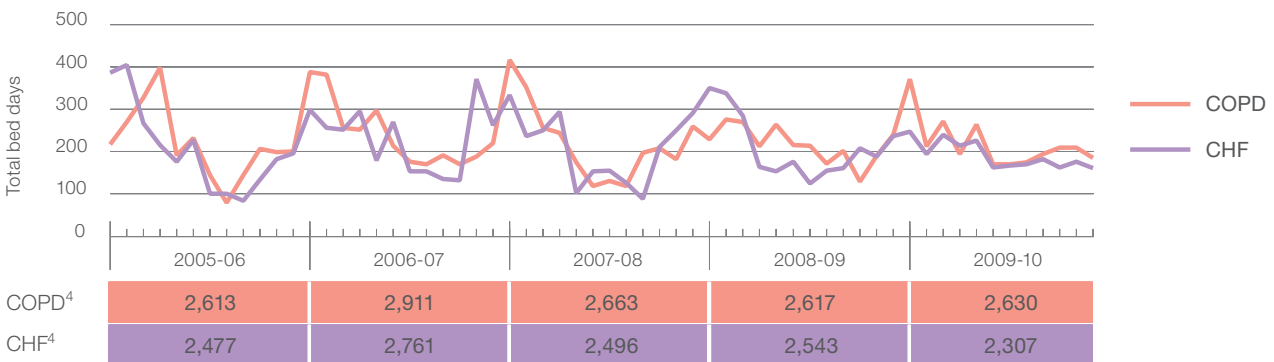
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	95%	94%		97%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	87%	82%	87%	% from ED <sup>†</sup>	92%	92%	86%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	7.1	7.2	6.1	Actual	7.3	8.2	7.1

### Length of stay profiles



## John Hunter 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.

## 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>

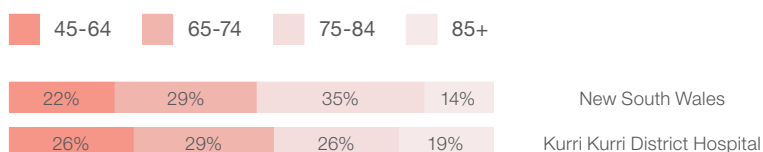
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	47.8	46.0	41.4	Actual	21.6	30.1	22.5
Standardised	20.7	*	38.8	Standardised	9.5†	19.8†	24.1
95% CI	(13.1 - 30.7)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

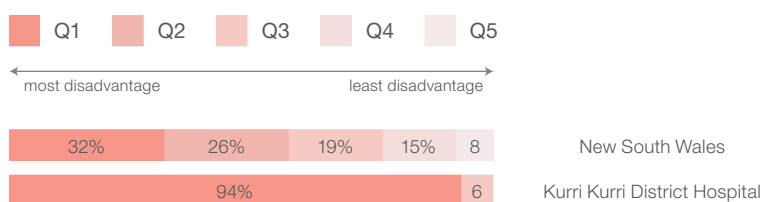
July 2009 to June 2010

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

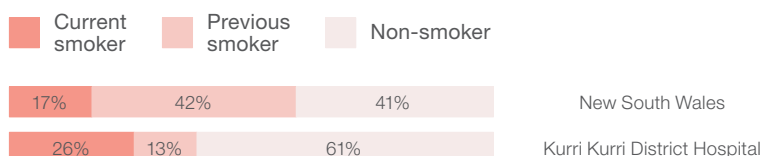
Age profile (years)



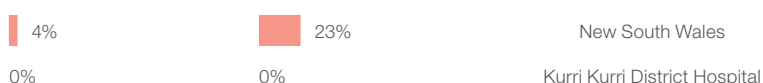
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

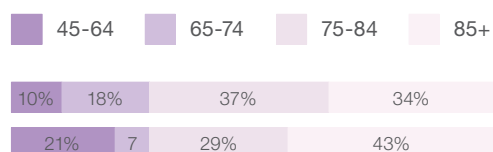


### Rural postcode<sup>9</sup>

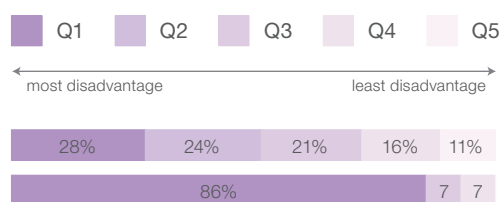


### Potentially avoidable CHF admissions<sup>1,4</sup>

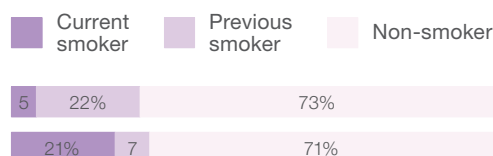
Age profile (years)



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



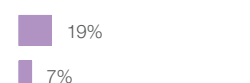
### Smoking status at admission<sup>7</sup>



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



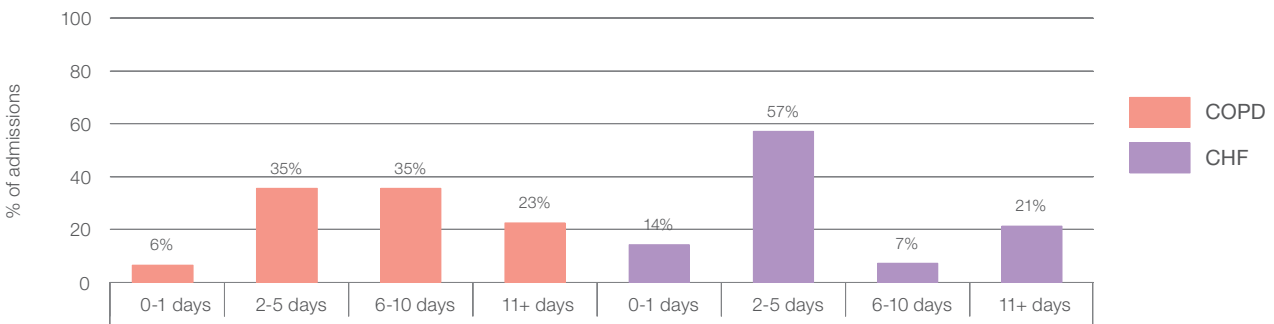
### Rural postcode<sup>9</sup>



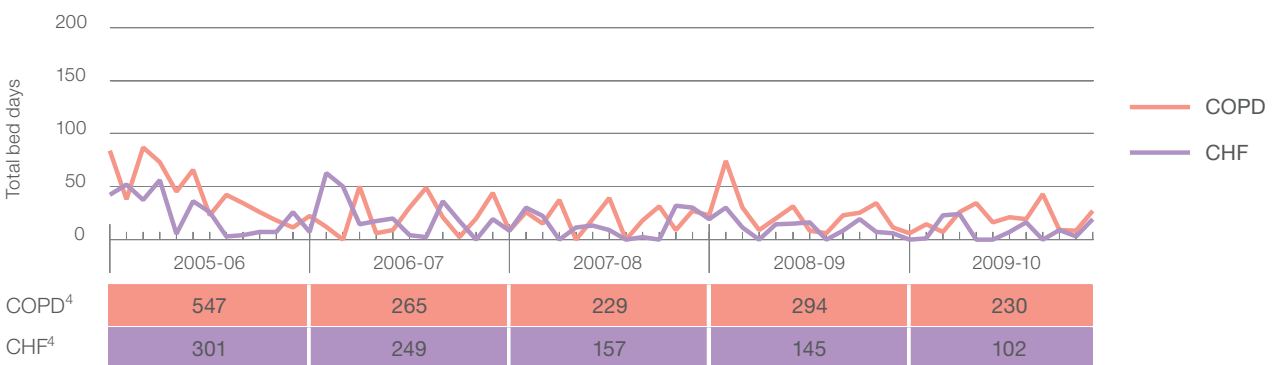
## Kurri Kurri District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	84%	97%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	65%	62%	77%	% from ED <sup>†</sup>	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	6.7

### 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.

## Maitland 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>	14,516	14,052	3%
Select medical hospitalisations <sup>2</sup>	3,616	3,487	4%
Total potentially preventable hospitalisations <sup>3</sup>	1,666	1,465	14%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	236	200	18%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	157	137	15%

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

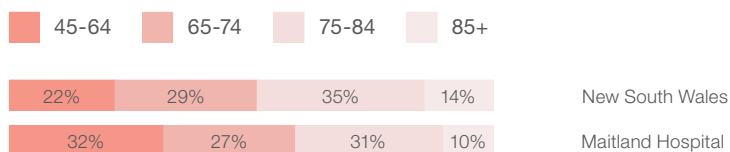
COPD <sup>4</sup>	COPD <sup>4</sup>			CHF <sup>4</sup>	CHF <sup>4</sup>		
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
Actual	65.0	57.2	38.6	Actual	43.4	39.4	24.2
Standardised	43.3	43.6	34.8	Standardised	33.7	30.6	25.1
95% CI	(35.4 - 52.0)	(33.6 - 54.7)	(32.4 - 37.3)	95% CI	(25.7 - 42.7)	(22.1 - 40.4)	(22.3 - 28.1)

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

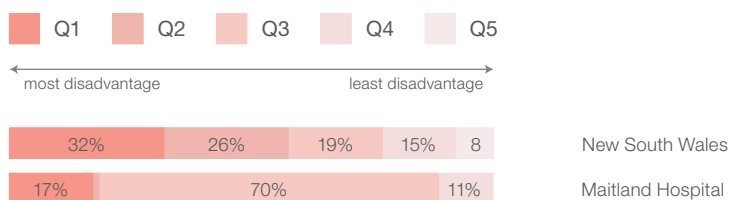
July 2009 to June 2010

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

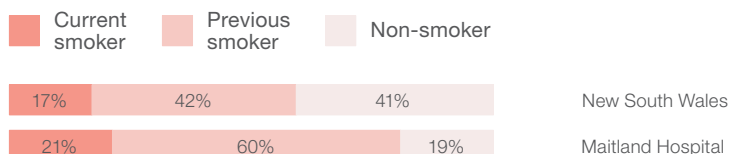
Age profile (years)



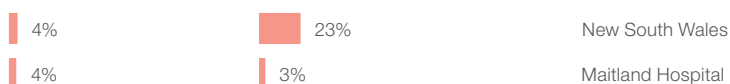
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

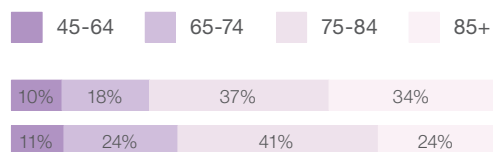


### Rural postcode<sup>9</sup>

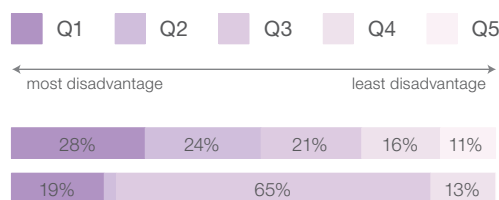


### Potentially avoidable CHF admissions<sup>1,4</sup>

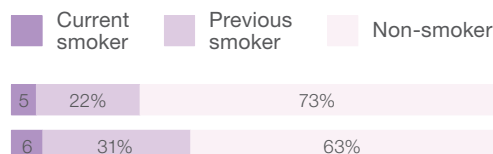
Age profile (years)



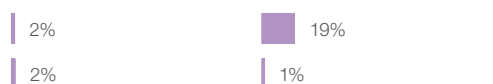
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



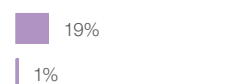
### Smoking status at admission<sup>7</sup>



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



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



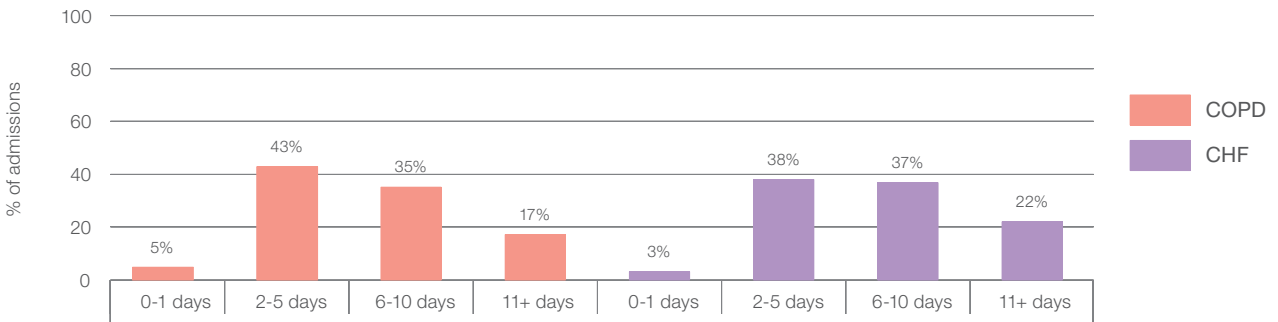


### Maitland Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

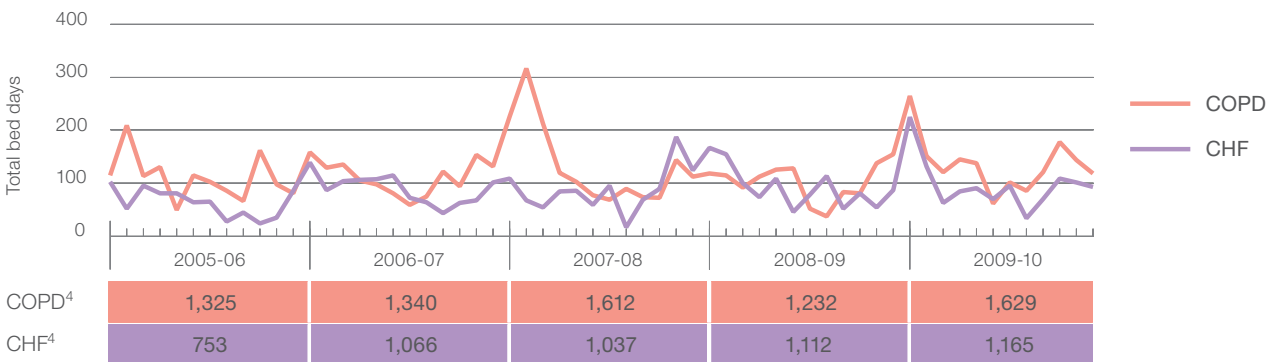
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	99%
% from ED <sup>†</sup>	98%	92%	85%	97%	91%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	7.2	6.2	5.6	Actual	7.7	8.0

#### Length of stay profiles



### Maitland 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.

## Manning Base 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>	17,089	15,654	9%
Select medical hospitalisations <sup>2</sup>	5,018	5,139	-2%
Total potentially preventable hospitalisations <sup>3</sup>	1,546	1,568	-1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	180	180	0%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	136	153	-11%

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

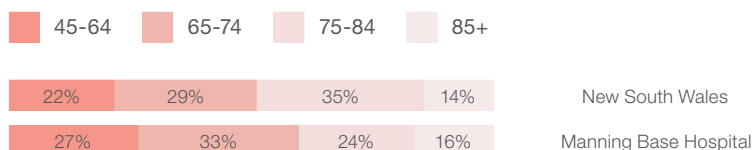
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	35.9	35.1	38.6	Actual	27.1	29.9	24.2
Standardised	28.5	33.4	34.8	Standardised	19.0†	15.7†	25.1
95% CI	(14.5 - 44.0)	(15.3 - 53.7)	(32.4 - 37.3)	95% CI	(6.6 - 33.1)	(6.3 - 26.4)	(22.3 - 28.1)

## Manning Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

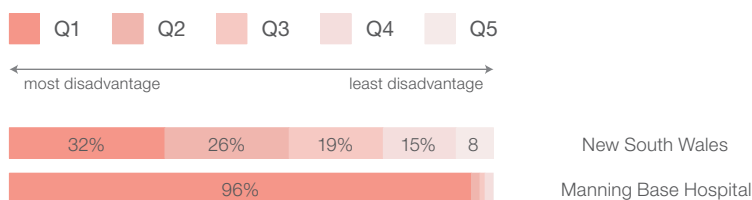
July 2009 to June 2010

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

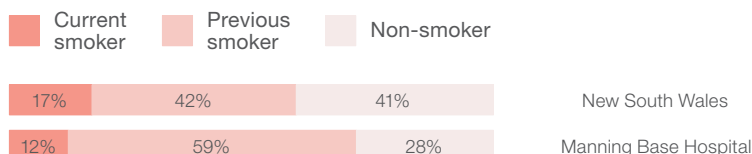
Age profile (years)



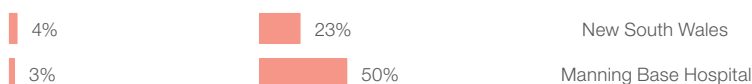
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

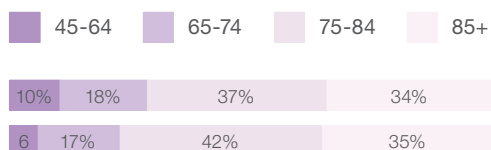


### Rural postcode<sup>9</sup>

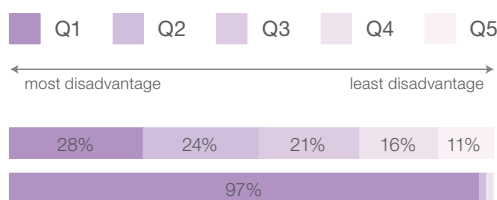


### Potentially avoidable CHF admissions<sup>1,4</sup>

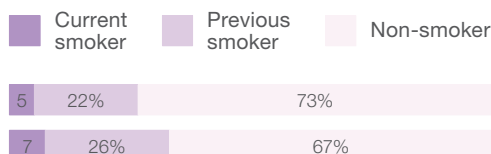
Age profile (years)



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



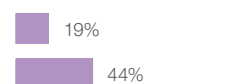
### Smoking status at admission<sup>7</sup>



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



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

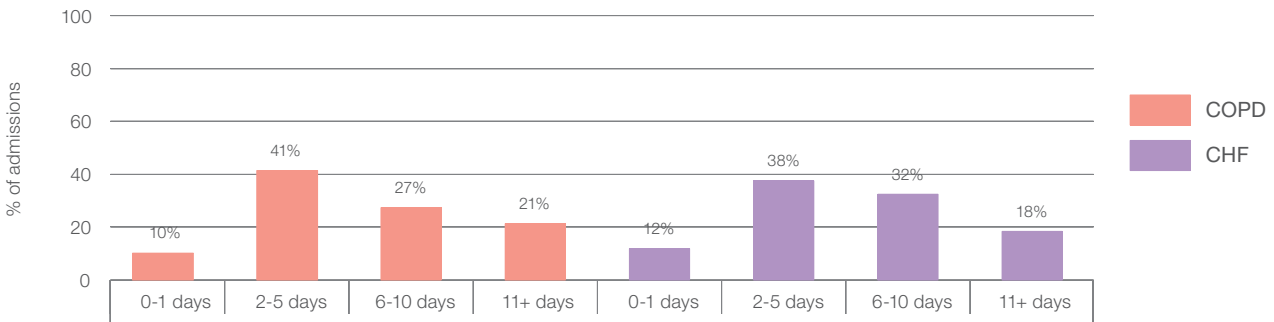


**Manning Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

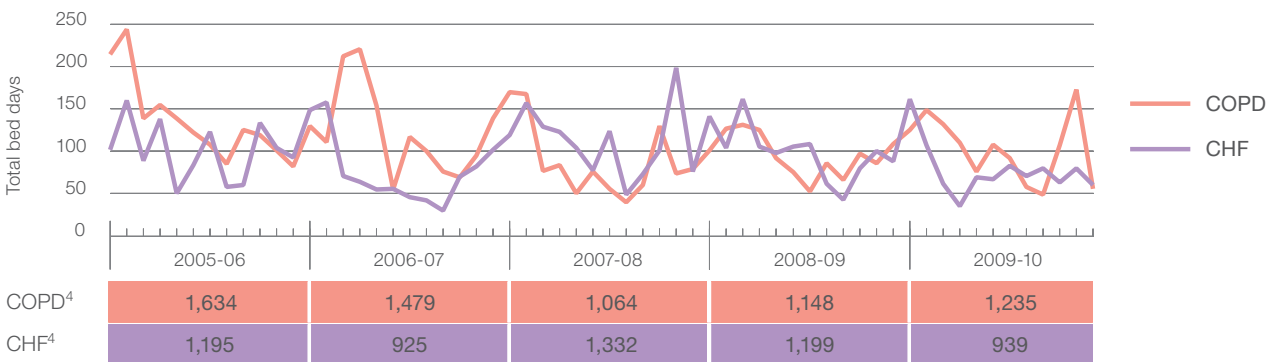
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	99%	97%	99%	97%	99%
% from ED <sup>†</sup>	92%	92%	85%	90%	89%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	7.0	6.4	5.6	Actual	7.1	8.0

**Length of stay profiles**



**Manning Base 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.

## Moree 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>	3,368	3,186	6%
Select medical hospitalisations <sup>2</sup>	874	832	5%
Total potentially preventable hospitalisations <sup>3</sup>	285	334	-15%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	37	64	-42%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	10	18	-44%

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

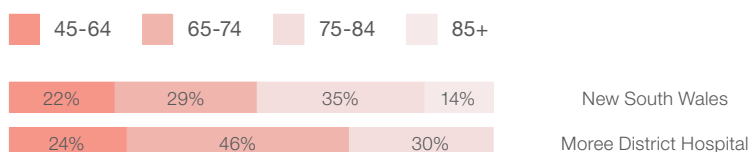
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	42.7	77.7	41.4	Actual	11.5	21.8	22.5
Standardised	*	46.1	38.8	Standardised	*	*	24.1
95% CI	*	(21.3 - 76.1)	(36.4 - 41.3)	95% CI	*	*	(21.8 - 26.4)

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

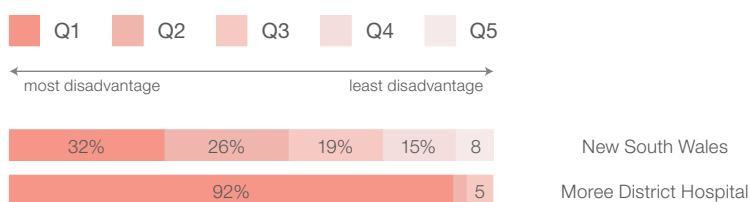
July 2009 to June 2010

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

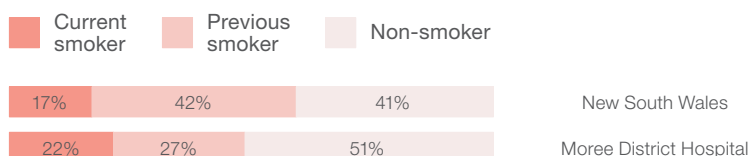
Age profile (years)



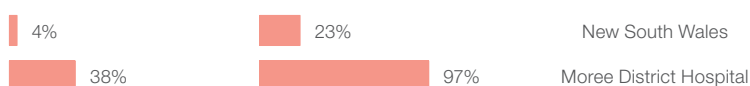
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



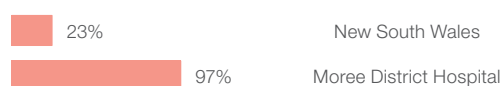
### Smoking status at admission<sup>7</sup>



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

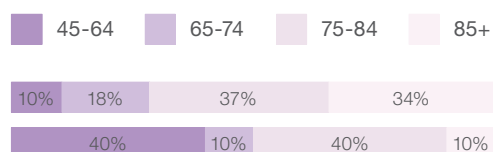


### Rural postcode<sup>9</sup>

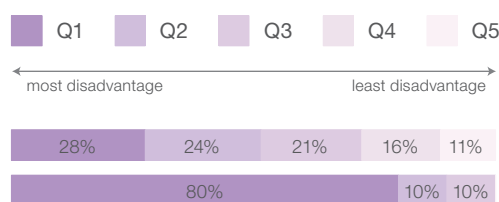


### Potentially avoidable CHF admissions<sup>1,4</sup>

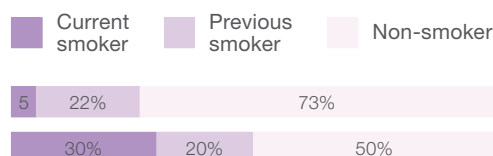
Age profile (years)



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



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



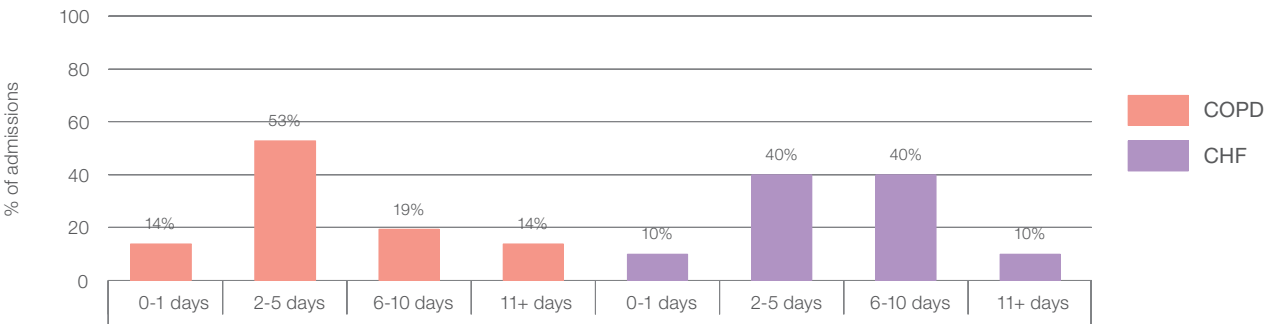
### Aboriginal status<sup>8</sup>



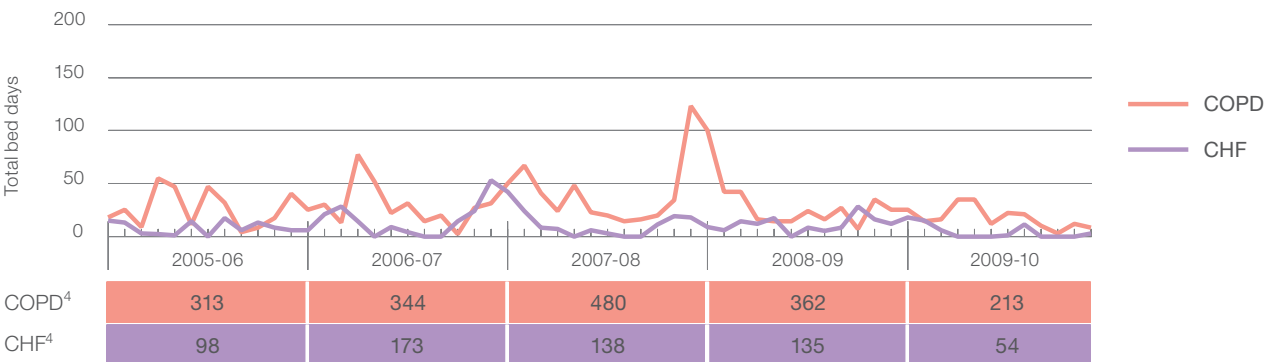
**Moree District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

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>	89%	88%	97%	90%	94%	97%
% from ED <sup>†</sup>	84%	75%	77%	70%	83%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.9	6.5	5.8	Actual	5.4	8.5

**Length of stay profiles**



**Moree 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.

## Muswellbrook 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>	3,467	3,232	7%
Select medical hospitalisations <sup>2</sup>	974	985	-1%
Total potentially preventable hospitalisations <sup>3</sup>	472	442	7%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	46	48	-4%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	20	30	-33%

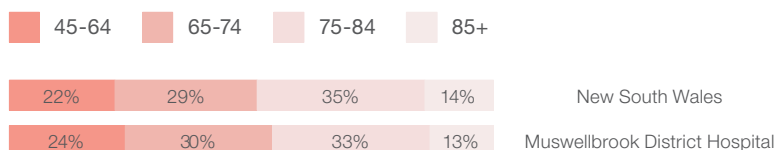
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	47.4	49.0	41.4	Actual	20.6	29.6	22.5
Standardised	21.8	*	38.8	Standardised	*	21.2†	24.1
95% CI	(13.2 - 32.5)	*	(36.4 - 41.3)	95% CI	*	(9.3 - 36.9)	(21.8 - 26.4)

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

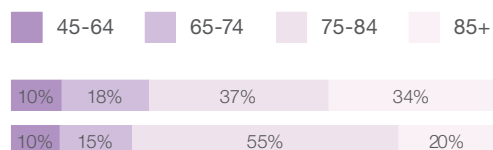
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

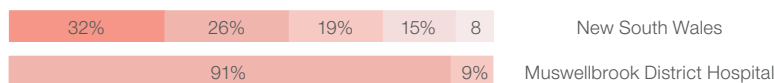
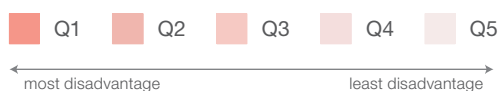


### Potentially avoidable CHF admissions<sup>1,4</sup>

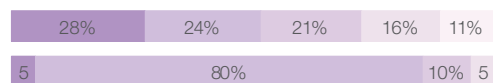
Age profile (years)



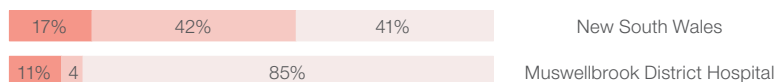
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



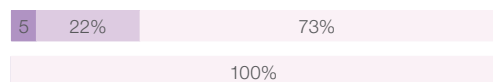
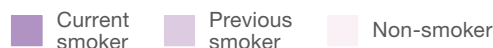
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



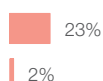
### Smoking status at admission<sup>7</sup>



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



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



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



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

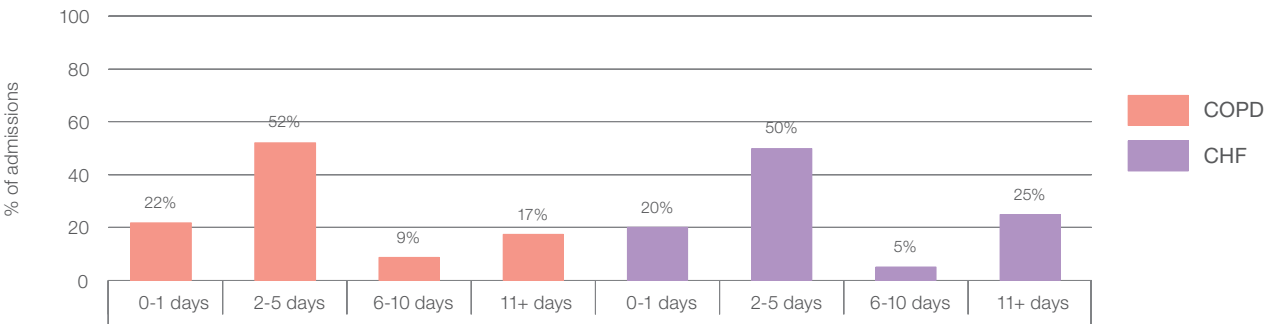


**Muswellbrook District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

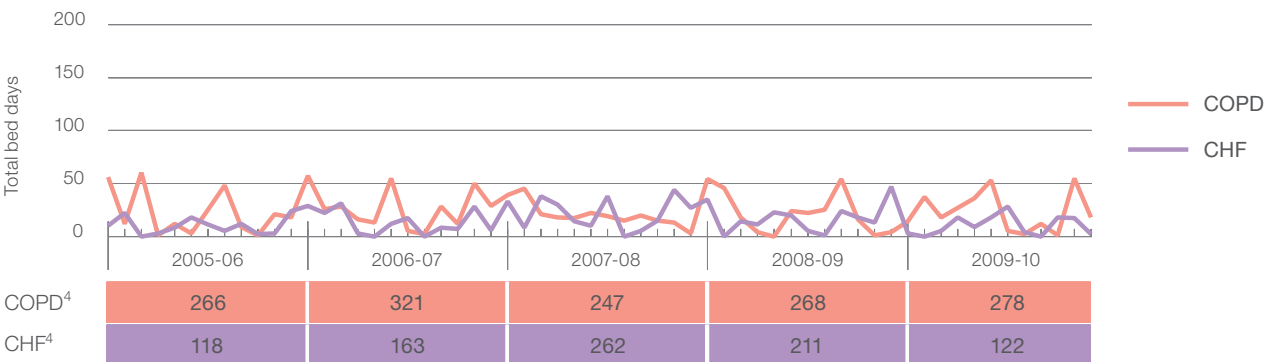
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	74%	69%	77%	70%	83%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.0	5.6	5.8	Actual	6.1	7.5

**Length of stay profiles**



**Muswellbrook 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.

## Narrabri 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>	2,198	2,209	0%
Select medical hospitalisations <sup>2</sup>	865	807	7%
Total potentially preventable hospitalisations <sup>3</sup>	270	276	-2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	41	40	3%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	13	27	-52%

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

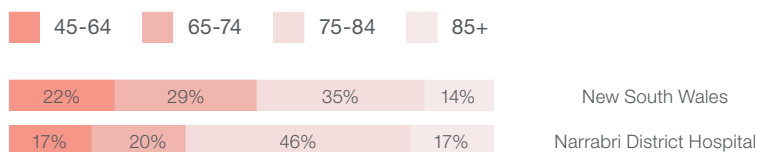
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	47.5	49.6	41.4	Actual	15.0	33.5	22.5
Standardised	42.7†	36.6	38.8	Standardised	4.1	*	24.1
95% CI	(17.9 - 74.0)	(17.3 - 61.1)	(36.4 - 41.3)	95% CI	(2.2 - 7.0)	*	(21.8 - 26.4)

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

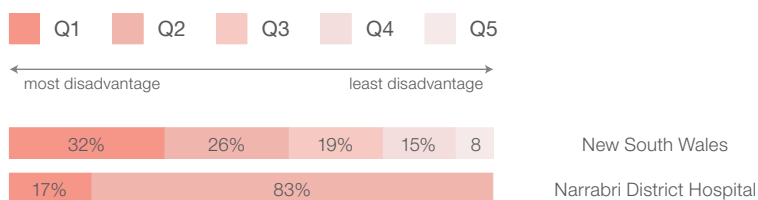
July 2009 to June 2010

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

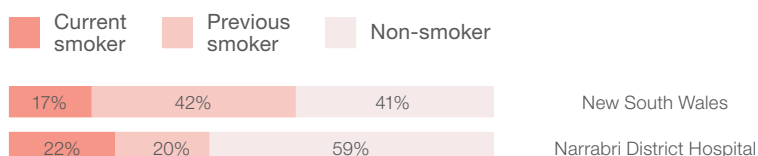
Age profile (years)



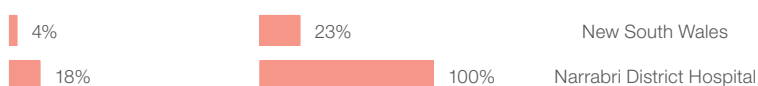
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



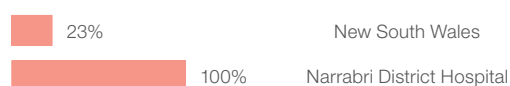
### Smoking status at admission<sup>7</sup>



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

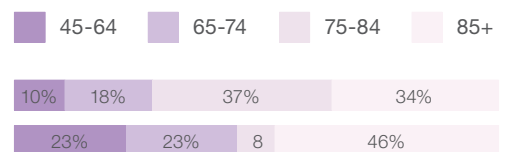


### Rural postcode<sup>9</sup>

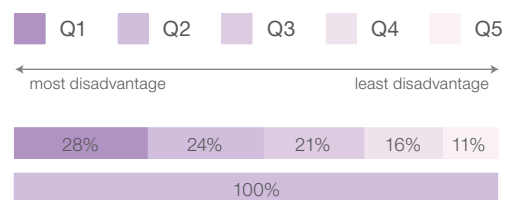


### Potentially avoidable CHF admissions<sup>1,4</sup>

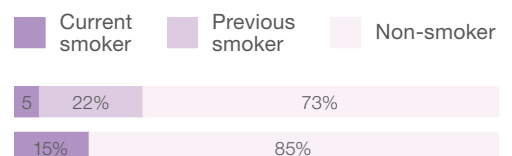
Age profile (years)



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



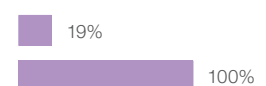
### Smoking status at admission<sup>7</sup>



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



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



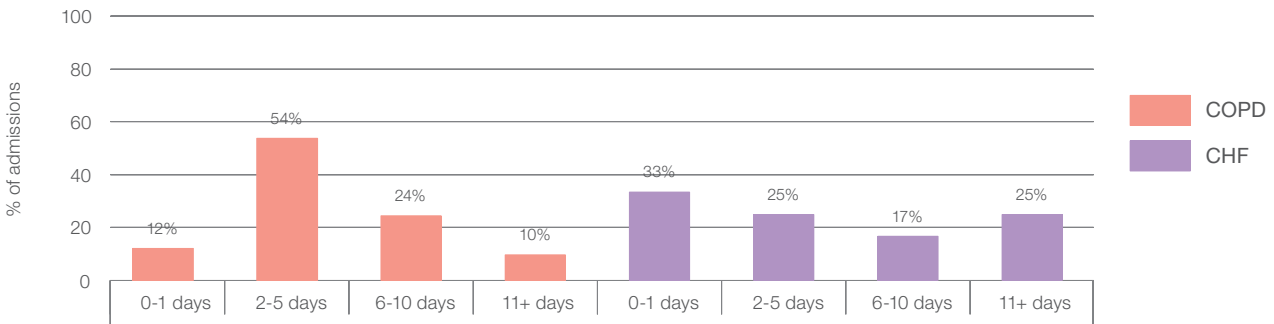


## Narrabri District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

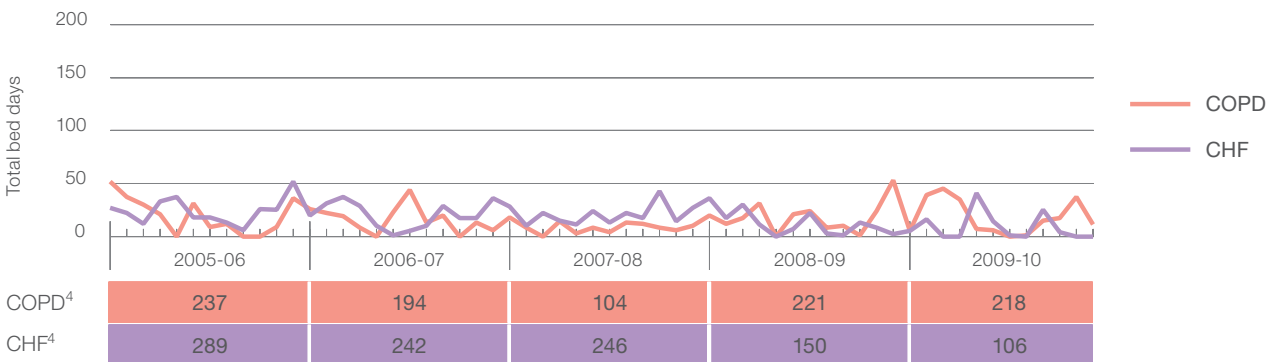
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	100%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	61%	50%	77%	% from ED <sup>†</sup>	38%	70%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.3	5.5	5.8	Actual	8.8	5.6	6.7

### Length of stay profiles



## Narrabri 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.

## Singleton 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>	4,433	4,359	2%
Select medical hospitalisations <sup>2</sup>	1,135	1,141	-1%
Total potentially preventable hospitalisations <sup>3</sup>	454	411	10%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	28	46	-39%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	28	31	-10%

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

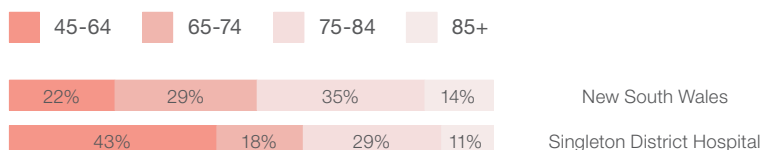
	COPD <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
Actual		24.8	39.5	41.4		23.9	27.2	22.5
Standardised		*	32.1†	38.8		6.6	7.3	24.1
95% CI		*	(13.5 - 55.5)	(36.4 - 41.3)		(3.6 - 10.7)	(3.9 - 11.7)	(21.8 - 26.4)

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

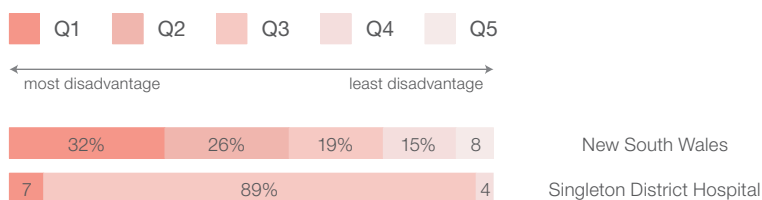
July 2009 to June 2010

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

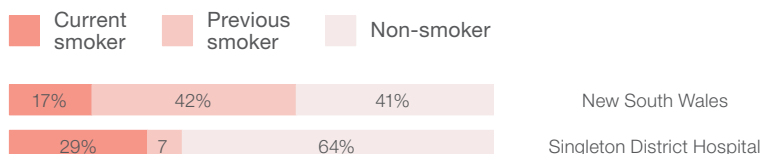
Age profile (years)



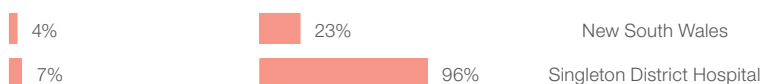
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



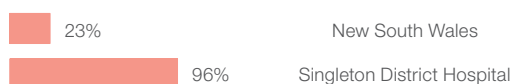
### Smoking status at admission<sup>7</sup>



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

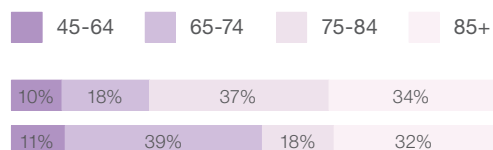


### Rural postcode<sup>9</sup>

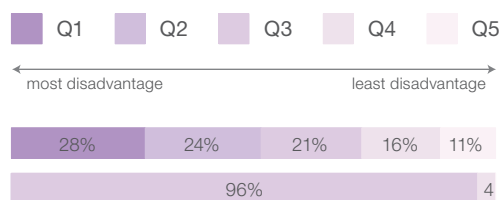


### Potentially avoidable CHF admissions<sup>1,4</sup>

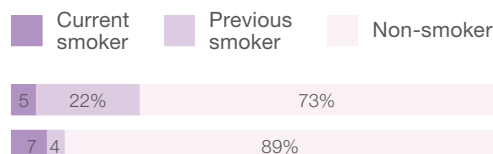
Age profile (years)



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



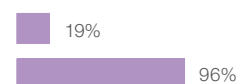
### Smoking status at admission<sup>7</sup>



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



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

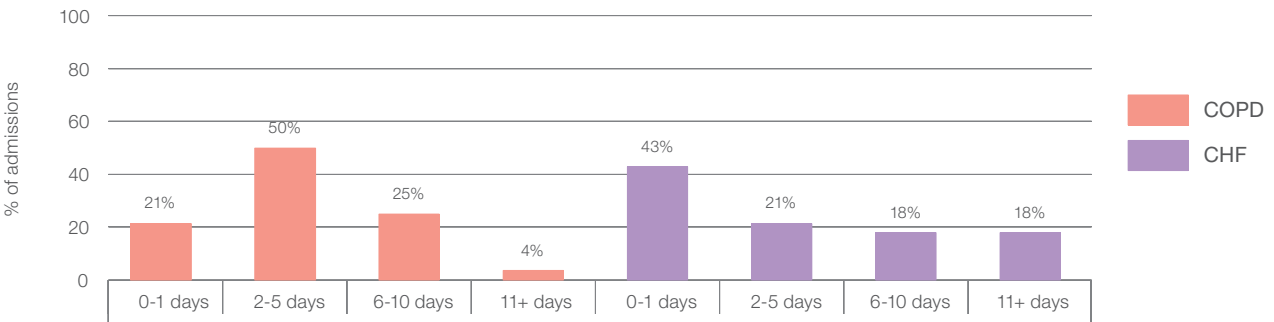


## Singleton District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

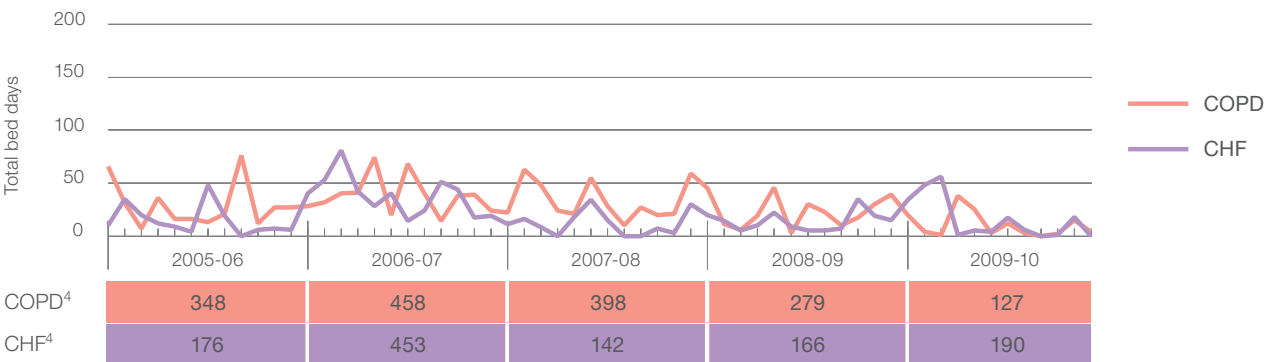
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	68%	70%	77%	64%	65%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.4	5.7	5.8	Actual	7.2	5.4

### Length of stay profiles



## Singleton 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.

## Tamworth Base 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>	19,805	18,561	7%
Select medical hospitalisations <sup>2</sup>	4,896	4,540	8%
Total potentially preventable hospitalisations <sup>3</sup>	1,768	1,673	6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	185	152	22%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	139	142	-2%

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

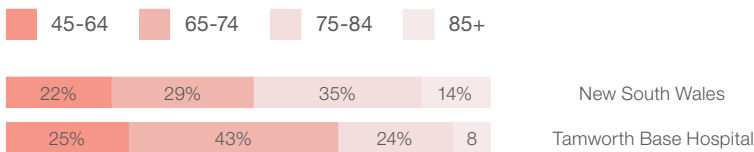
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	37.9	33.6	38.6	Actual	28.2	31.2	24.2
Standardised	29.8	20.7	34.8	Standardised	19.8	19.1	25.1
95% CI	(21.8 - 38.8)	(15.3 - 26.8)	(32.4 - 37.3)	95% CI	(14.5 - 25.9)	(14.4 - 24.4)	(22.3 - 28.1)

## Tamworth Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

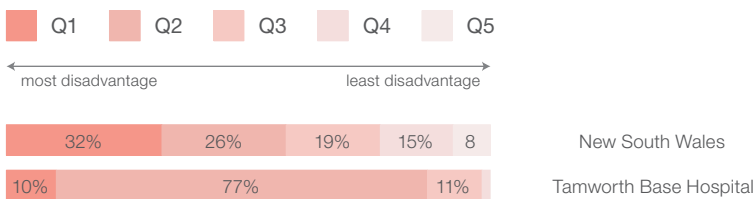
July 2009 to June 2010

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

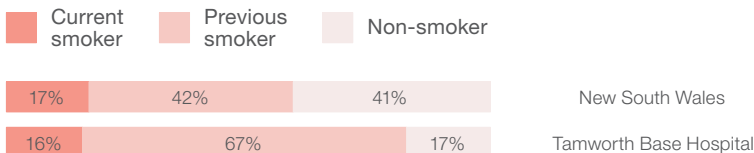
Age profile (years)



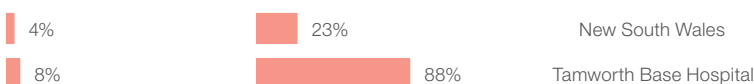
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

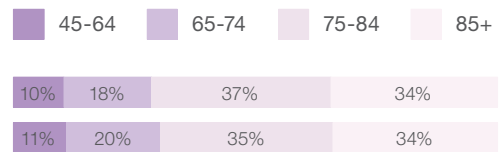


### Rural postcode<sup>9</sup>

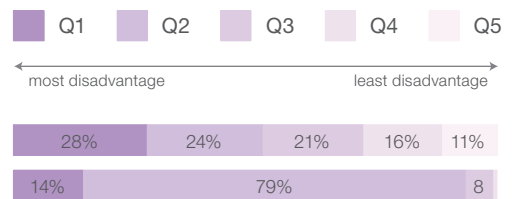


### Potentially avoidable CHF admissions<sup>1,4</sup>

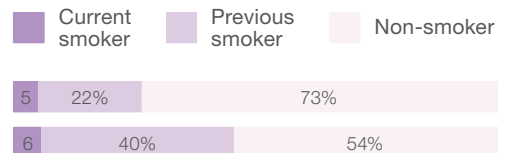
Age profile (years)



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



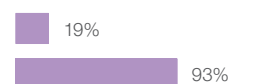
### Smoking status at admission<sup>7</sup>



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



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

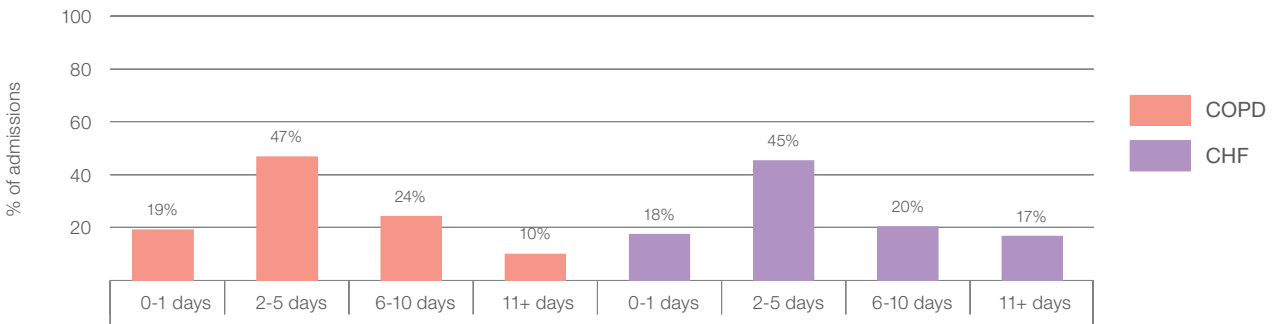


**Tamworth Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

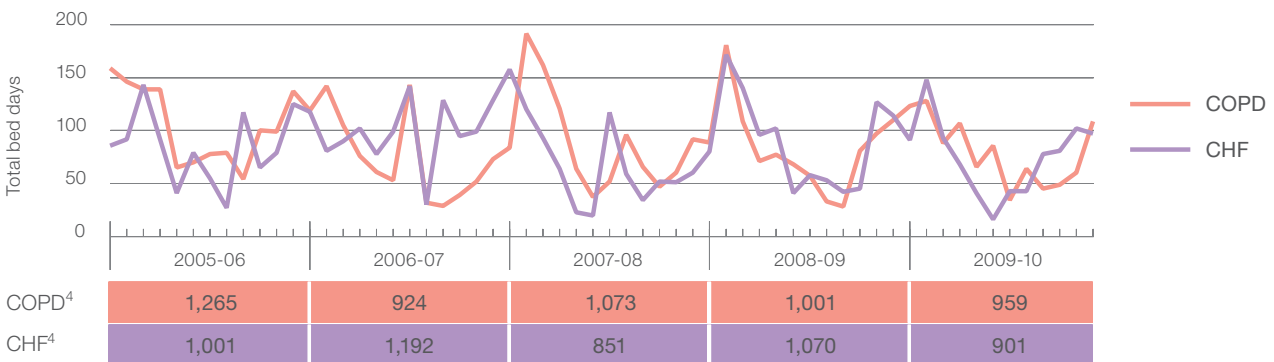
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	99%		97%	% Unplanned <sup>10</sup>	97%
% from ED <sup>†</sup>	88%	93%	85%	% from ED <sup>†</sup>	88%	91%	88%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	5.5	6.5	5.6	Actual	6.8	7.6	6.2

**Length of stay profiles**



**Tamworth Base 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100  
**Fax:** +61 2 8644 2119  
**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)  
**Postal address:**  
PO Box 1770  
Chatswood  
New South Wales 2057  
Australia  
**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

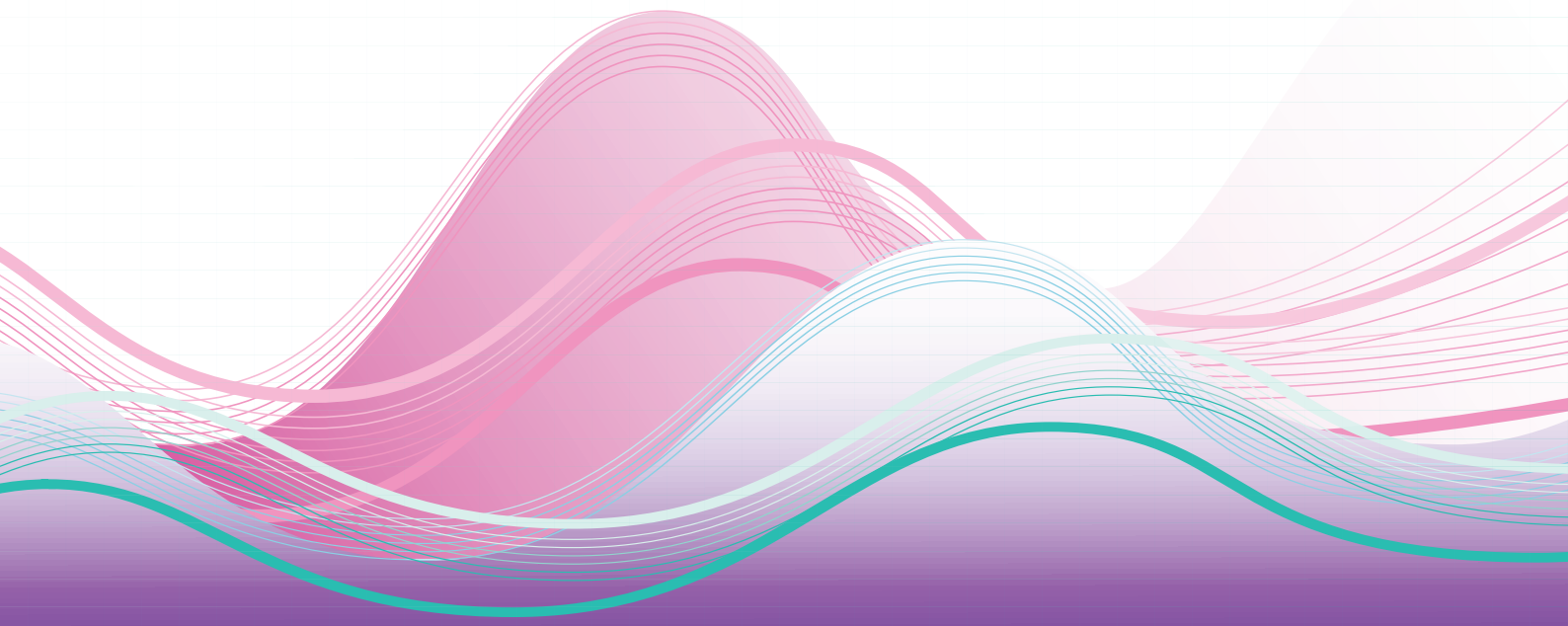
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Illawarra Shoalhaven Local Health Network

The Insights Series  
Volume 2, PART 1



## Bulli 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>	1,790	2,977	-40%
Select medical hospitalisations <sup>2</sup>	1,100	1,083	2%
Total potentially preventable hospitalisations <sup>3</sup>	201	454	-56%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	23	25	-8%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	29	35	-17%

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

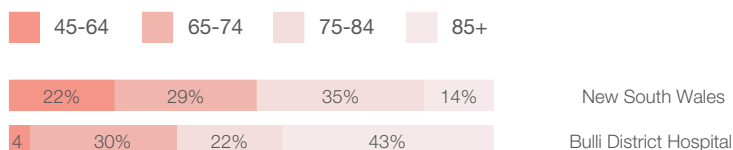
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	21.0	23.3	41.4	Actual	26.4	32.6	22.5
Standardised	12.7	13.2	38.8	Standardised	*	20.2	24.1
95% CI	(6.7 - 21.0)	(8.3 - 19.8)	(36.4 - 41.3)	95% CI	*	(12.6 - 29.9)	(21.8 - 26.4)

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

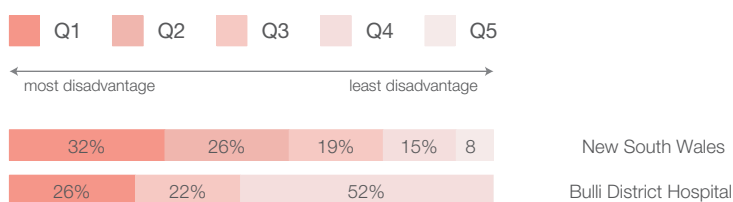
July 2009 to June 2010

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

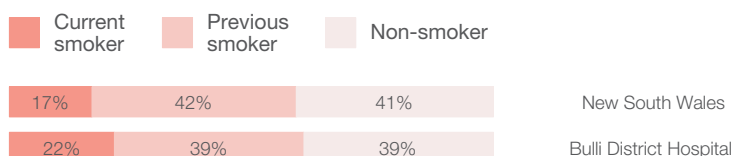
Age profile (years)



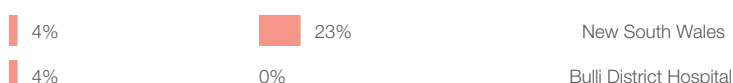
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

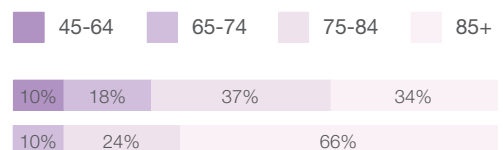


### Rural postcode<sup>9</sup>

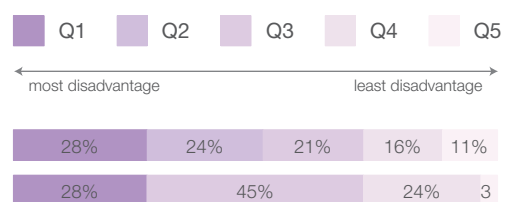


### Potentially avoidable CHF admissions<sup>1,4</sup>

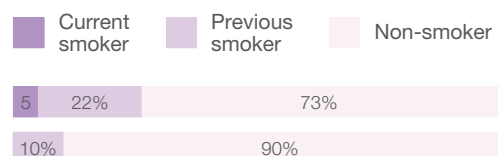
Age profile (years)



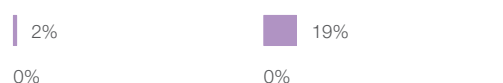
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



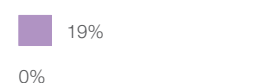
### Smoking status at admission<sup>7</sup>



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



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



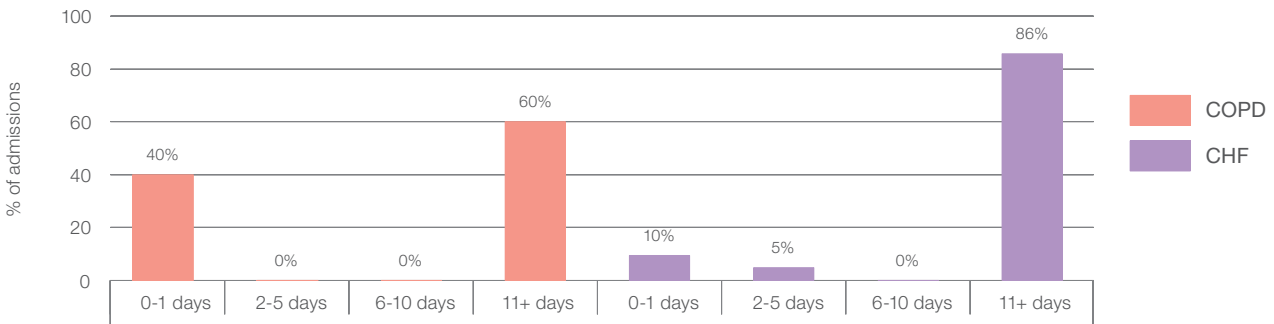


**Bulli District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

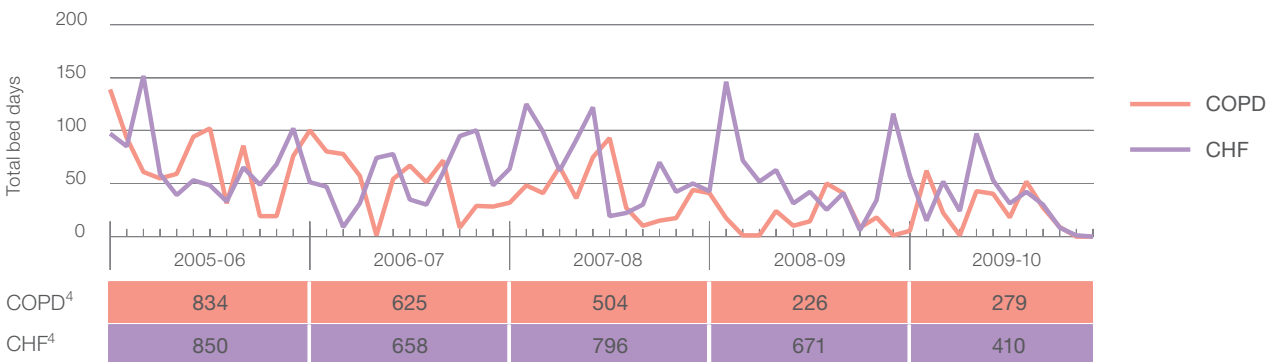
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	0%	0%	77%	0%	0%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	14.0	10.9	5.8	Actual	23.4	16.9

**Length of stay profiles**



**Bulli 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.

### Milton and Ulladulla 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>	2,956	2,595	14%
Select medical hospitalisations <sup>2</sup>	1,931	1,746	11%
Total potentially preventable hospitalisations <sup>3</sup>	536	451	19%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	66	59	12%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	29	49	-41%

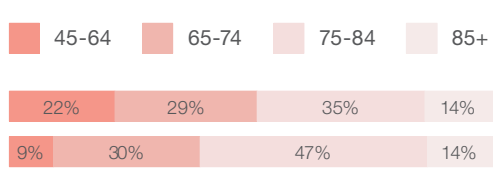
#### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	34.4	33.5	41.4	Actual	15.1	28.3	22.5
Standardised	23.9	15.2	38.8	Standardised	6.9	29.2†	24.1
95% CI	(13.2 - 36.9)	(8.8 - 23.0)	(36.4 - 41.3)	95% CI	(4.0 - 10.7)	(8.2 - 55.3)	(21.8 - 26.4)

### Milton and Ulladulla Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

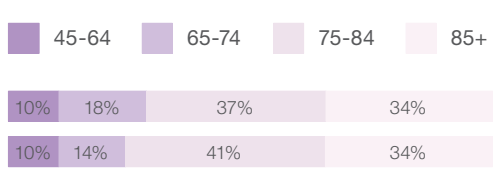
#### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

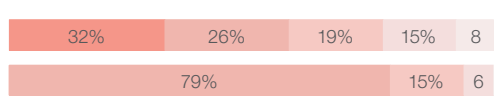


#### Potentially avoidable CHF admissions<sup>1,4</sup>

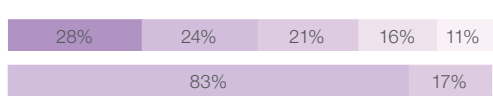
Age profile (years)



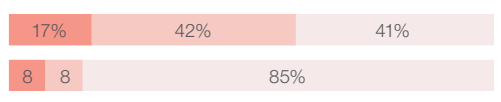
#### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



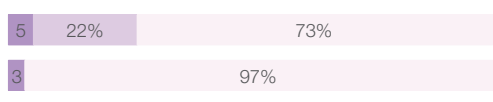
#### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



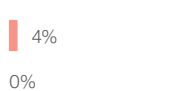
#### Smoking status at admission<sup>7</sup>



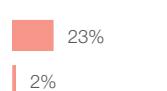
#### Smoking status at admission<sup>7</sup>



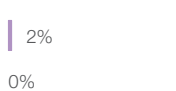
#### Aboriginal status<sup>8</sup>



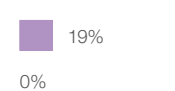
#### Rural postcode<sup>9</sup>



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



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

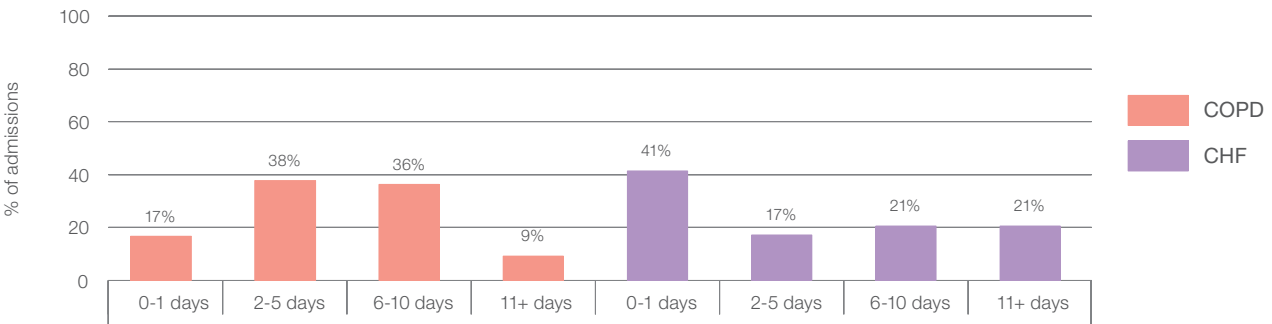


**Milton and Ulladulla Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

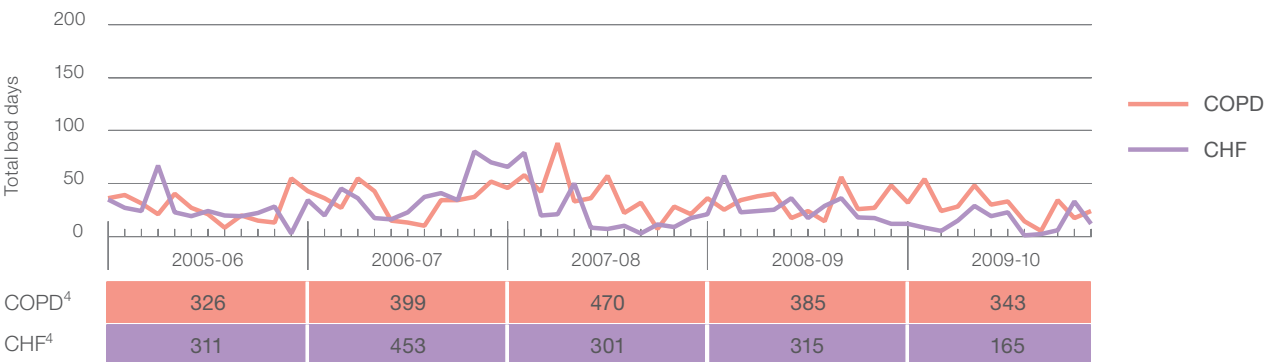
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	98%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	77%	80%	77%	% from ED <sup>†</sup>	83%	86%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.5	6.6	5.8	Actual	5.7	6.5	6.7

**Length of stay profiles**



**Milton and Ulladulla 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.

## Shellharbour 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>	16,424	16,068	2%
Select medical hospitalisations <sup>2</sup>	6,386	6,139	4%
Total potentially preventable hospitalisations <sup>3</sup>	2,326	2,017	15%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	444	368	21%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	182	210	-13%

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

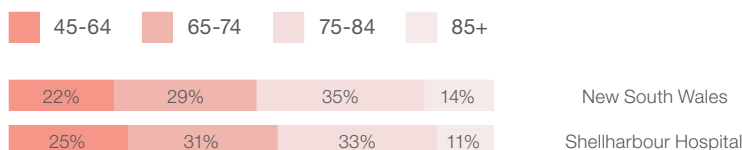
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	69.7	60.1	42.3	Actual	28.6	34.2	27.8
Standardised	48.7	62.9	41.0	Standardised	21.4	39.2	27.9
95% CI	(37.4 - 60.7)	(41.7 - 85.7)	(39.0 - 42.9)	95% CI	(14.1 - 29.7)	(18.8 - 61.9)	(26.3 - 29.6)

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

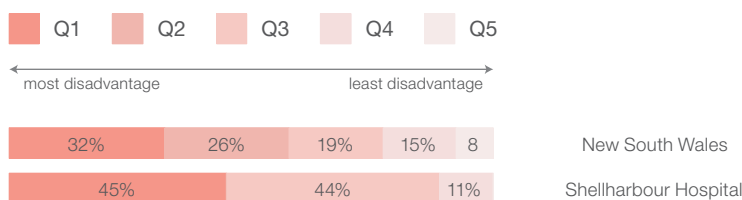
July 2009 to June 2010

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

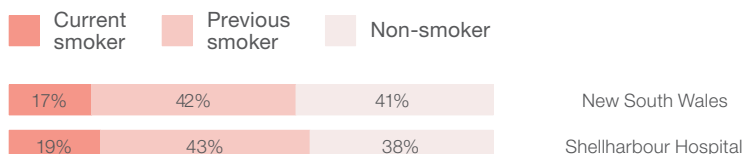
Age profile (years)



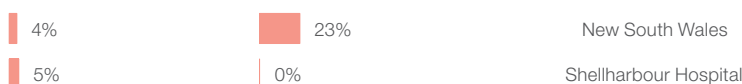
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

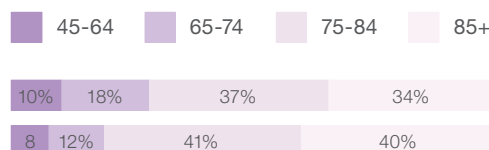


Rural postcode<sup>9</sup>

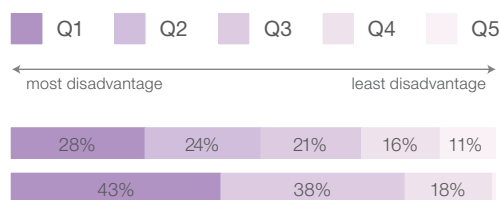


### Potentially avoidable CHF admissions<sup>1,4</sup>

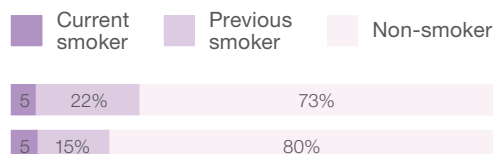
Age profile (years)



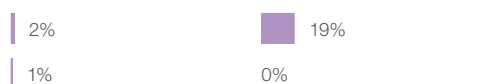
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



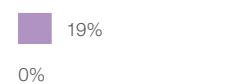
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

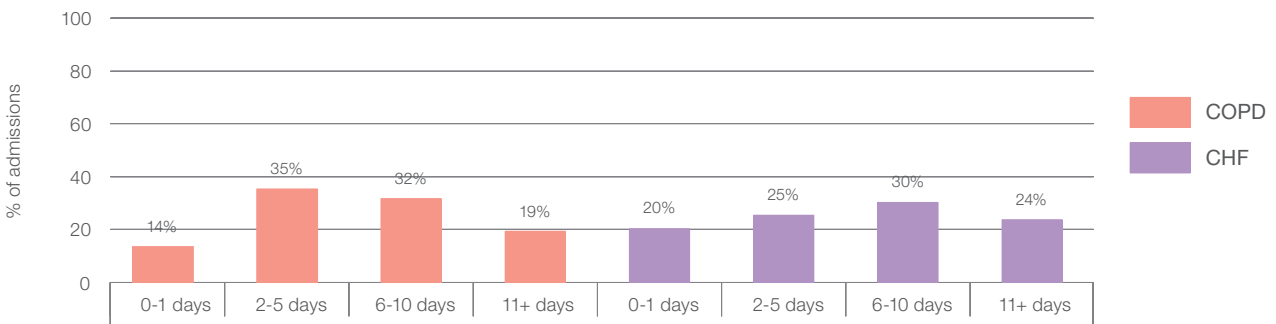


### Shellharbour Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

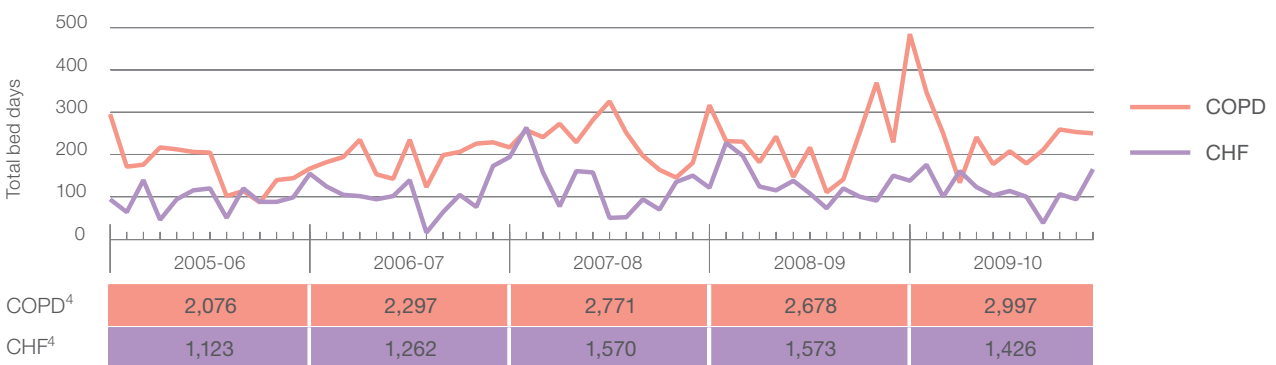
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	100%		98%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	66%	61%	73%	% from ED <sup>†</sup>	58%	61%	80%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	7.0	7.2	5.5	Actual	8.2	7.4	6.5

#### Length of stay profiles



### Shellharbour 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.

## Shoalhaven and District Memorial 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>	21,193	20,567	3%
Select medical hospitalisations <sup>2</sup>	6,862	6,624	4%
Total potentially preventable hospitalisations <sup>3</sup>	2,148	2,261	-5%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	245	220	11%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	189	227	-17%

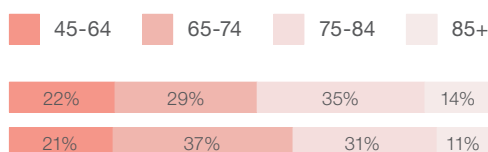
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	35.5	33.1	38.6	Actual	27.7	34.4	24.2
Standardised	32.5	26.5	34.8	Standardised	28.9	23.7	25.1
95% CI	(24.5 - 41.2)	(20.0 - 33.8)	(32.4 - 37.3)	95% CI	(19.1 - 39.8)	(20.3 - 27.5)	(22.3 - 28.1)

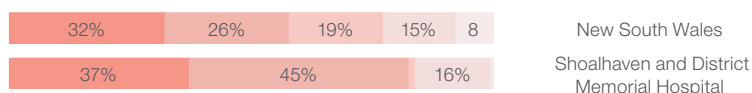
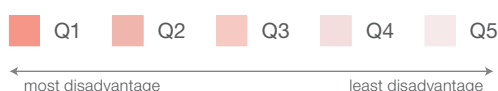
## Shoalhaven and District Memorial Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

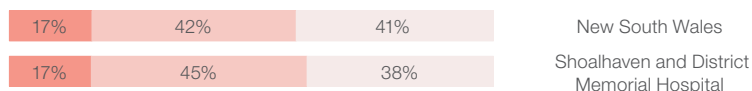
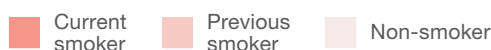
Age profile (years)



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



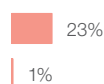
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

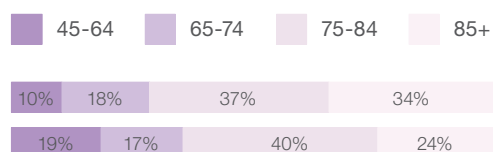


Rural postcode<sup>9</sup>

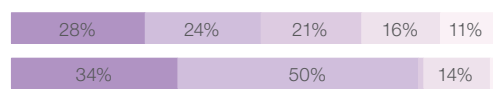
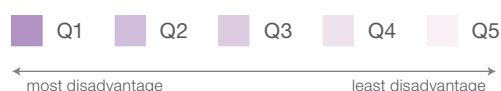


### Potentially avoidable CHF admissions<sup>1,4</sup>

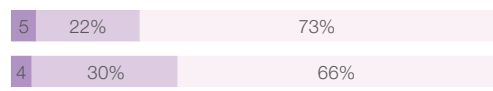
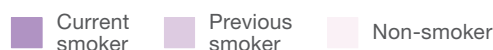
Age profile (years)



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



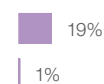
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

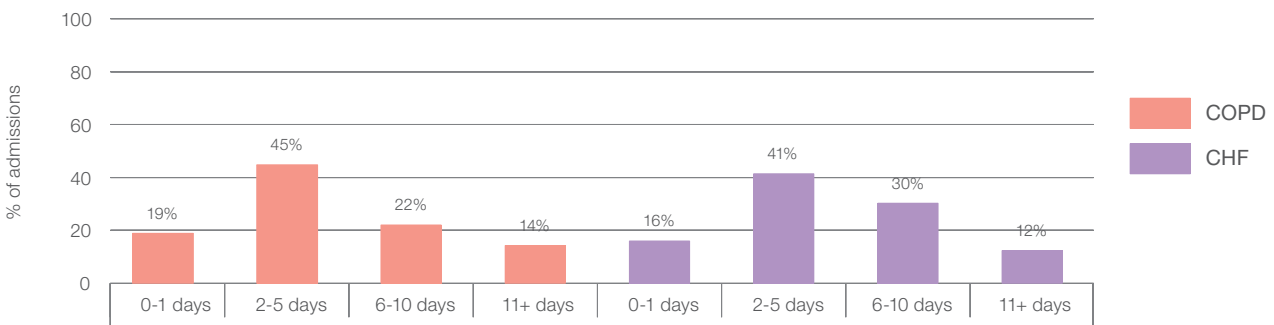


**Shoalhaven and District Memorial Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

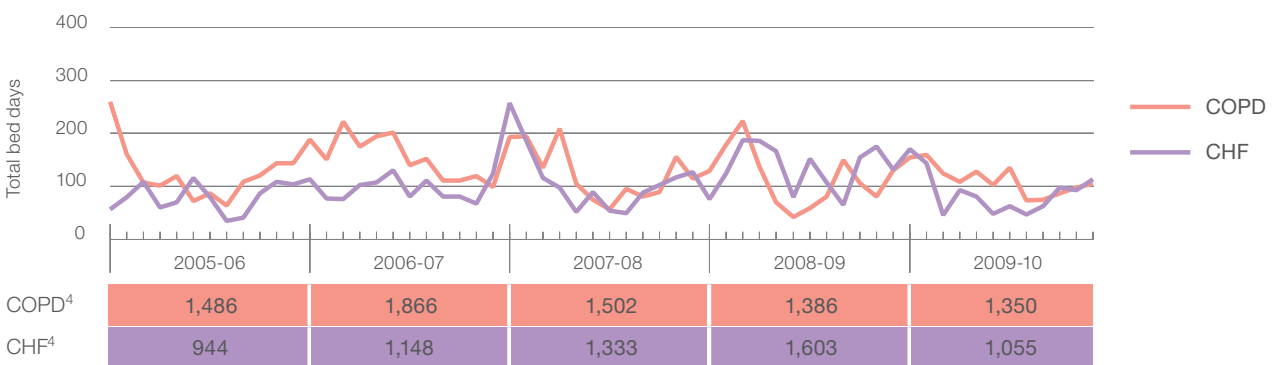
July 2009 to June 2010

	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 admissions<sup>4</sup></b>				<b>CHF admissions<sup>4</sup></b>			
% Unplanned <sup>10</sup>	94%	96%	97%	% Unplanned <sup>10</sup>	99%	96%	99%
% from ED <sup>†</sup>	82%	80%	85%	% from ED <sup>†</sup>	86%	85%	88%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	5.6	6.2	5.6	Actual	5.8	7.2	6.2

**Length of stay profiles**



**Shoalhaven and District Memorial 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.

## Wollongong 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>	42,882	44,830	-4%
Select medical hospitalisations <sup>2</sup>	11,257	12,274	-8%
Total potentially preventable hospitalisations <sup>3</sup>	4,090	4,354	-6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	440	462	-5%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	339	363	-7%

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

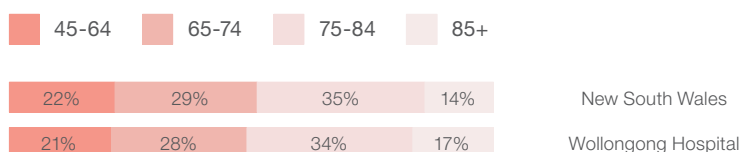
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	39.2	37.5	27.1	Actual	30.2	29.8	23.4
Standardised	28.4	29.4	28.3	Standardised	29.0	20.6	24.4
95% CI	(23.1 - 34.2)	(24.6 - 34.7)	(27.4 - 29.2)	95% CI	(19.9 - 38.8)	(18.3 - 23.1)	(23.6 - 25.3)

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

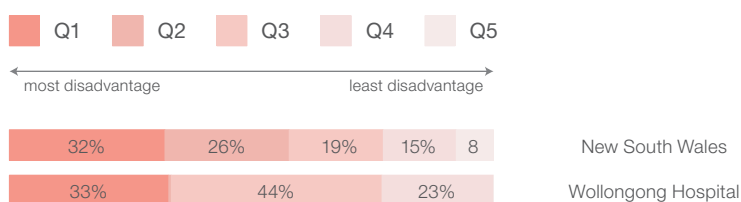
July 2009 to June 2010

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

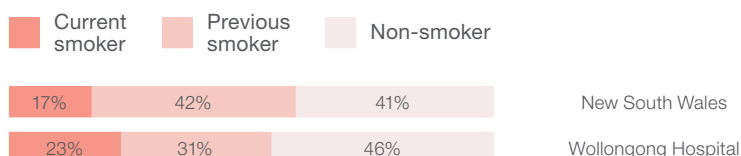
Age profile (years)



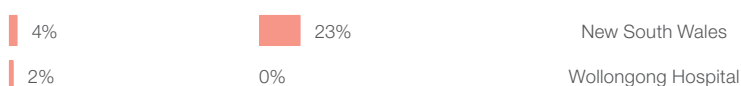
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

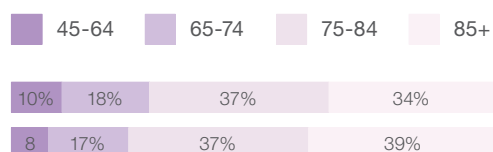


Rural postcode<sup>9</sup>

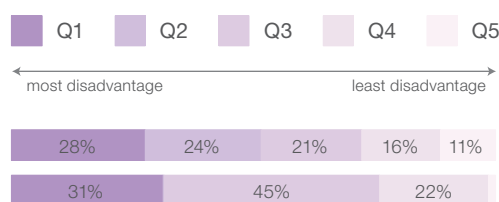


### Potentially avoidable CHF admissions<sup>1,4</sup>

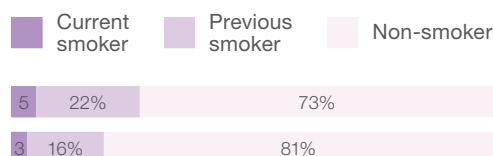
Age profile (years)



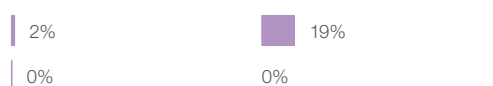
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



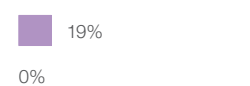
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>



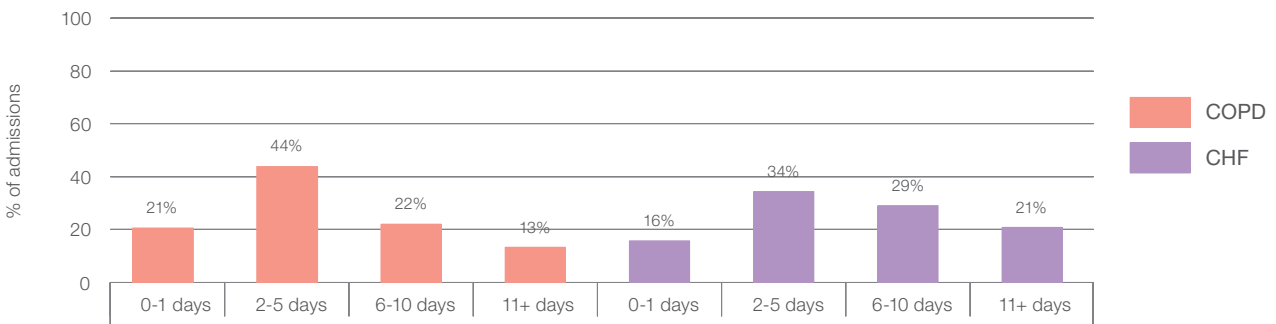


## Wollongong Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

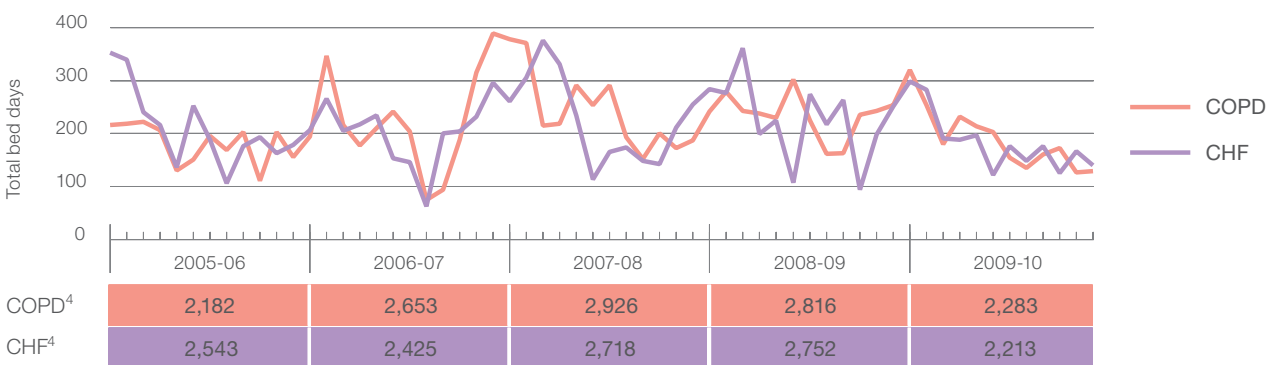
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	99%		97%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	78%	77%	87%	% from ED <sup>†</sup>	77%	79%	86%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.4	6.1	6.1	Actual	7.0	7.6	7.1

### Length of stay profiles



## Wollongong 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

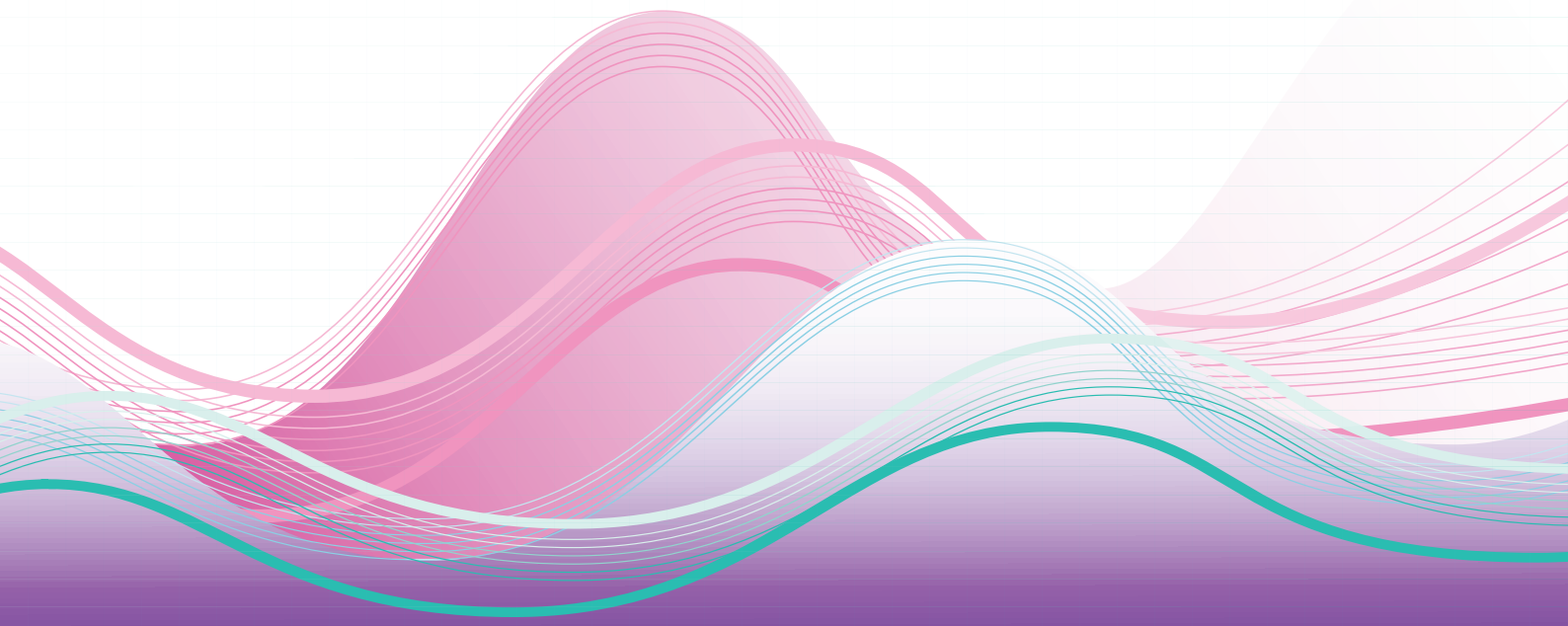
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Mid North Coast Local Health Network

The Insights Series  
Volume 2, PART 1



## Bellinger River 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>	1,551	1,725	-10%
Select medical hospitalisations <sup>2</sup>	986	1,053	-6%
Total potentially preventable hospitalisations <sup>3</sup>	227	277	-18%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	54	55	-2%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	13	17	-24%

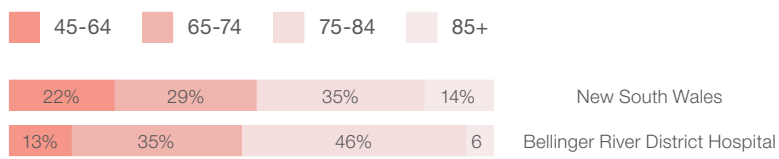
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	54.9	52.4	41.4	Actual	13.2	16.2	22.5
Standardised	36.0	31.3	38.8	Standardised	*	9.6	24.1
95% CI	(25.4 - 49.0)	(22.7 - 41.8)	(36.4 - 41.3)	95% CI	*	(5.1 - 16.2)	(21.8 - 26.4)

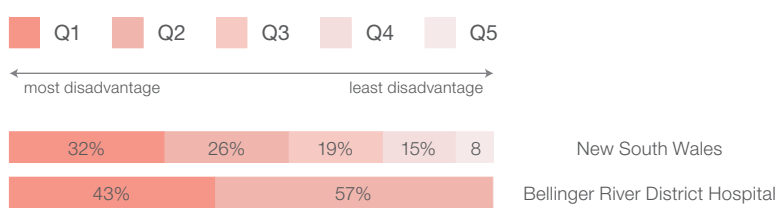
## Bellinger River District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

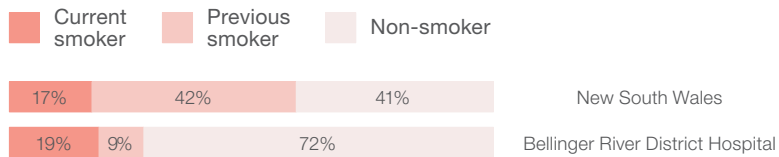
Age profile (years)



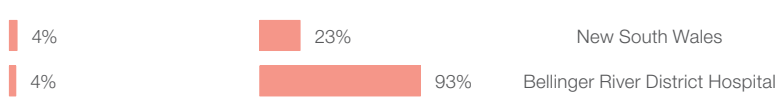
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



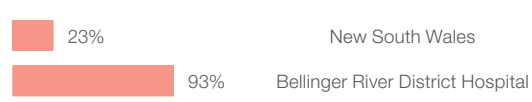
### Smoking status at admission<sup>7</sup>



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

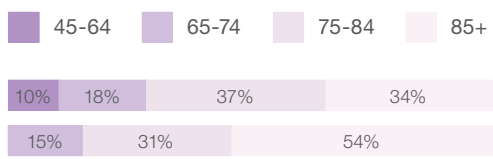


### Rural postcode<sup>9</sup>

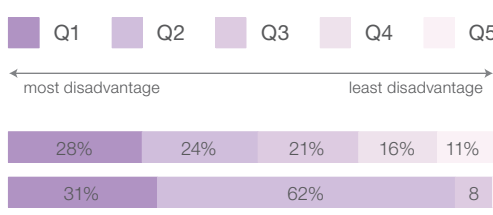


### Potentially avoidable CHF admissions<sup>1,4</sup>

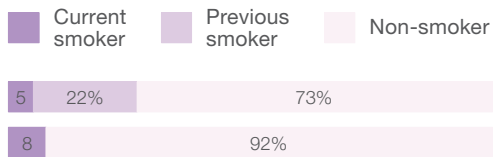
Age profile (years)



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



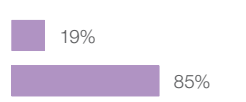
### Smoking status at admission<sup>7</sup>



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



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

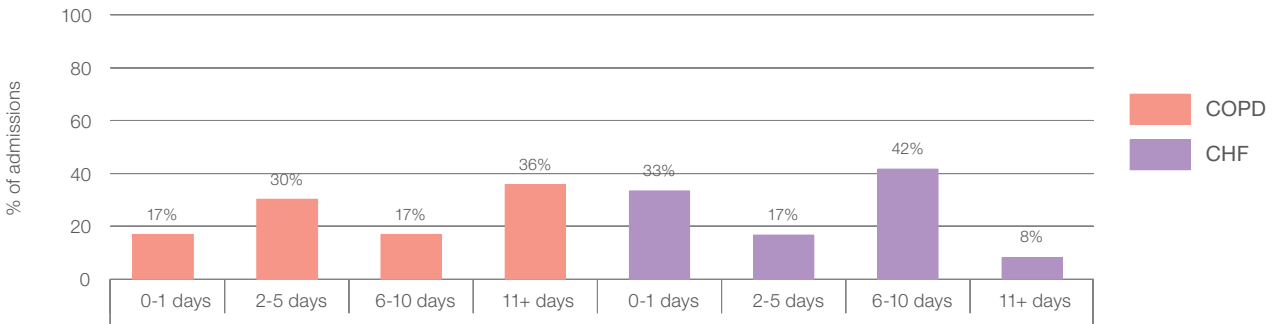


**Bellinger River District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

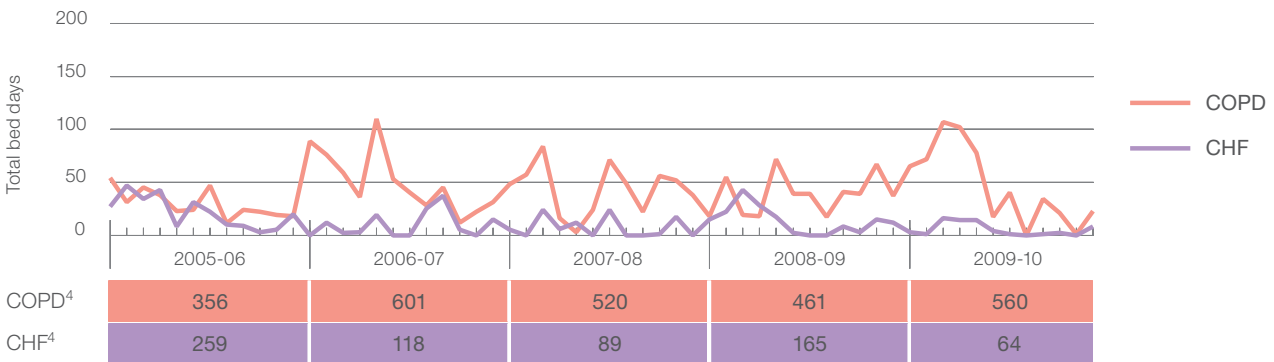
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	96%	89%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	43%	65%	77%	% from ED <sup>†</sup>	46%	41%	70%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	10.8	8.2	5.8	Actual	5.3	9.7	6.7

**Length of stay profiles**



**Bellinger River 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.

## Coffs Harbour Base 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>	26,061	25,900	1%
Select medical hospitalisations <sup>2</sup>	7,051	6,779	4%
Total potentially preventable hospitalisations <sup>3</sup>	2,705	2,576	5%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	281	269	4%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	132	92	43%

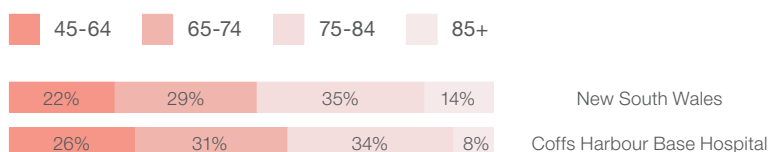
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	39.8	39.8	38.6	Actual	18.8	13.6	24.2
Standardised	28.8	45.4	34.8	Standardised	10.6	7.0	25.1
95% CI	(17.3 - 41.4)	(21.2 - 71.9)	(32.4 - 37.3)	95% CI	(8.8 - 12.7)	(5.5 - 8.7)	(22.3 - 28.1)

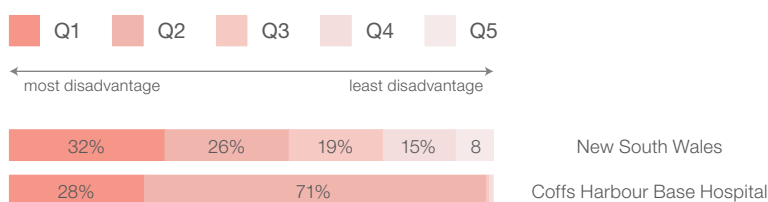
## Coffs Harbour Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

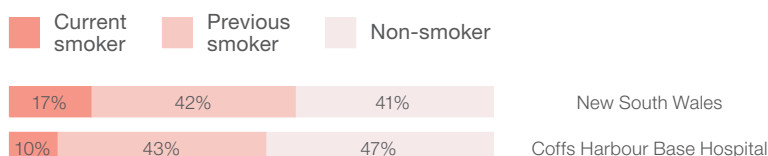
Age profile (years)



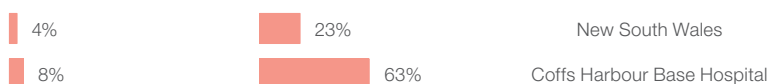
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

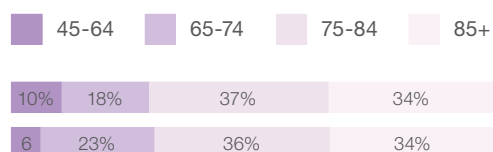


### Rural postcode<sup>9</sup>

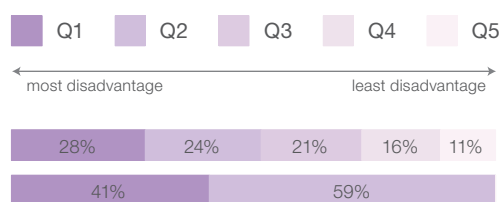


### Potentially avoidable CHF admissions<sup>1,4</sup>

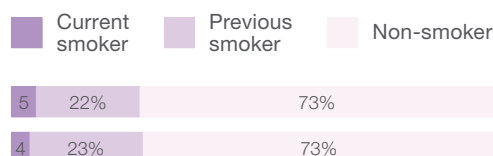
Age profile (years)



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



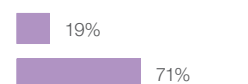
### Smoking status at admission<sup>7</sup>



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



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

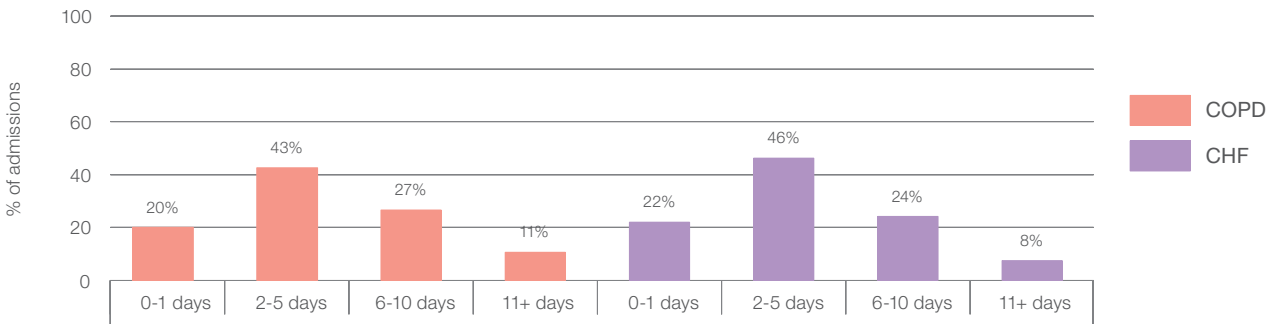


**Coffs Harbour Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

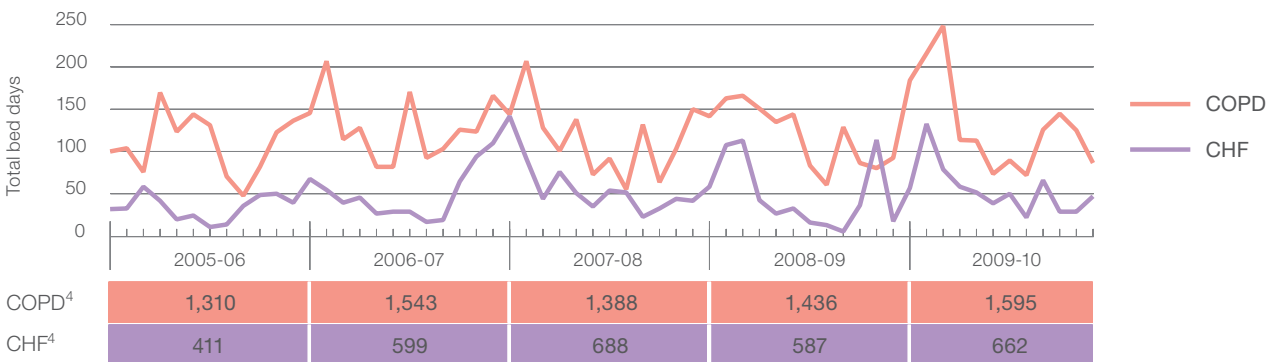
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	95%	95%	97%	100%	100%	99%
% from ED <sup>†</sup>	78%	49%	85%	84%	53%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.8	5.4	5.6	Actual	5.0	6.4

**Length of stay profiles**



**Coffs Harbour Base 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.

## Kempsey 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>	10,558	10,240	3%
Select medical hospitalisations <sup>2</sup>	4,056	3,867	5%
Total potentially preventable hospitalisations <sup>3</sup>	1,218	1,125	8%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	155	156	-1%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	74	111	-33%

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

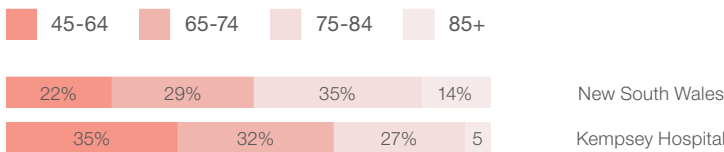
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	38.3	40.4	41.4	Actual	18.3	28.7	22.5
Standardised	20.8†	21.4	38.8	Standardised	*	9.8	24.1
95% CI	(8.1 - 35.1)	(12.4 - 31.7)	(36.4 - 41.3)	95% CI	*	(7.3 - 12.7)	(21.8 - 26.4)

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

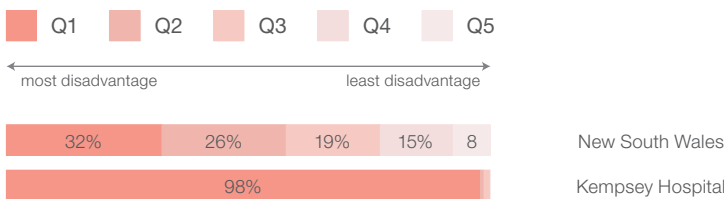
July 2009 to June 2010

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

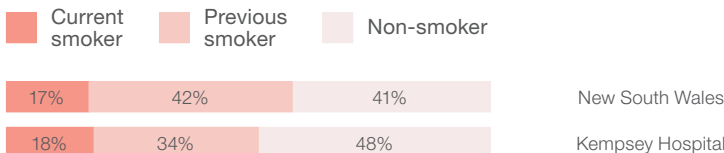
Age profile (years)



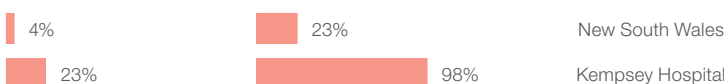
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



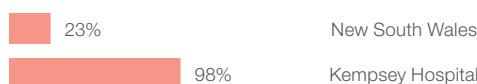
### Smoking status at admission<sup>7</sup>



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

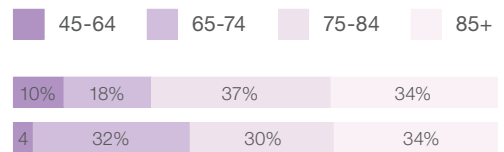


### Rural postcode<sup>9</sup>

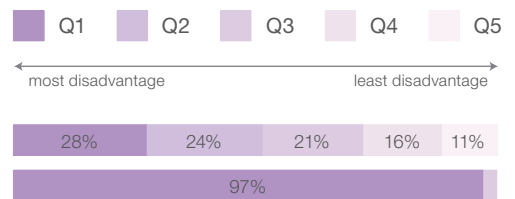


### Potentially avoidable CHF admissions<sup>1,4</sup>

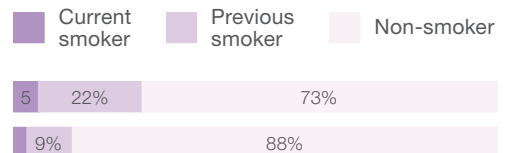
Age profile (years)



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



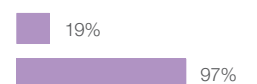
### Smoking status at admission<sup>7</sup>



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



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



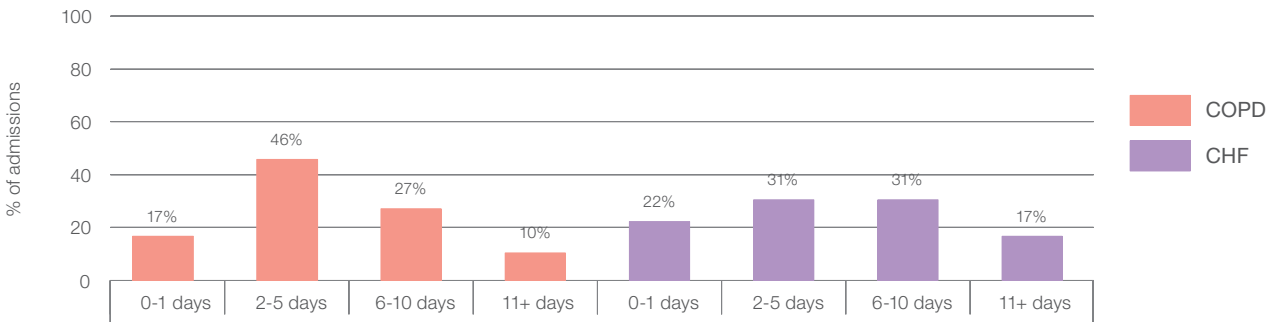


## Kempsey Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

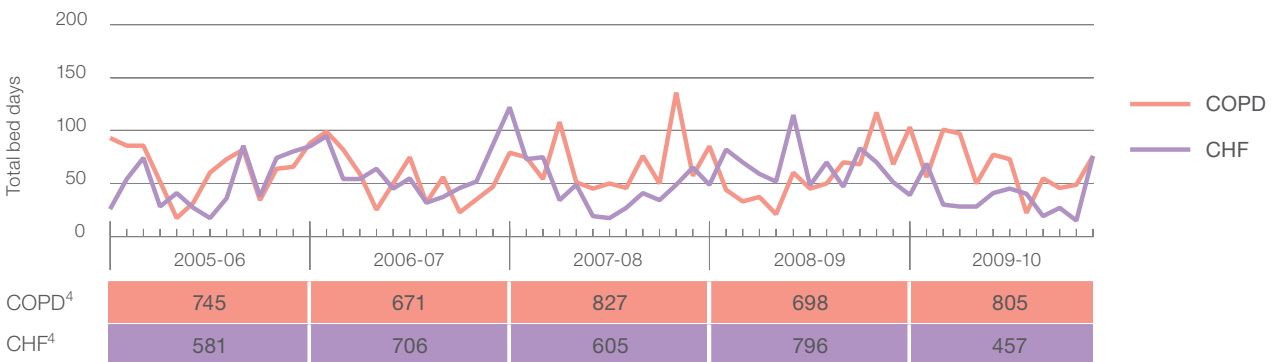
	COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>		
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	99%	100%	97%	99%	98%	97%
% from ED <sup>†</sup>	86%	84%	77%	78%	84%	70%
<b>COPD average length of stay in days<sup>4</sup></b>	<b>CHF average length of stay in days<sup>4</sup></b>					
Actual	5.2	4.4	5.8	Actual	6.3	7.2

### Length of stay profiles



## Kempsey 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.

## Macksville 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>	2,918	2,950	-1%
Select medical hospitalisations <sup>2</sup>	1,546	1,610	-4%
Total potentially preventable hospitalisations <sup>3</sup>	391	448	-13%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	87	101	-14%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	34	41	-17%

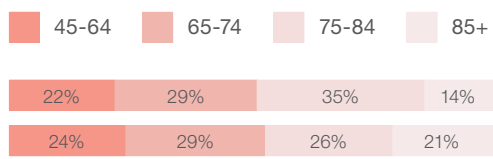
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	56.3	62.8	41.4	Actual	22.0	25.5	22.5
Standardised	26.2†	*	38.8	Standardised	5.3	*	24.1
95% CI	(7.8 - 47.8)	*	(36.4 - 41.3)	95% CI	(3.6 - 7.5)	*	(21.8 - 26.4)

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

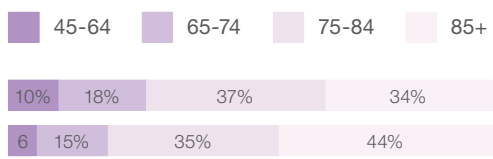
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

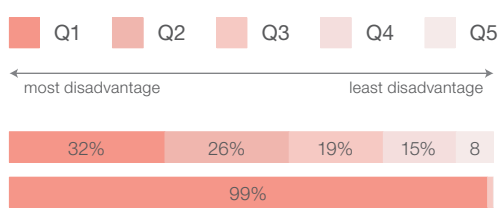


### Potentially avoidable CHF admissions<sup>1,4</sup>

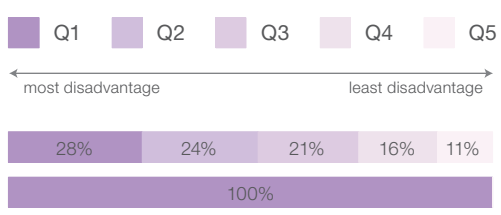
Age profile (years)



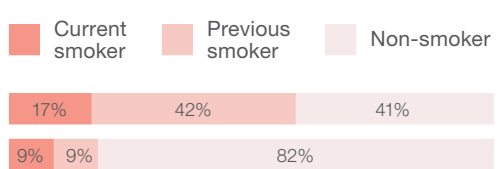
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



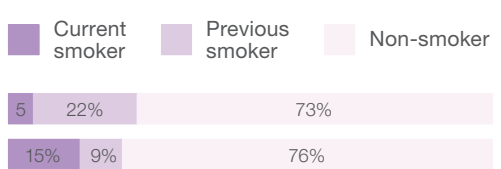
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



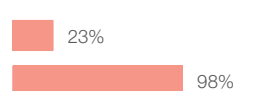
### Smoking status at admission<sup>7</sup>



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



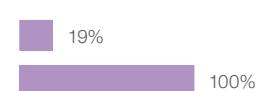
### Rural postcode<sup>9</sup>



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



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

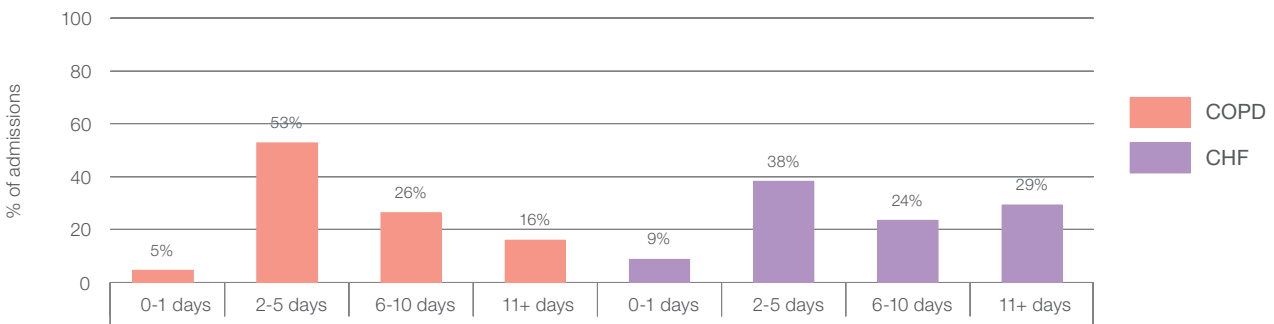


## Macksville District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

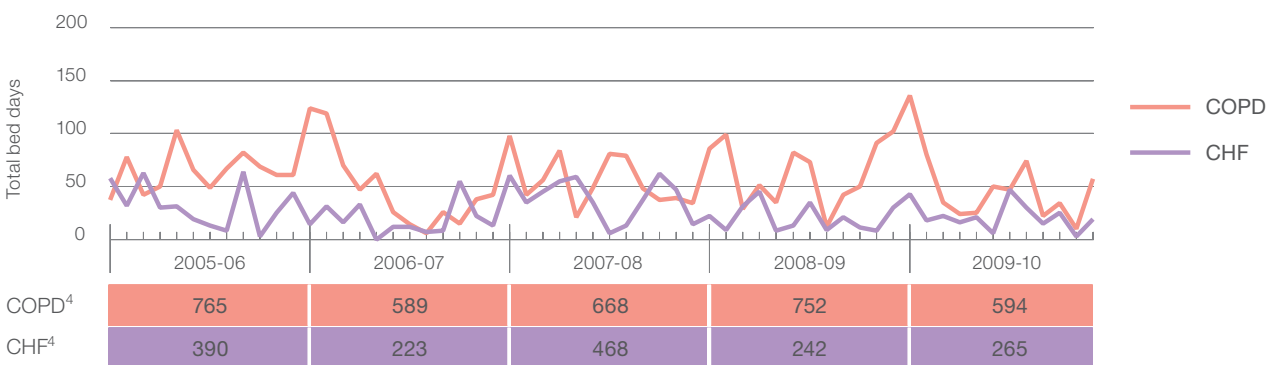
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	95%	97%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	92%	94%	77%	% from ED <sup>†</sup>	97%	93%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	7.3	7.1	5.8	Actual	8.1	5.6	6.7

### Length of stay profiles



## Macksville 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.

## Port Macquarie Base 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>	18,828	19,229	-2%
Select medical hospitalisations <sup>2</sup>	5,667	5,730	-1%
Total potentially preventable hospitalisations <sup>3</sup>	1,795	1,975	-9%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	262	257	2%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	127	155	-18%

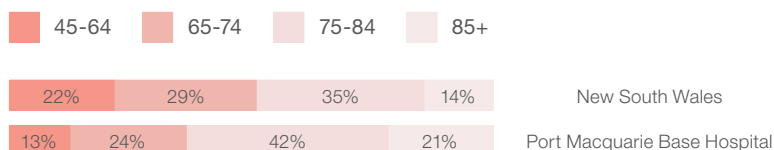
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	46.2	44.8	38.6	Actual	22.3	27.1	24.2
Standardised	28.8	36.9	34.8	Standardised	39.1†	20.5	25.1
95% CI	(21.2 - 37.1)	(24.8 - 50.1)	(32.4 - 37.3)	95% CI	(11.6 - 70.5)	(11.6 - 30.5)	(22.3 - 28.1)

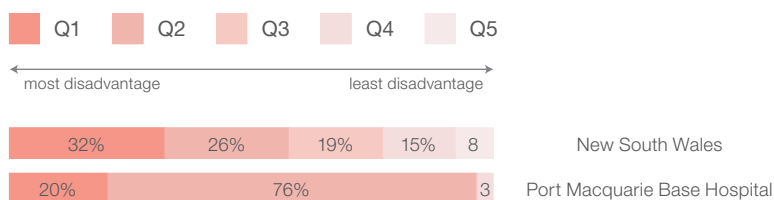
## Port Macquarie Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

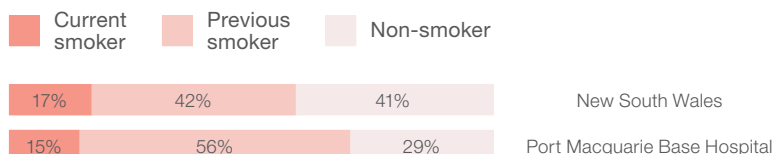
Age profile (years)



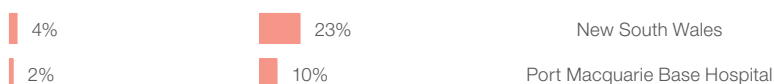
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

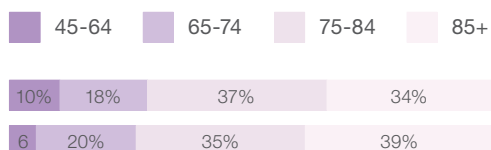


Rural postcode<sup>9</sup>

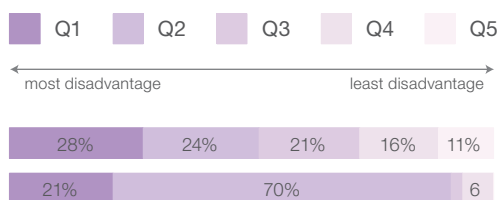


### Potentially avoidable CHF admissions<sup>1,4</sup>

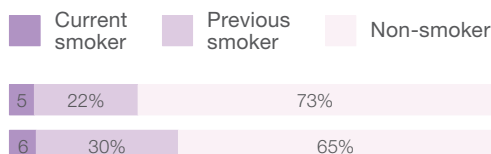
Age profile (years)



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



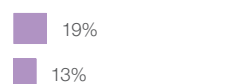
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

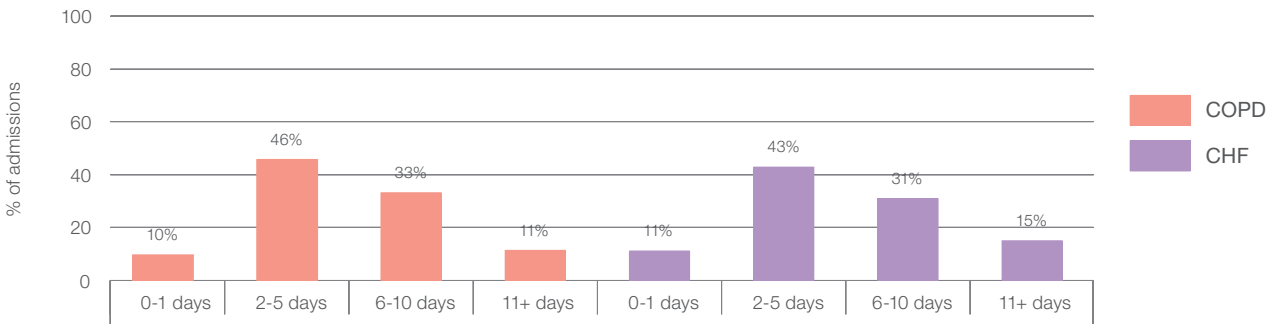


**Port Macquarie Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

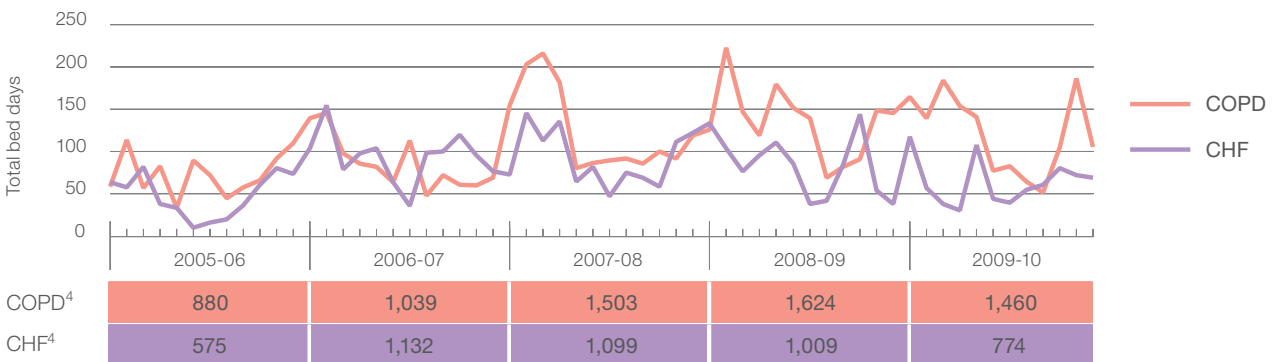
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	99%	100%	97%	99%	99%	99%
% from ED <sup>†</sup>	90%	91%	85%	92%	97%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.7	6.4	5.6	Actual	6.3	6.5

**Length of stay profiles**



**Port Macquarie Base 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

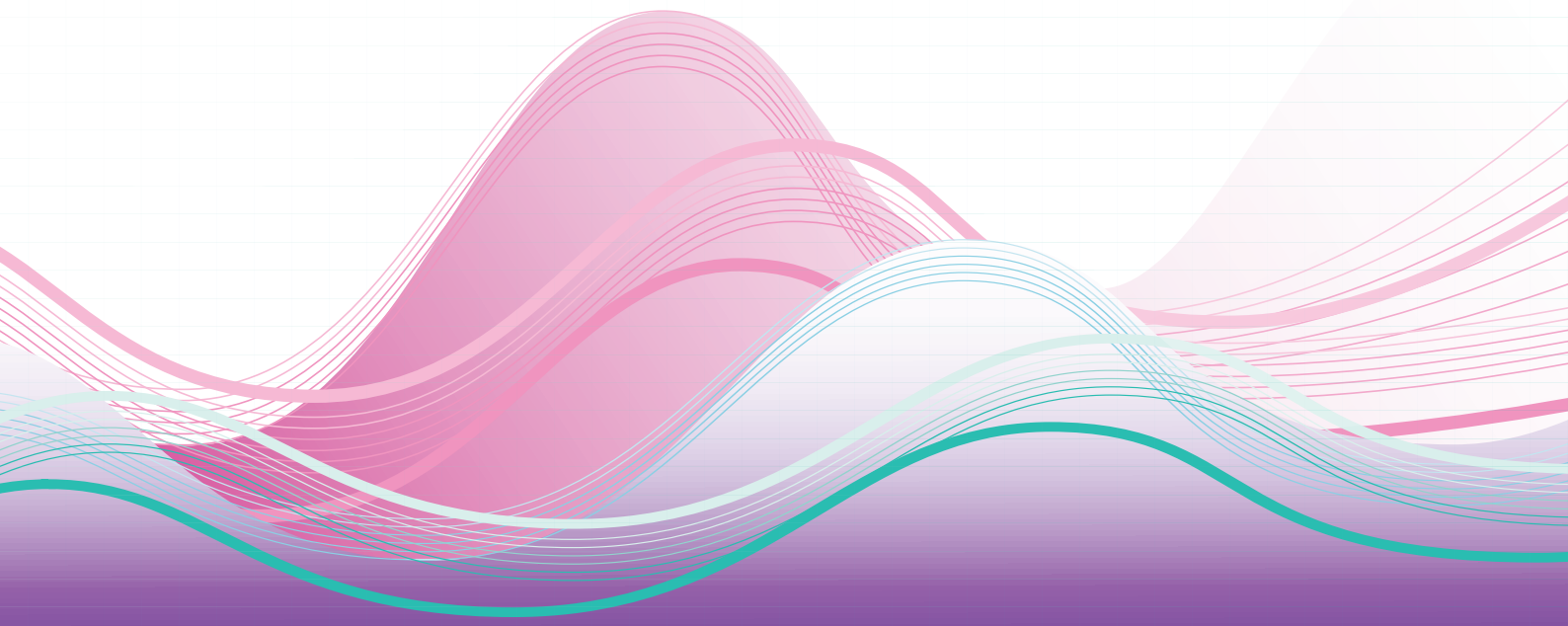
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Murrumbidgee Local Health Network

The Insights Series  
Volume 2, PART 1



## Deniliquin Health Service: 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>	2,953	2,824	5%
Select medical hospitalisations <sup>2</sup>	1,353	1,405	-4%
Total potentially preventable hospitalisations <sup>3</sup>	421	407	4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	70	69	3%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	37	60	-38%

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

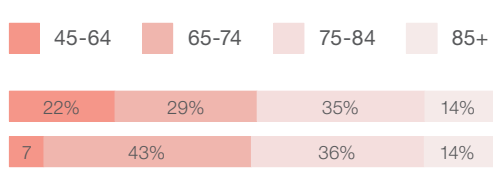
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	51.9	48.6	41.4	Actual	27.4	42.9	22.5
Standardised	*	11.4	38.8	Standardised	*	*	24.1
95% CI	*	(8.8 - 14.5)	(36.4 - 41.3)	95% CI	*	*	(21.8 - 26.4)

## Deniliquin Health Service: Patient profiles, potentially avoidable admissions for COPD and CHF

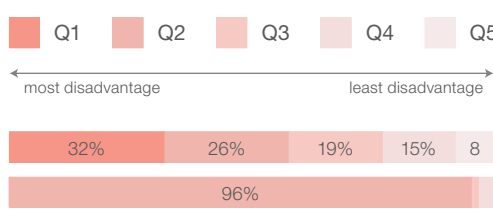
July 2009 to June 2010

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

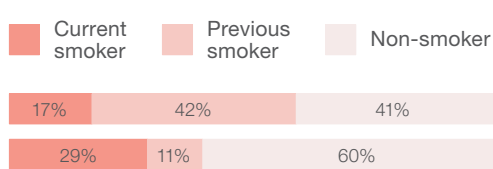
Age profile (years)



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



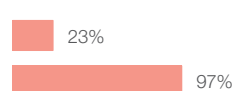
### Smoking status at admission<sup>7</sup>



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

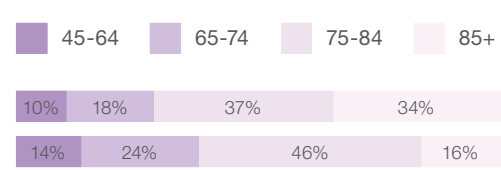


### Rural postcode<sup>9</sup>

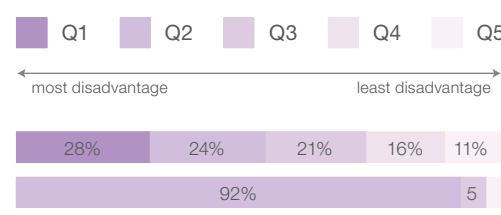


### Potentially avoidable CHF admissions<sup>1,4</sup>

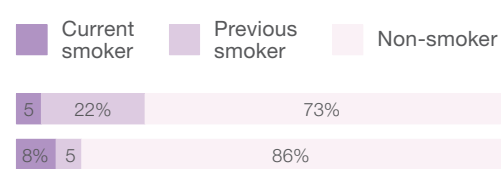
Age profile (years)



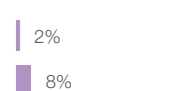
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



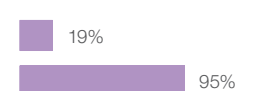
### Smoking status at admission<sup>7</sup>



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



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



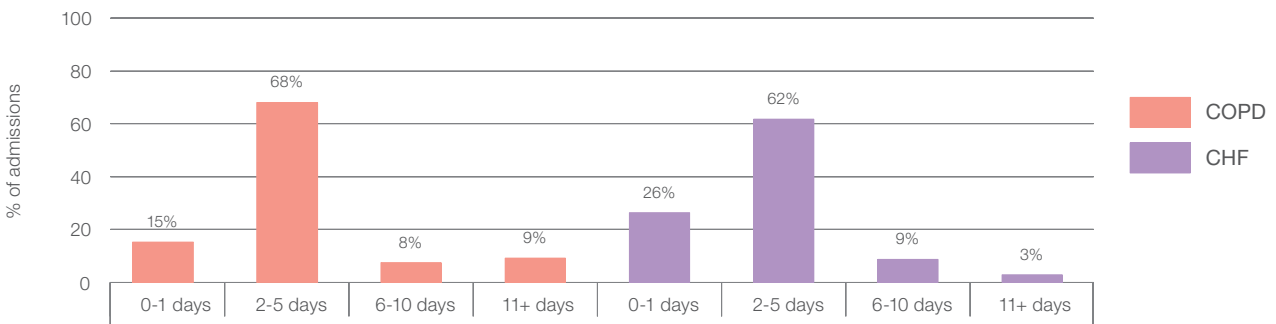


## Deniliquin Health Service: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

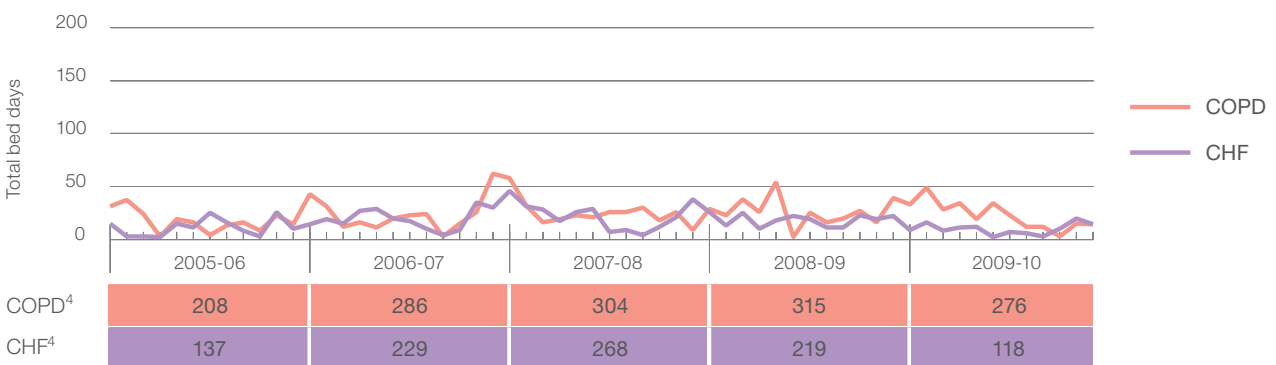
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	97%	99%	97%	92%	98%	97%
% from ED <sup>†</sup>	87%	78%	77%	70%	75%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.3	4.7	5.8	Actual	3.5	4.3

### Length of stay profiles



## Deniliquin Health Service: 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.

## Griffith Base 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>	9,945	9,594	4%
Select medical hospitalisations <sup>2</sup>	3,086	3,084	0%
Total potentially preventable hospitalisations <sup>3</sup>	1,011	1,048	-4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	122	123	-1%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	79	93	-15%

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

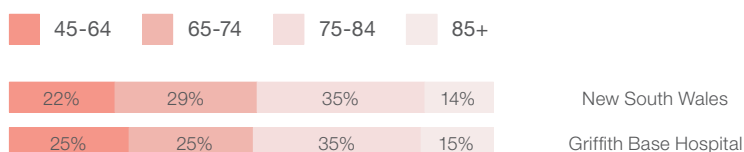
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	39.5	39.9	42.3	Actual	25.8	30.2	27.8
Standardised	41.3	35.1	41.0	Standardised	16.3†	28.8†	27.9
95% CI	(27.5 - 57.0)	(24.0 - 47.8)	(39.0 - 42.9)	95% CI	(10.6 - 23.0)	(11.2 - 49.4)	(26.3 - 29.6)

## Griffith Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

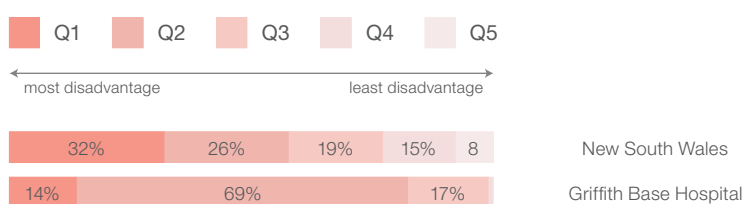
July 2009 to June 2010

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

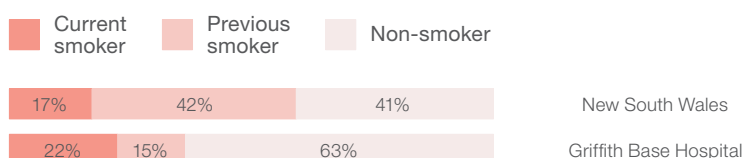
Age profile (years)



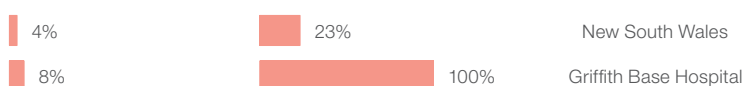
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



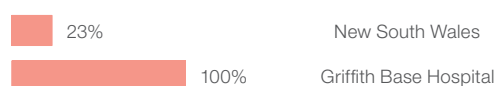
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

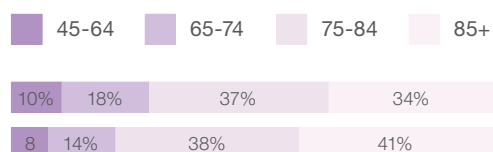


Rural postcode<sup>9</sup>

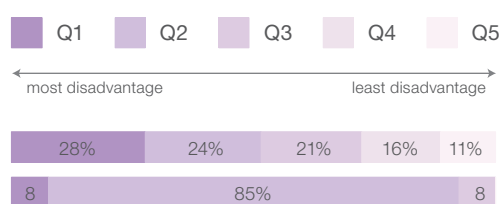


### Potentially avoidable CHF admissions<sup>1,4</sup>

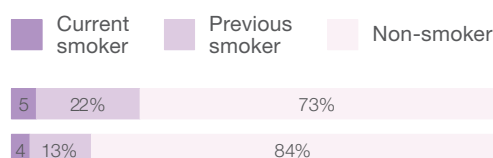
Age profile (years)



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



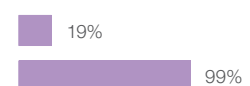
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

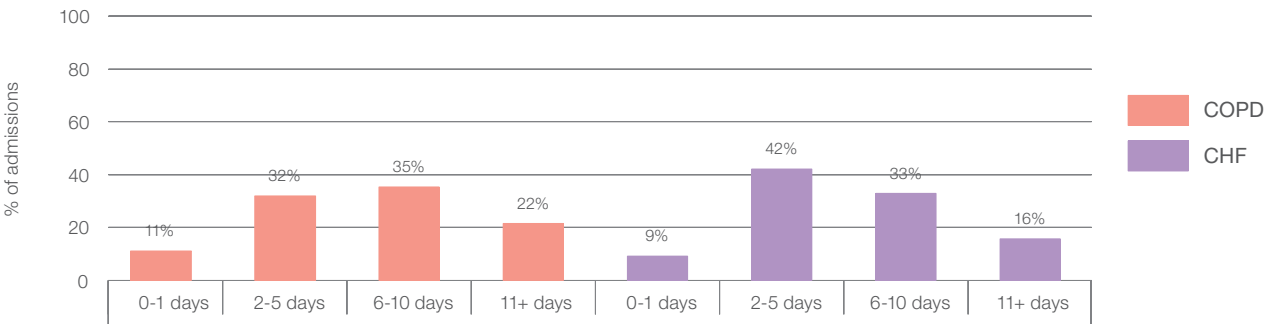


## Griffith Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

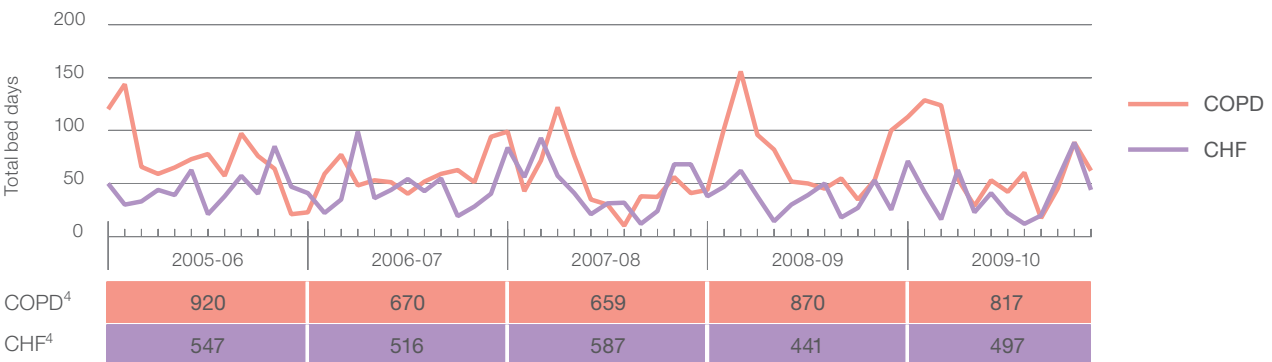
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	96%	100%		98%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	83%	86%	73%	% from ED <sup>†</sup>	87%	90%	80%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	7.3	7.2	5.5	Actual	6.5	5.0	6.5

### Length of stay profiles



## Griffith Base 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.

## Tumut Health Service: 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>	2,211	2,274	-3%
Select medical hospitalisations <sup>2</sup>	1,105	1,128	-2%
Total potentially preventable hospitalisations <sup>3</sup>	404	364	11%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	82	69	19%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	39	53	-26%

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

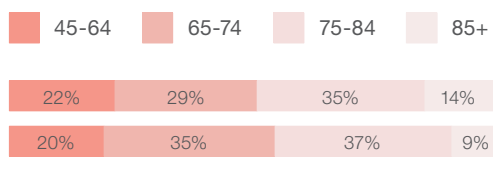
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	74.3	61.2	41.4	Actual	35.3	47.0	22.5
Standardised	50.9	53.2	38.8	Standardised	11.7	18.5	24.1
95% CI	(31.3 - 74.1)	(28.2 - 83.1)	(36.4 - 41.3)	95% CI	(7.7 - 16.9)	(11.6 - 27.0)	(21.8 - 26.4)

## Tumut Health Service: Patient profiles, potentially avoidable admissions for COPD and CHF

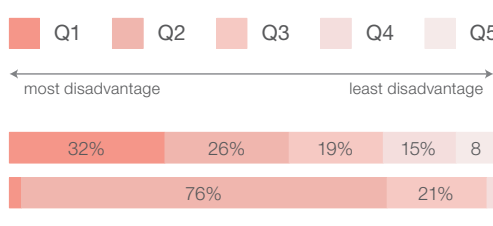
July 2009 to June 2010

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

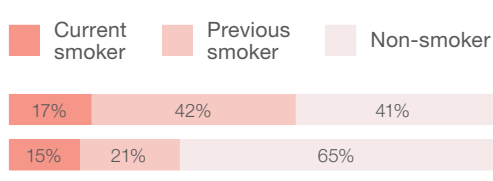
Age profile (years)



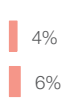
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



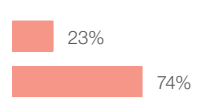
### Smoking status at admission<sup>7</sup>



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

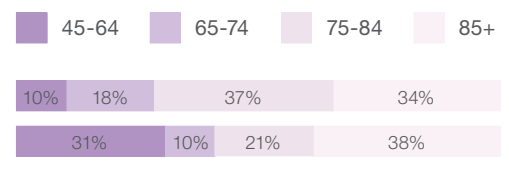


### Rural postcode<sup>9</sup>

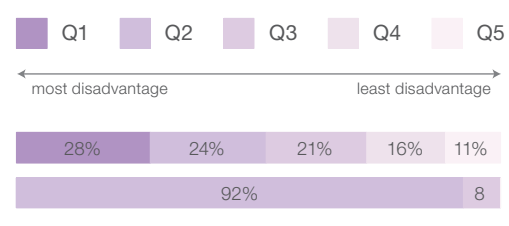


### Potentially avoidable CHF admissions<sup>1,4</sup>

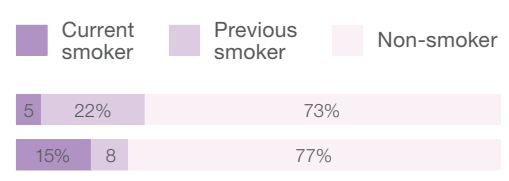
Age profile (years)



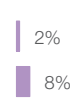
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



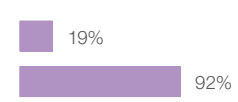
### Smoking status at admission<sup>7</sup>



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



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

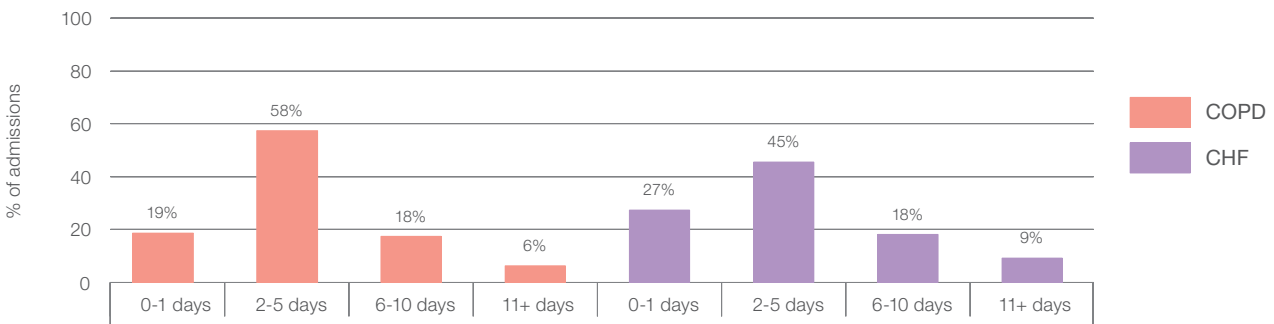


### Tumut Health Service: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

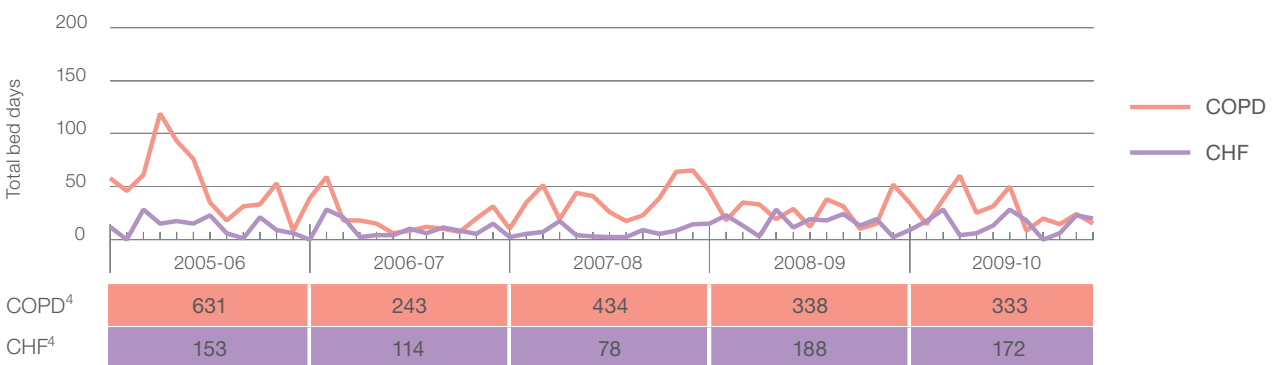
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	100%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	56%	54%	77%	% from ED <sup>†</sup>	54%	40%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	4.4	4.9	5.8	Actual	5.2	3.7	6.7

#### Length of stay profiles



### Tumut Health Service: 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.

## Wagga Wagga Base 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>	26,829	26,157	3%
Select medical hospitalisations <sup>2</sup>	7,759	7,359	5%
Total potentially preventable hospitalisations <sup>3</sup>	2,413	2,484	-3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	230	219	5%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	156	141	11%

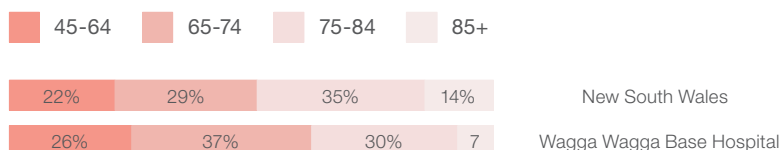
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	29.6	29.7	38.6	Actual	20.2	19.2	24.2
Standardised	18.6	22.0	34.8	Standardised	13.9	14.3	25.1
95% CI	(12.8 - 25.1)	(17.3 - 27.2)	(32.4 - 37.3)	95% CI	(10.9 - 17.2)	(10.3 - 18.9)	(22.3 - 28.1)

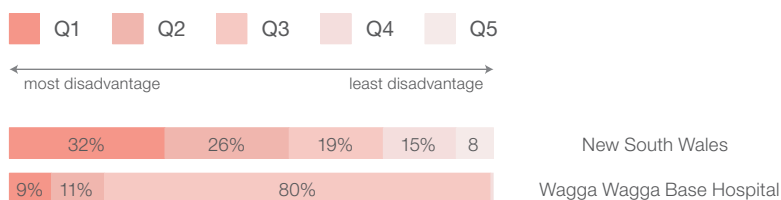
## Wagga Wagga Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

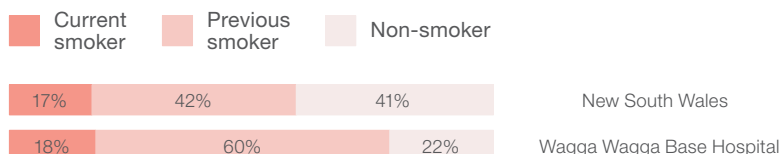
Age profile (years)



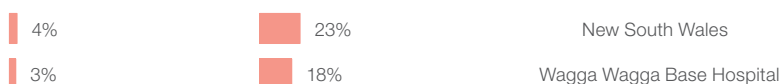
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

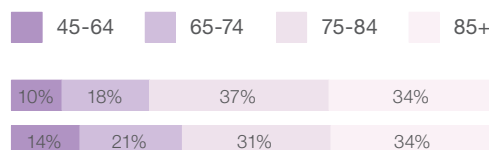


Rural postcode<sup>9</sup>

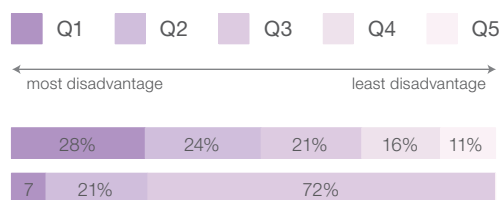


### Potentially avoidable CHF admissions<sup>1,4</sup>

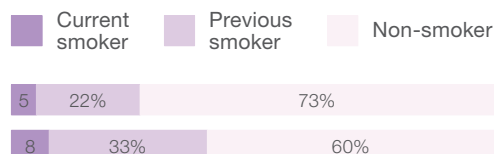
Age profile (years)



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



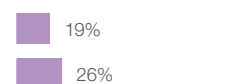
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

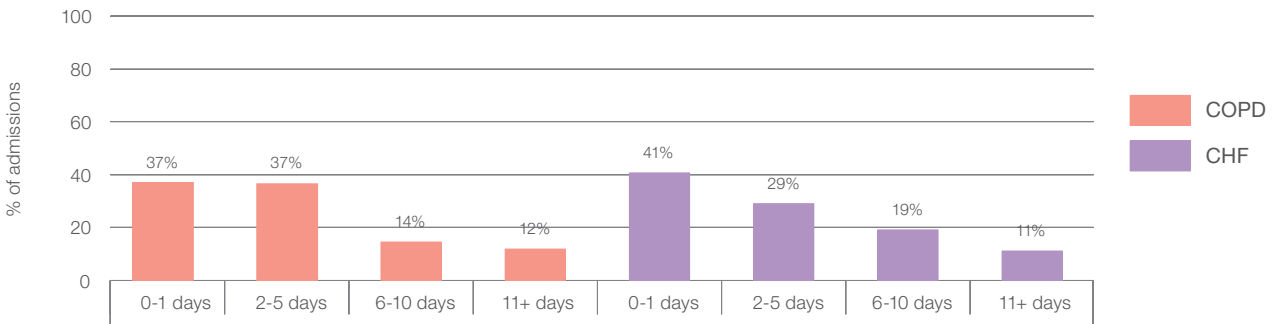


**Wagga Wagga Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

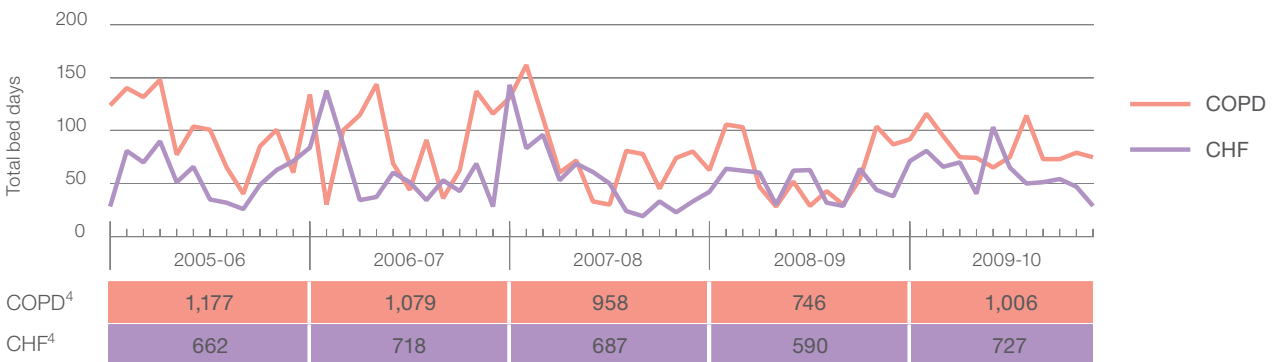
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	87%	81%	97%	99%	100%	99%
% from ED <sup>†</sup>	63%	55%	85%	62%	72%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.6	3.2	5.6	Actual	4.8	4.2

**Length of stay profiles**



**Wagga Wagga Base 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.

## Young Health Service: 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>	2,887	2,794	4%
Select medical hospitalisations <sup>2</sup>	1,253	1,225	2%
Total potentially preventable hospitalisations <sup>3</sup>	368	393	-6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	55	47	17%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	25	43	-42%

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

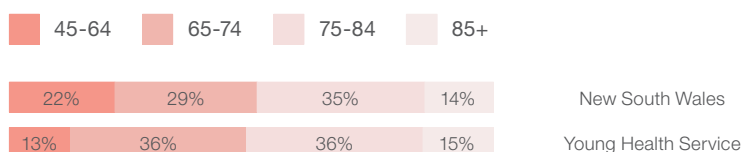
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	44.0	38.5	41.4	Actual	20.0	35.2	22.5
Standardised	*	*	38.8	Standardised	*	*	24.1
95% CI	*	*	(36.4 - 41.3)	95% CI	*	*	(21.8 - 26.4)

## Young Health Service: Patient profiles, potentially avoidable admissions for COPD and CHF

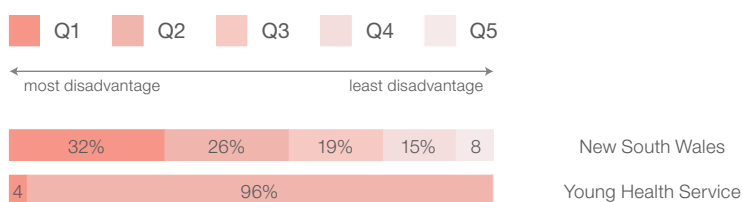
July 2009 to June 2010

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

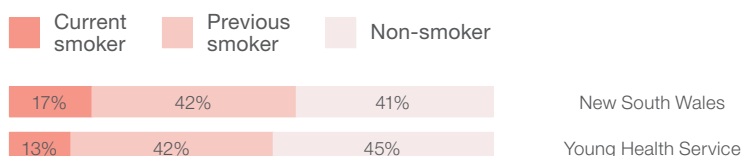
Age profile (years)



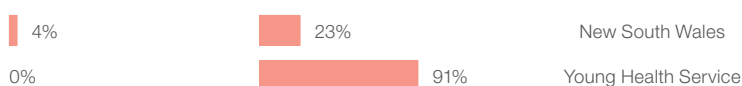
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



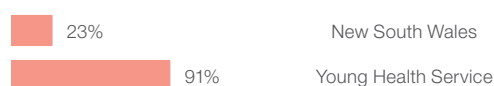
### Smoking status at admission<sup>7</sup>



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

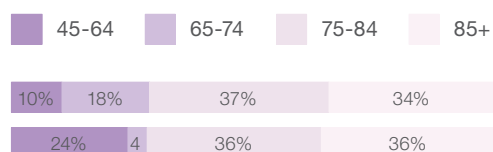


### Rural postcode<sup>9</sup>

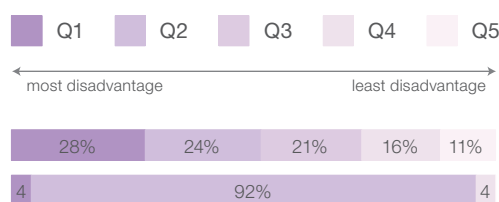


### Potentially avoidable CHF admissions<sup>1,4</sup>

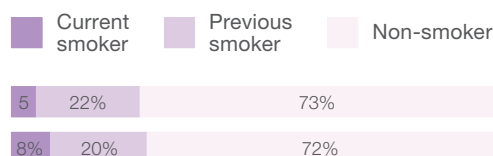
Age profile (years)



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



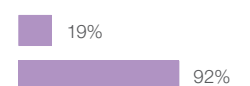
### Smoking status at admission<sup>7</sup>



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



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



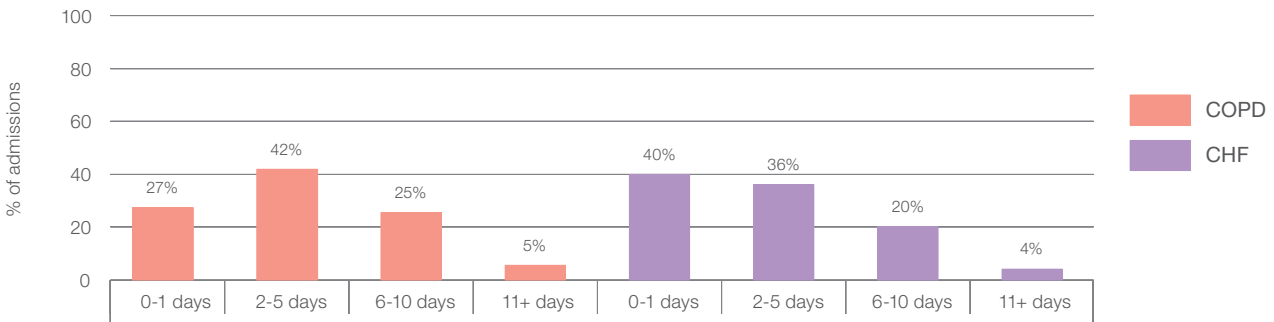


### Young Health Service: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

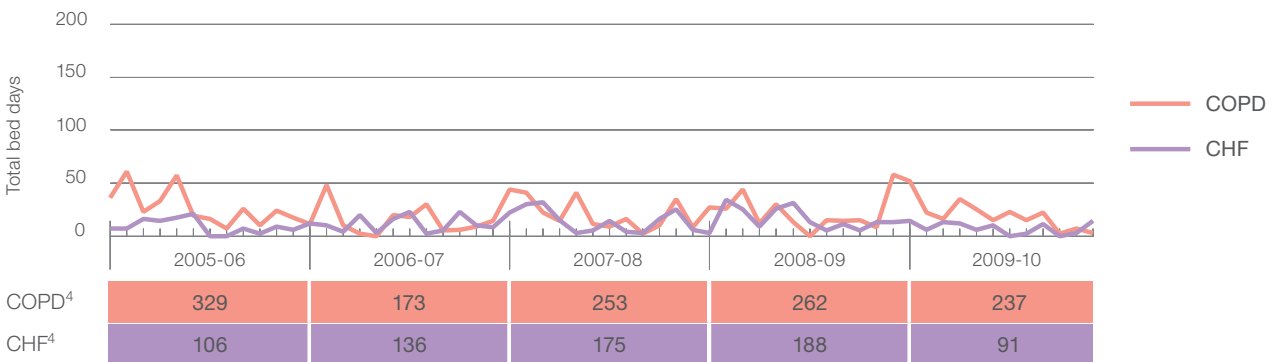
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	78%	94%	77%	76%	91%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.4	5.5	5.8	Actual	3.6	4.6

#### Length of stay profiles



### Young Health Service: 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.

## Download our reports

The report, *Chronic Disease Care: A piece of the picture* - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100  
**Fax:** +61 2 8644 2119  
**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)  
**Postal address:**  
PO Box 1770  
Chatswood  
New South Wales 2057  
Australia  
**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Nepean Blue Mountains Local Health Network

The Insights Series  
Volume 2, PART 1



**Blue Mountains District Anzac Memorial 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>	3,733	3,968	-6%
Select medical hospitalisations <sup>2</sup>	1,908	1,995	-4%
Total potentially preventable hospitalisations <sup>3</sup>	586	578	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	75	93	-19%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	59	74	-20%

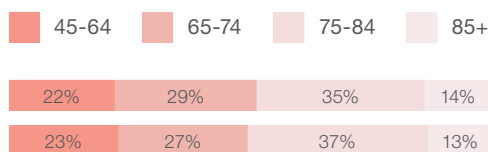
Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	39.8	47.0	41.4	Actual	31.3	37.4	22.5
Standardised	34.6	45.4	38.8	Standardised	27.2	38.3	24.1
95% CI	(23.4 - 47.9)	(30.8 - 62.5)	(36.4 - 41.3)	95% CI	(17.2 - 39.3)	(21.9 - 57.8)	(21.8 - 26.4)

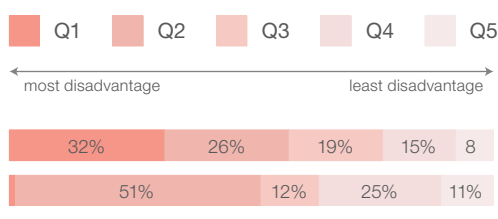
**Blue Mountains District Anzac Memorial Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

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

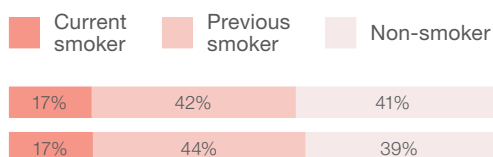
Age profile (years)



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



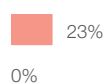
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

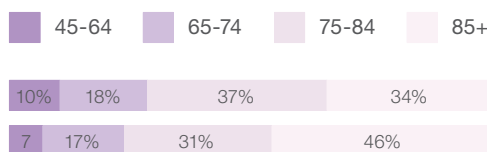


Rural postcode<sup>9</sup>

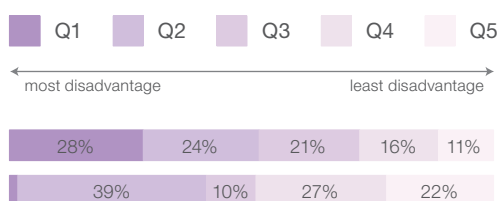


Potentially avoidable CHF admissions<sup>1,4</sup>

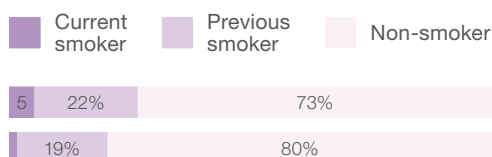
Age profile (years)



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



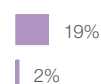
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

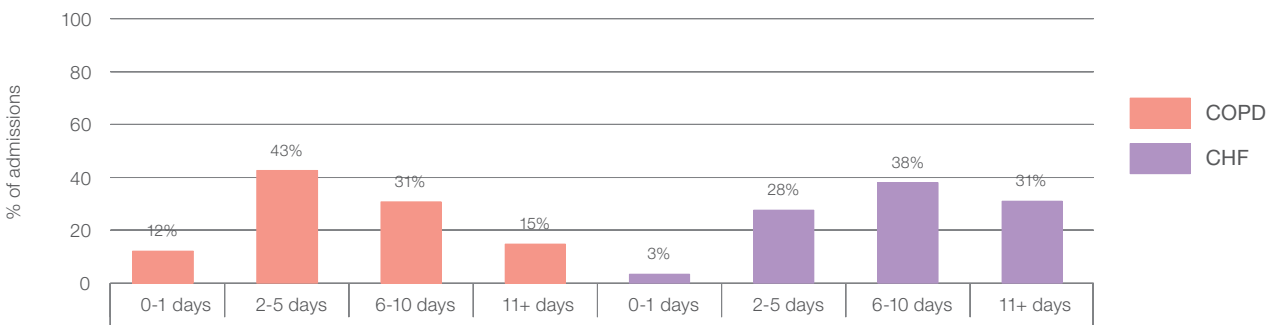


**Blue Mountains District Anzac Memorial Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

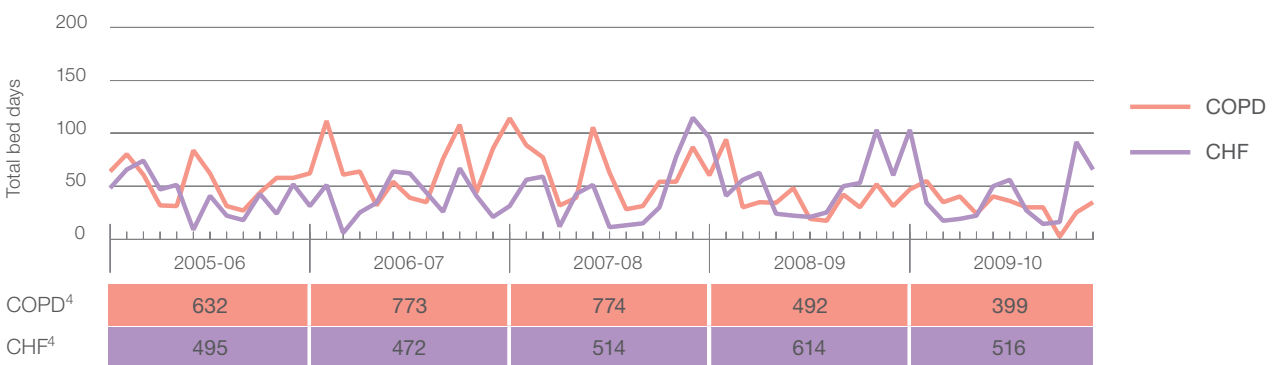
July 2009 to June 2010

	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 admissions<sup>4</sup></b>				<b>CHF admissions<sup>4</sup></b>			
% Unplanned <sup>10</sup>	99%	100%	97%	% Unplanned <sup>10</sup>	100%	99%	97%
% from ED <sup>†</sup>	92%	92%	77%	% from ED <sup>†</sup>	92%	91%	70%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	5.5	5.3	5.8	Actual	9.2	8.5	6.7

**Length of stay profiles**



**Blue Mountains District Anzac Memorial 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.

## Lithgow Health Service: 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>	4,656	5,054	-8%
Select medical hospitalisations <sup>2</sup>	2,040	2,001	2%
Total potentially preventable hospitalisations <sup>3</sup>	629	667	-6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	83	76	9%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	44	55	-20%

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

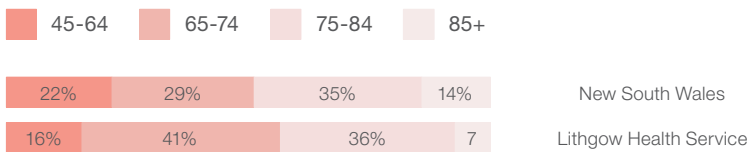
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	40.9	38.0	41.4	Actual	21.7	27.8	22.5
Standardised	*	26.8†	38.8	Standardised	6.2	*	24.1
95% CI	*	(9.5 - 47.3)	(36.4 - 41.3)	95% CI	(4.5 - 8.3)	*	(21.8 - 26.4)

## Lithgow Health Service: Patient profiles, potentially avoidable admissions for COPD and CHF

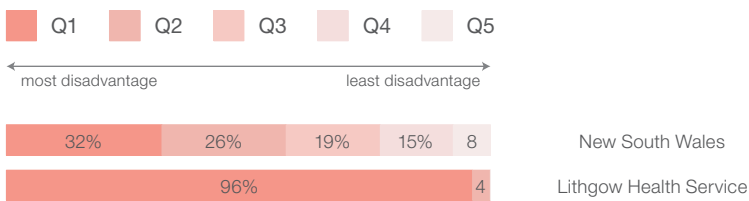
July 2009 to June 2010

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

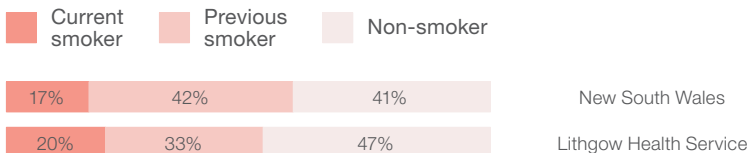
Age profile (years)



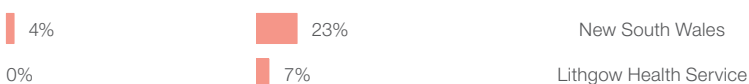
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

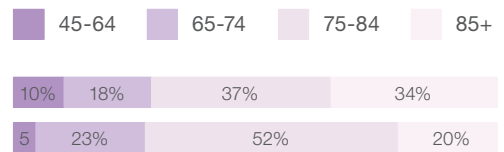


### Rural postcode<sup>9</sup>

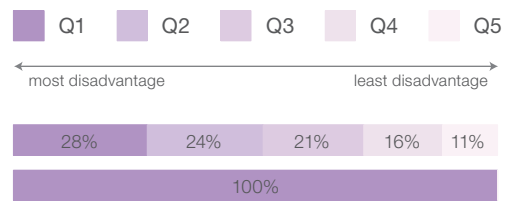


### Potentially avoidable CHF admissions<sup>1,4</sup>

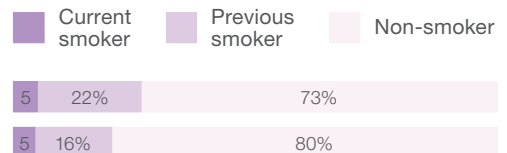
Age profile (years)



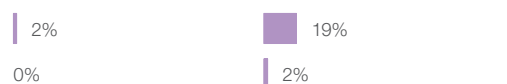
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



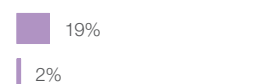
### Smoking status at admission<sup>7</sup>



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



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

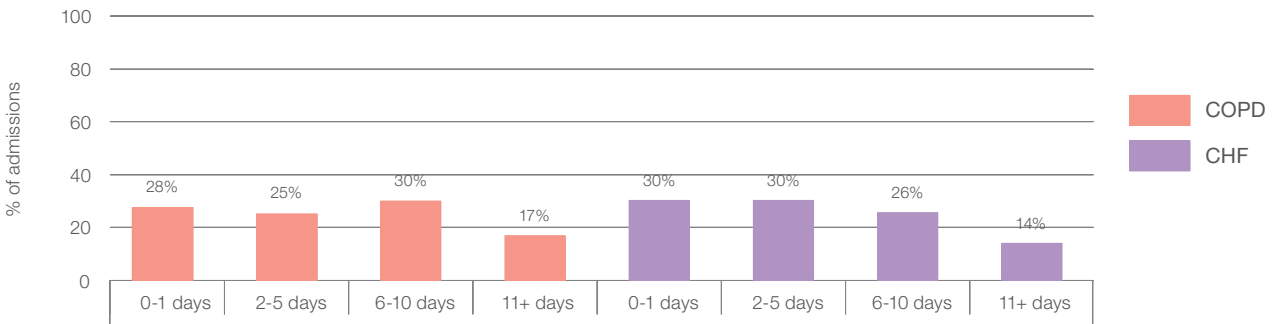


### Lithgow Health Service: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

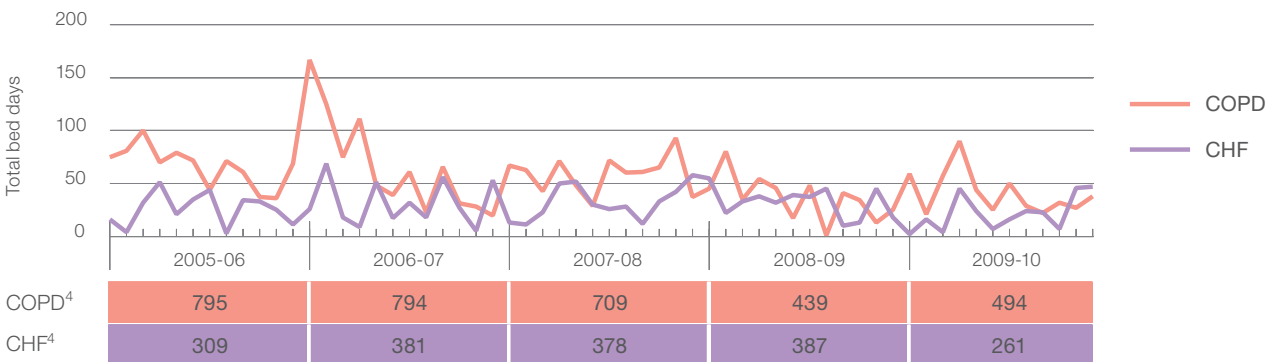
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	98%	100%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	78%	76%	77%	% from ED <sup>†</sup>	59%	60%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	6.1	5.7	5.8	Actual	6.3	7.5	6.7

#### Length of stay profiles



### Lithgow Health Service: 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.

## Nepean 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>	52,349	51,265	2%
Select medical hospitalisations <sup>2</sup>	13,916	13,479	3%
Total potentially preventable hospitalisations <sup>3</sup>	4,334	4,073	6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	378	386	-2%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	273	323	-15%

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

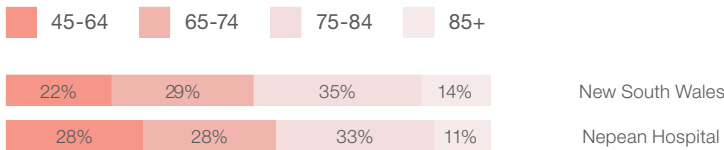
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	27.0	28.7	27.1	Actual	19.7	24.0	23.4
Standardised	24.4	29.0	28.3	Standardised	23.1	25.5	24.4
95% CI	(20.6 - 28.5)	(24.1 - 34.2)	(27.4 - 29.2)	95% CI	(18.7 - 27.9)	(21.5 - 29.8)	(23.6 - 25.3)

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

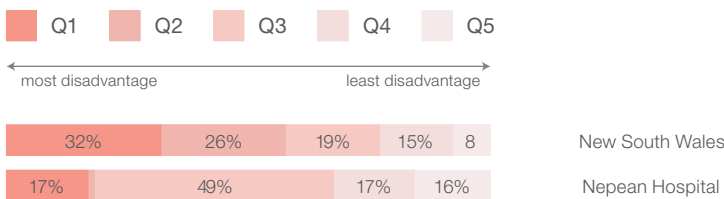
July 2009 to June 2010

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

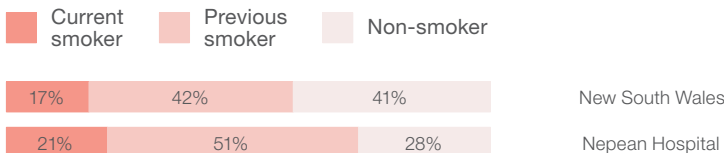
Age profile (years)



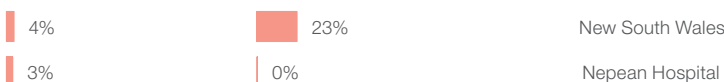
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

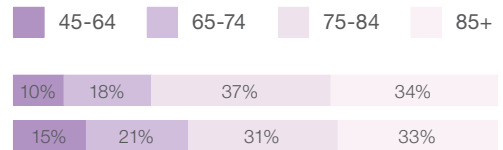


### Rural postcode<sup>9</sup>

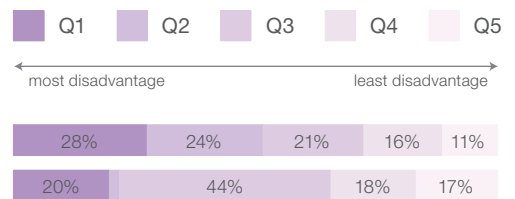


### Potentially avoidable CHF admissions<sup>1,4</sup>

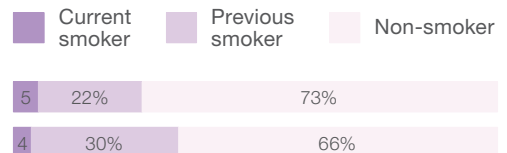
Age profile (years)



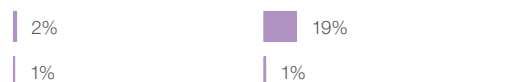
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



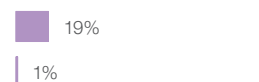
### Smoking status at admission<sup>7</sup>



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



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



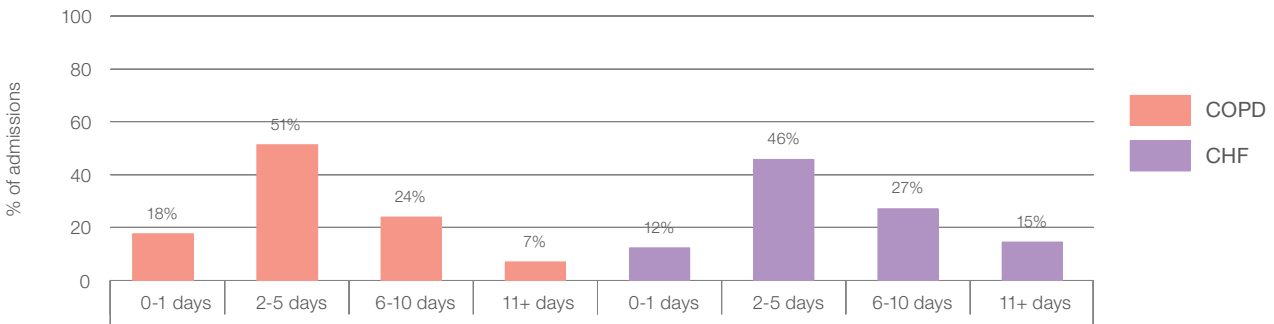


## Nepean Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

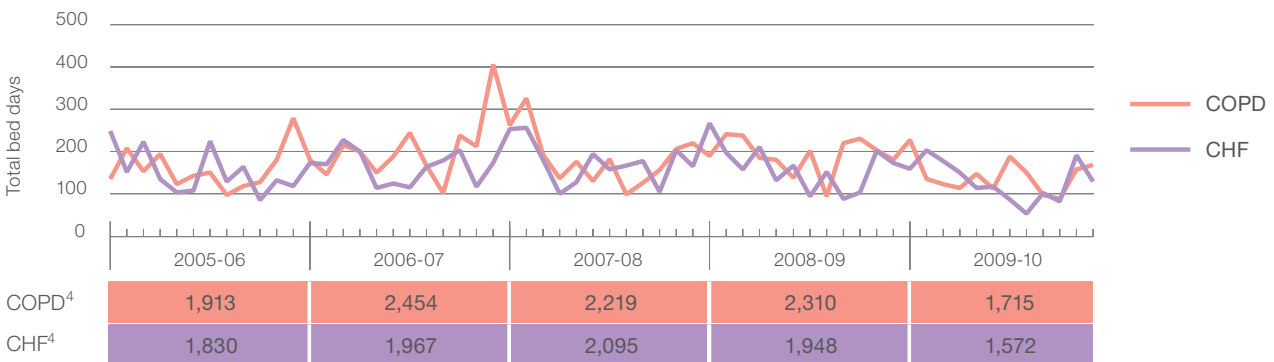
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	99%		97%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	86%	86%	87%	% from ED <sup>†</sup>	85%	84%	86%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	4.9	5.8	6.1	Actual	6.0	6.2	7.1

### Length of stay profiles



## Nepean 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

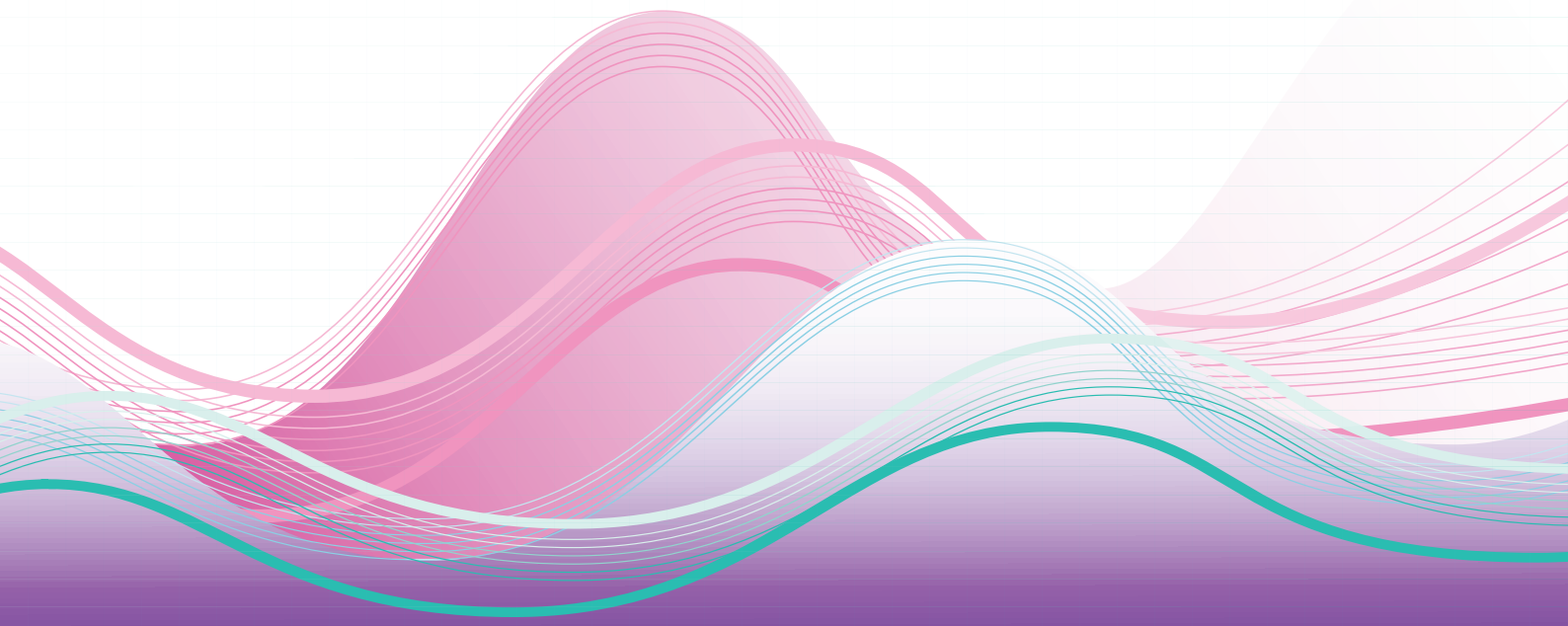
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Northern NSW Local Health Network

The Insights Series  
Volume 2, PART 1



## Ballina 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>	8,472	8,613	-2%
Select medical hospitalisations <sup>2</sup>	2,833	2,742	3%
Total potentially preventable hospitalisations <sup>3</sup>	651	644	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	114	97	16%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	58	73	-21%

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

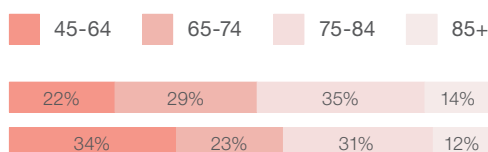
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	40.2	35.6	41.4	Actual	20.3	26.8	22.5
Standardised	21.4	21.3	38.8	Standardised	6.6	16.4	24.1
95% CI	(11.3 - 33.0)	(12.5 - 31.5)	(36.4 - 41.3)	95% CI	(4.0 - 9.8)	(9.4 - 24.7)	(21.8 - 26.4)

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

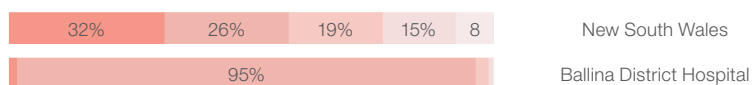
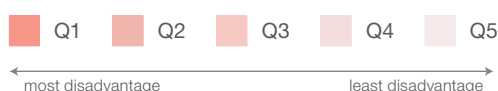
July 2009 to June 2010

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

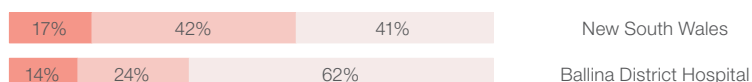
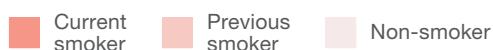
Age profile (years)



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



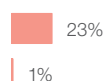
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

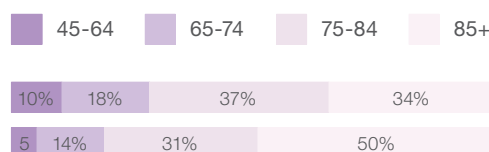


Rural postcode<sup>9</sup>

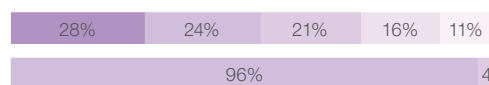
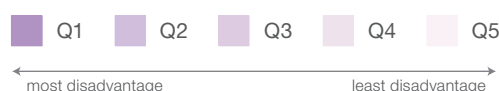


### Potentially avoidable CHF admissions<sup>1,4</sup>

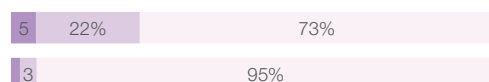
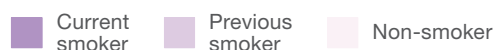
Age profile (years)



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



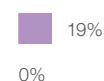
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

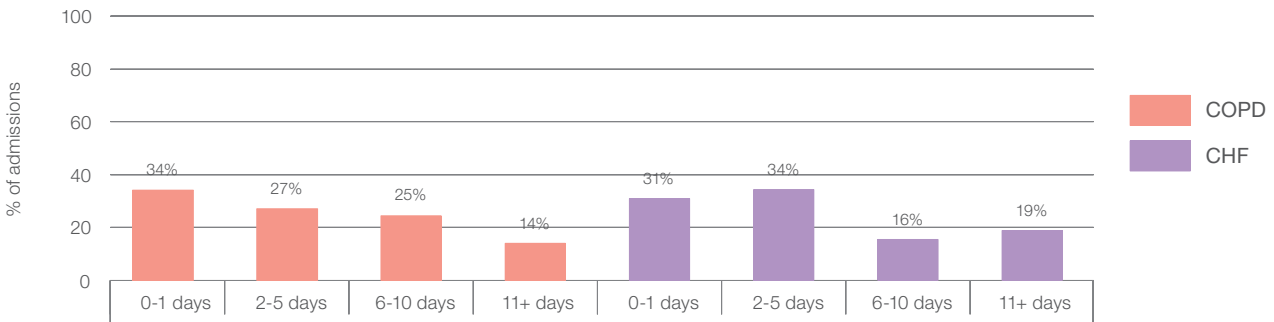


### Ballina District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

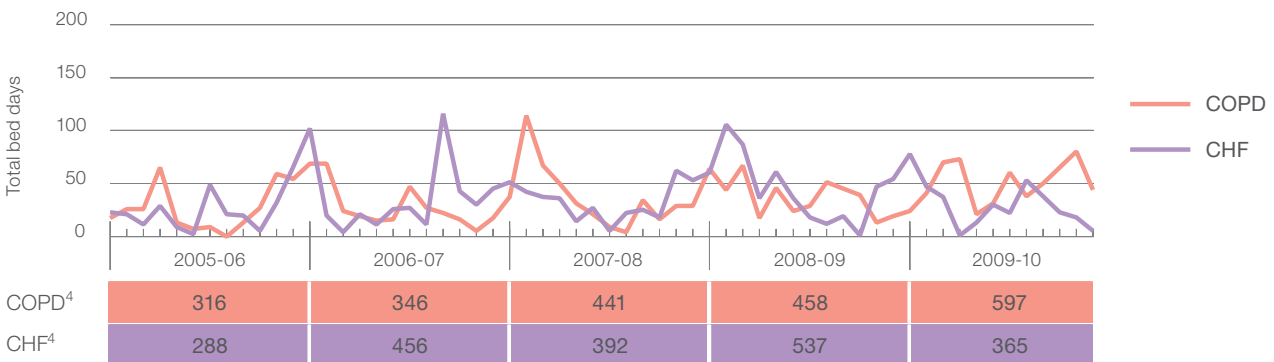
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	93%	87%	97%	88%	90%	97%
% from ED <sup>†</sup>	61%	57%	77%	57%	63%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.2	4.9	5.8	Actual	6.4	8.2

#### Length of stay profiles



### Ballina 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.

### Casino and District Memorial 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>	2,606	2,888	-10%
Select medical hospitalisations <sup>2</sup>	1,074	1,253	-14%
Total potentially preventable hospitalisations <sup>3</sup>	445	438	2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	42	31	35%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	38	27	41%

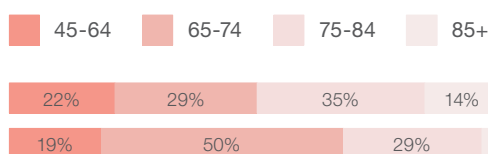
#### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	39.1	24.7	41.4	Actual	35.4	21.5	22.5
Standardised	*	8.0	38.8	Standardised	12.3	5.5	24.1
95% CI	*	(5.4 - 11.4)	(36.4 - 41.3)	95% CI	(6.4 - 19.7)	(3.6 - 8.0)	(21.8 - 26.4)

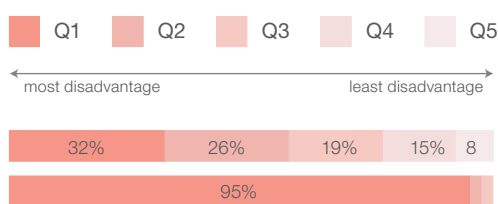
### Casino and District Memorial Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

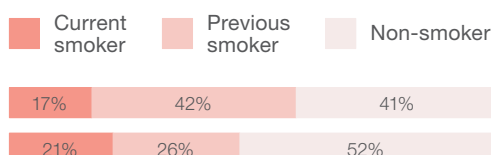
Age profile (years)



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



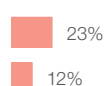
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

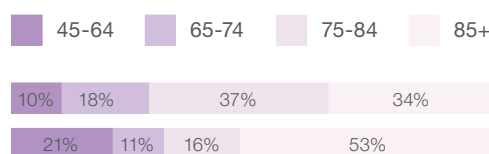


Rural postcode<sup>9</sup>

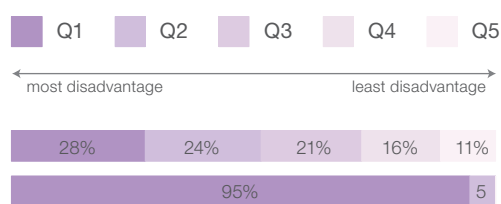


#### Potentially avoidable CHF admissions<sup>1,4</sup>

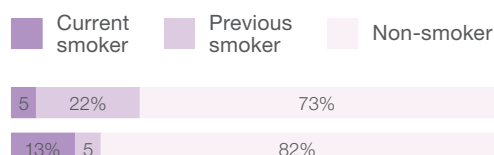
Age profile (years)



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



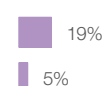
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

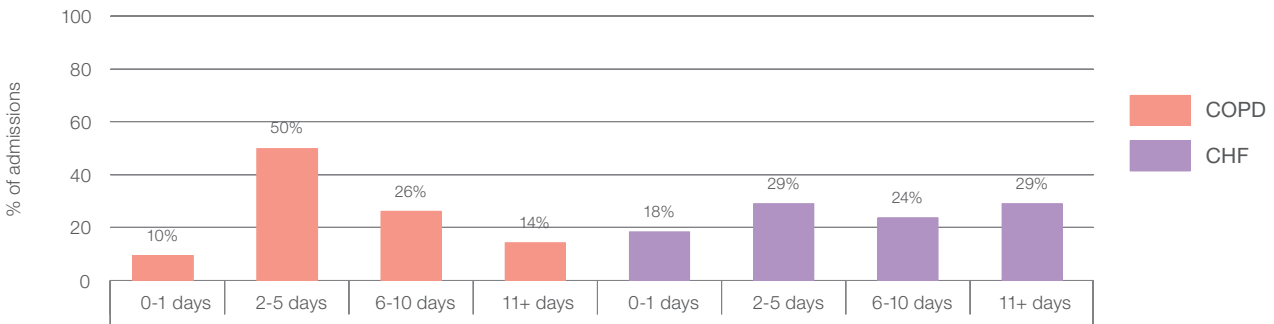


**Casino and District Memorial Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

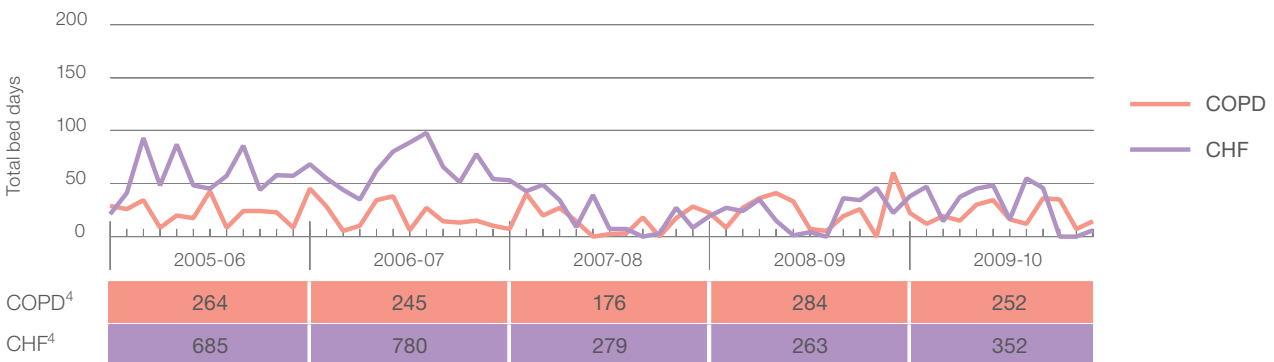
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	90%	84%	97%	97%	89%	97%
% from ED <sup>†</sup>	81%	71%	77%	79%	56%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.6	8.9	5.8	Actual	9.4	9.4

**Length of stay profiles**



**Casino and District Memorial 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.

## Grafton Base 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>	13,011	13,052	0%
Select medical hospitalisations <sup>2</sup>	3,040	3,287	-8%
Total potentially preventable hospitalisations <sup>3</sup>	1,102	1,161	-5%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	126	146	-14%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	66	73	-10%

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

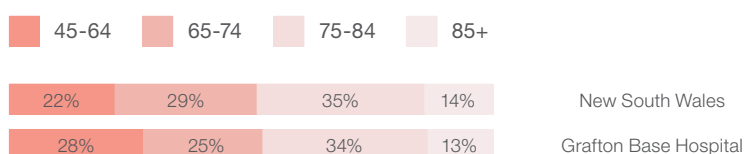
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	41.6	44.2	42.3	Actual	21.8	22.2	27.8
Standardised	*	20.2	41.0	Standardised	*	13.2†	27.9
95% CI	*	(13.5 - 27.8)	(39.0 - 42.9)	95% CI	*	(5.3 - 22.5)	(26.3 - 29.6)

## Grafton Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

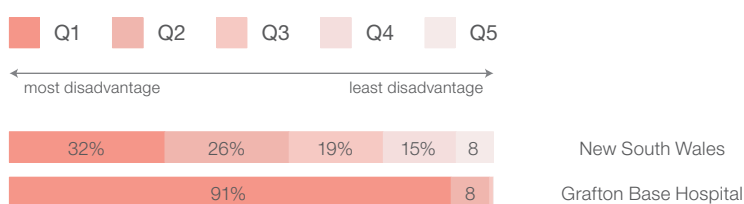
July 2009 to June 2010

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

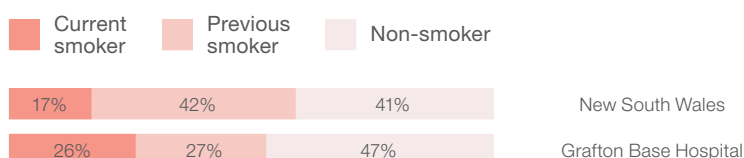
Age profile (years)



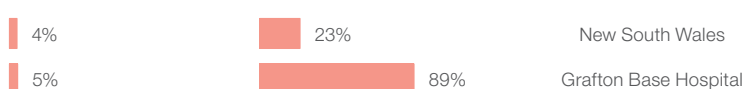
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



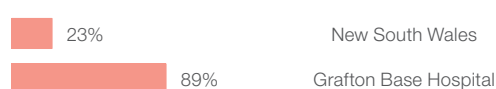
### Smoking status at admission<sup>7</sup>



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

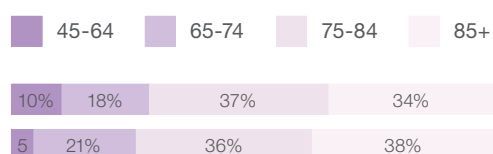


### Rural postcode<sup>9</sup>

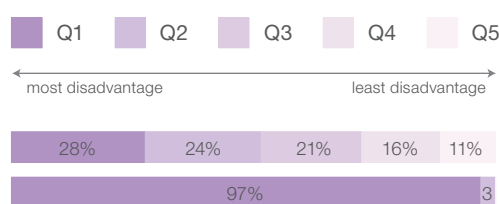


### Potentially avoidable CHF admissions<sup>1,4</sup>

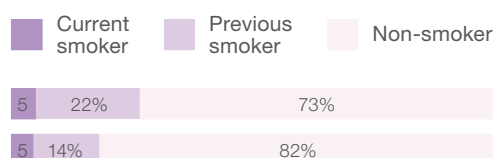
Age profile (years)



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



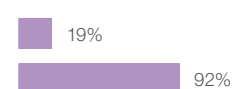
### Smoking status at admission<sup>7</sup>



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



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



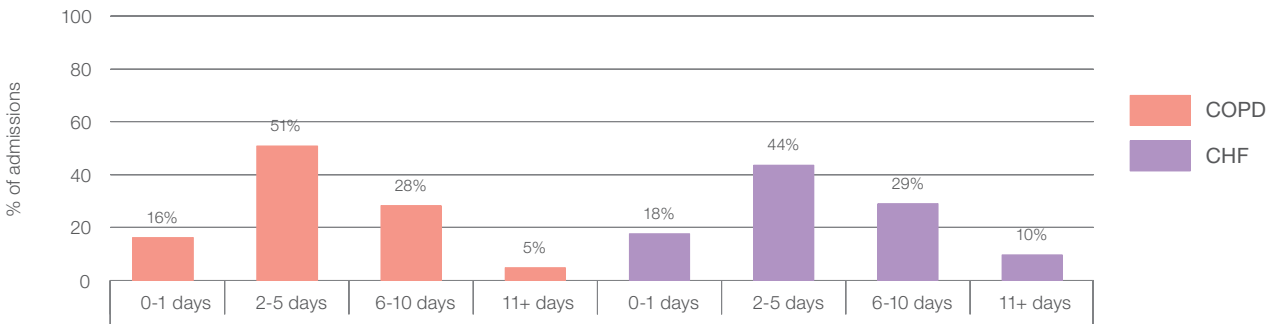


**Grafton Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

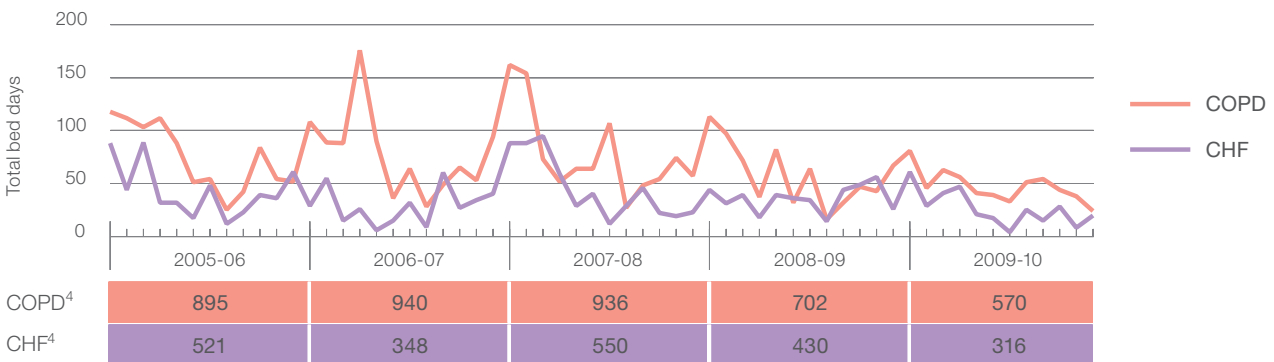
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	99%	98%	% Unplanned <sup>10</sup>	95%	99%	98%
% from ED <sup>†</sup>	94%	86%	73%	% from ED <sup>†</sup>	83%	88%	80%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	4.6	5.0	5.5	Actual	5.1	6.1	6.5

**Length of stay profiles**



**Grafton Base 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.

## Lismore Base 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>	24,790	25,002	-1%
Select medical hospitalisations <sup>2</sup>	5,410	5,369	1%
Total potentially preventable hospitalisations <sup>3</sup>	1,866	1,846	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	180	174	3%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	113	91	24%

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

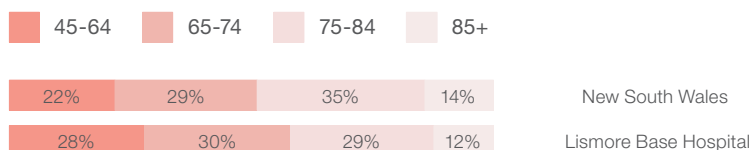
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	33.2	32.5	38.6	Actual	20.9	17.0	24.2
Standardised	26.2	23.3	34.8	Standardised	17.1	13.5	25.1
95% CI	(18.5 - 34.8)	(14.1 - 33.5)	(32.4 - 37.3)	95% CI	(12.3 - 22.6)	(9.5 - 18.1)	(22.3 - 28.1)

## Lismore Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

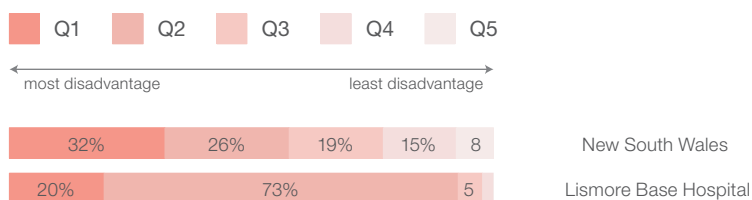
July 2009 to June 2010

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

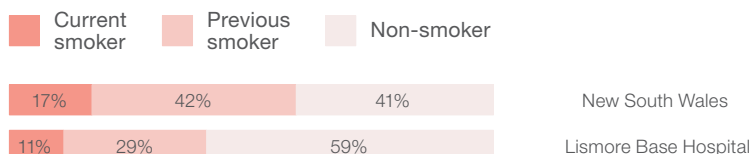
Age profile (years)



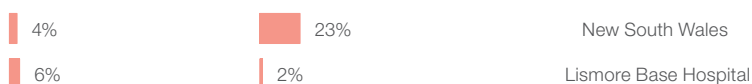
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

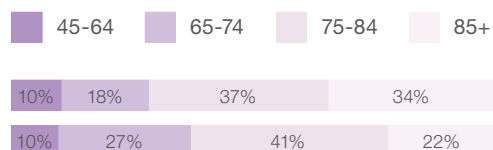


### Rural postcode<sup>9</sup>

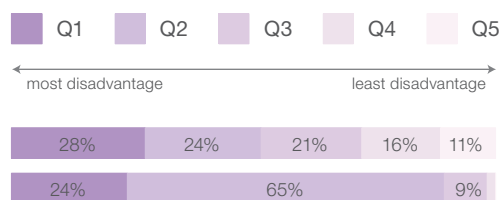


### Potentially avoidable CHF admissions<sup>1,4</sup>

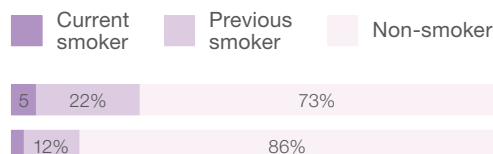
Age profile (years)



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



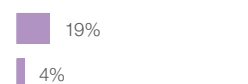
### Smoking status at admission<sup>7</sup>



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



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

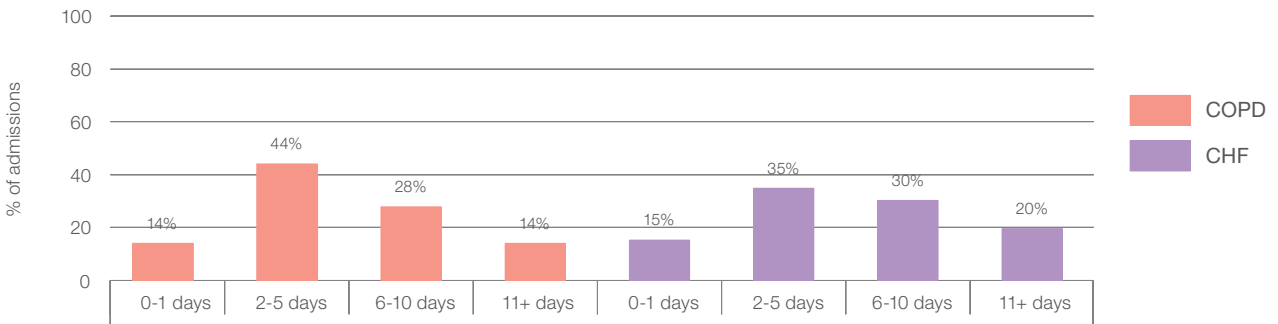


**Lismore Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

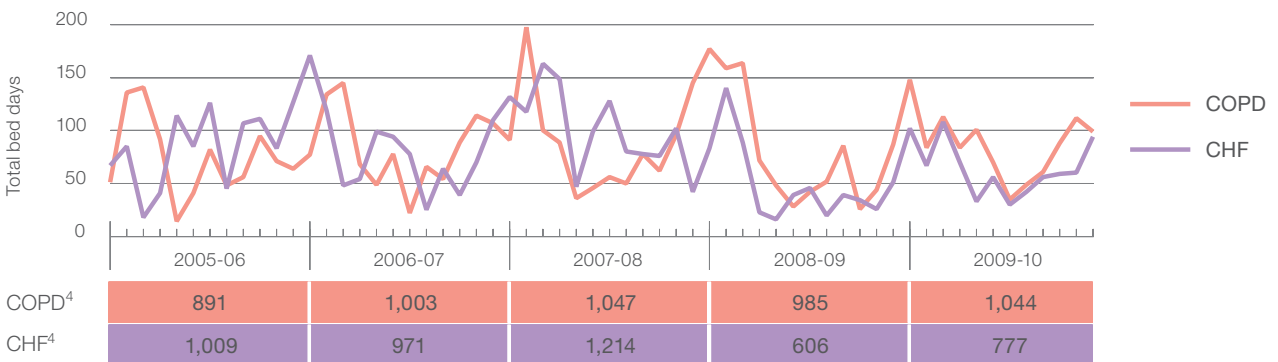
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	98%	98%		97%	% Unplanned <sup>10</sup>	98%
% from ED <sup>†</sup>	88%	89%	85%	% from ED <sup>†</sup>	95%	91%	88%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	5.9	5.9	5.6	Actual	7.1	6.5	6.2

**Length of stay profiles**



**Lismore Base 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.

## Maclean 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>	2,602	2,397	9%
Select medical hospitalisations <sup>2</sup>	1,868	1,706	9%
Total potentially preventable hospitalisations <sup>3</sup>	372	422	-12%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	83	106	-22%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	36	31	16%

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

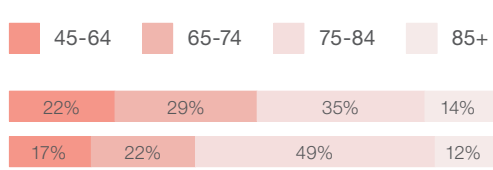
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	44.5	62.1	41.4	Actual	19.3	18.2	22.5
Standardised	45.2†	30.0	38.8	Standardised	9.1	8.6	24.1
95% CI	(15.0 - 80.8)	(24.3 - 36.6)	(36.4 - 41.3)	95% CI	(6.2 - 12.8)	(5.8 - 12.3)	(21.8 - 26.4)

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

July 2009 to June 2010

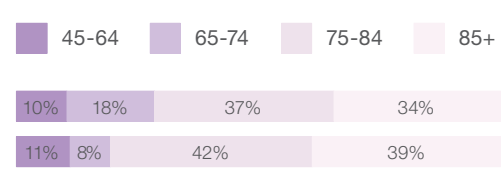
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

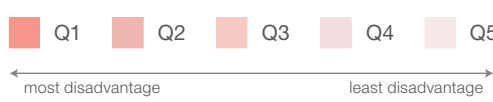


### Potentially avoidable CHF admissions<sup>1,4</sup>

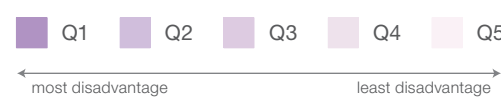
Age profile (years)



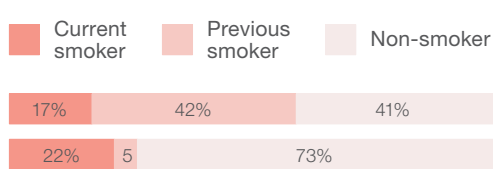
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



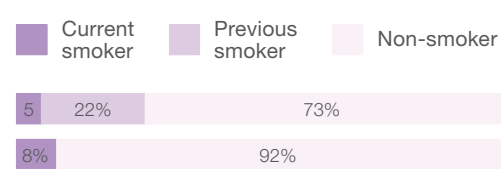
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



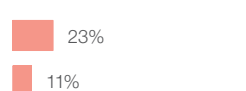
### Smoking status at admission<sup>7</sup>



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



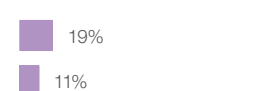
### Rural postcode<sup>9</sup>



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



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

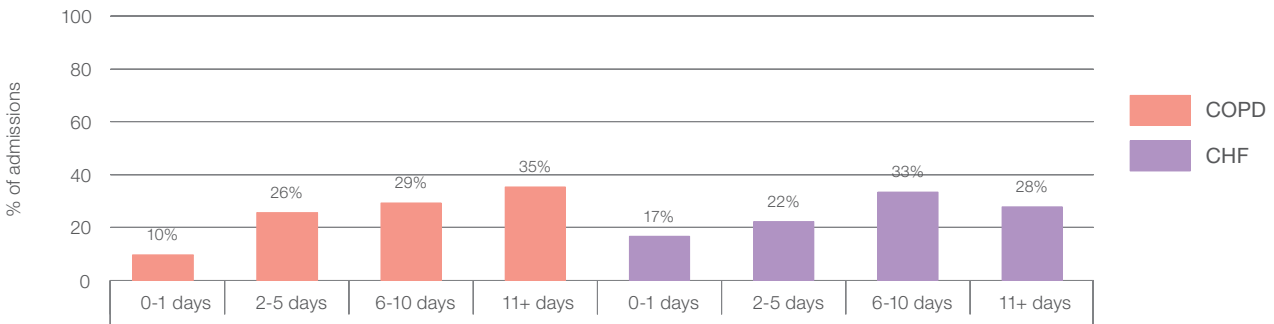


## Maclean District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

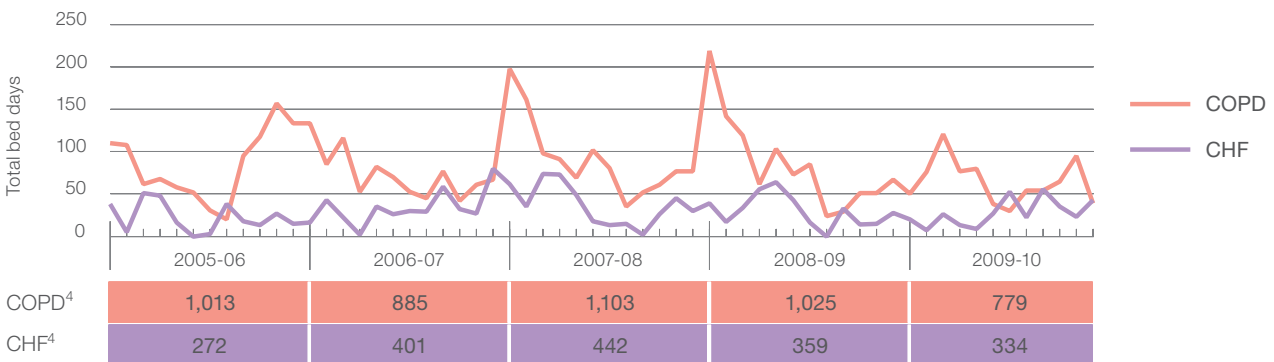
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	87%	84%		97%	% Unplanned <sup>10</sup>	86%
% from ED <sup>†</sup>	78%	85%	77%	% from ED <sup>†</sup>	78%	87%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	9.8	10.0	5.8	Actual	9.3	12.8	6.7

### Length of stay profiles



## Maclean 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.

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

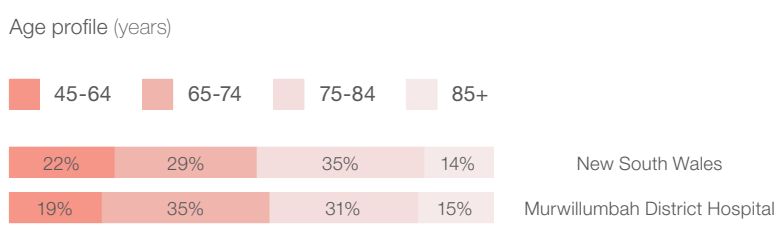
		Same period last year	Change since one year ago
Total hospitalisations <sup>1</sup>	6,514	6,587	-1%
Select medical hospitalisations <sup>2</sup>	2,730	2,782	-2%
Total potentially preventable hospitalisations <sup>3</sup>	774	761	2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	104	120	-13%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	64	40	60%

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

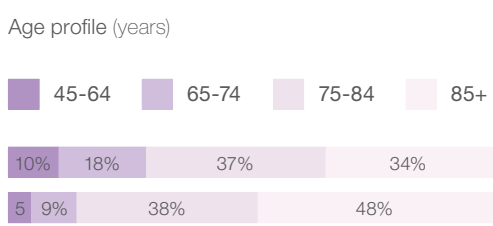
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	38.2	42.9	42.3	Actual	23.5	14.4	27.8
Standardised	20.4	25.9	41.0	Standardised	24.2†	9.6†	27.9
95% CI	(10.9 - 31.4)	(12.9 - 40.8)	(39.0 - 42.9)	95% CI	(10.1 - 41.2)	(3.3 - 17.7)	(26.3 - 29.6)

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

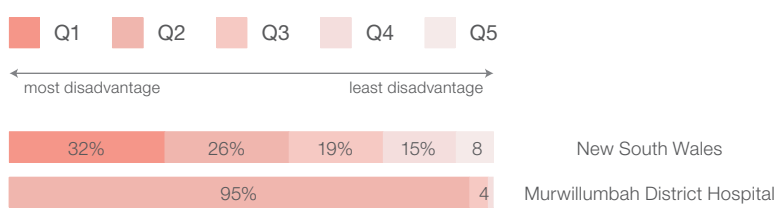
### Potentially avoidable COPD admissions<sup>1,4</sup>



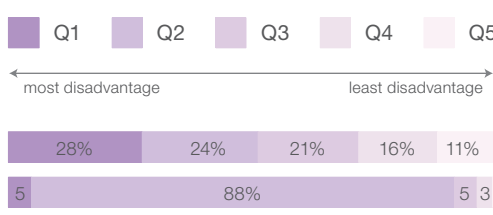
### Potentially avoidable CHF admissions<sup>1,4</sup>



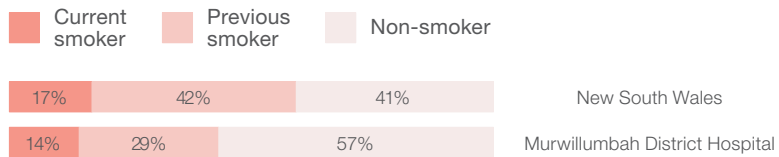
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



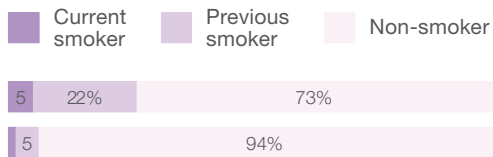
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



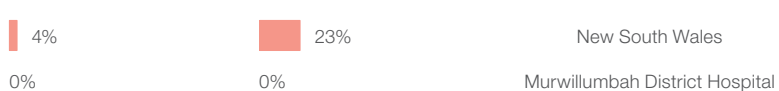
### Smoking status at admission<sup>7</sup>



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



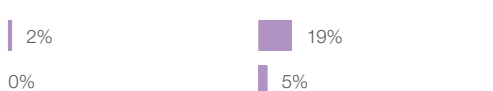
### Aboriginal status<sup>8</sup>



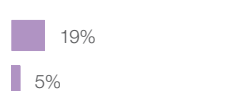
### Rural postcode<sup>9</sup>



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



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

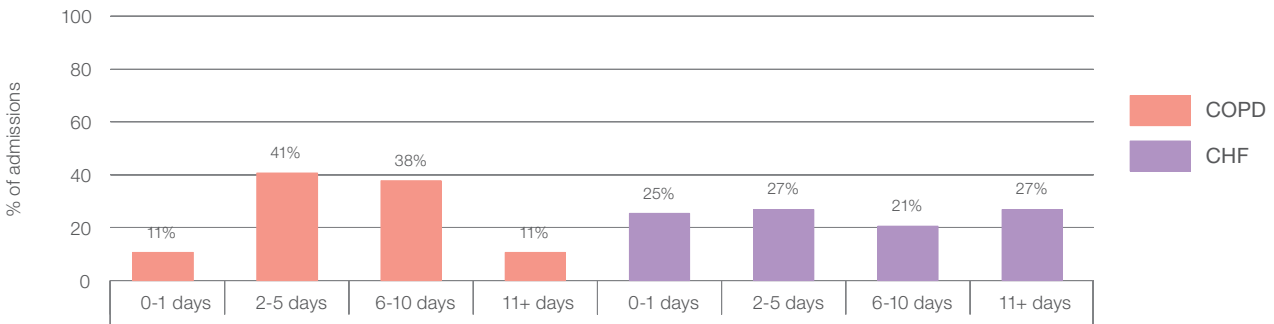


## Murwillumbah District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

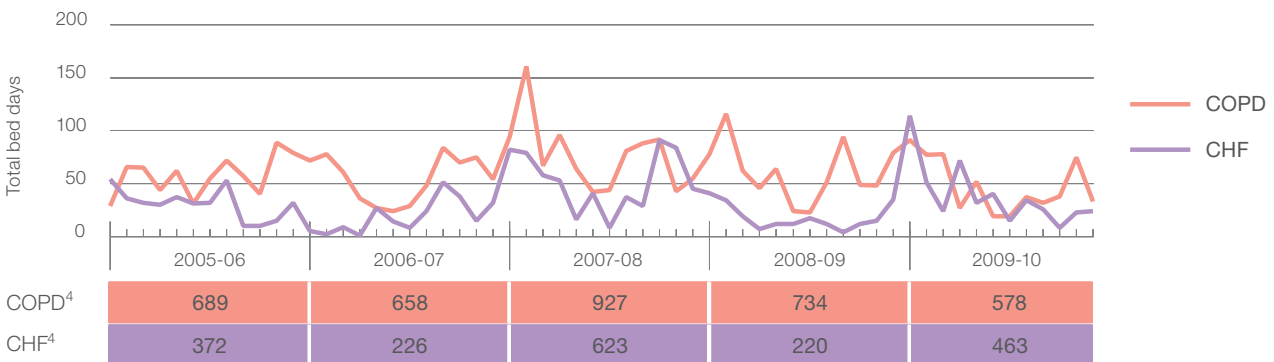
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	93%	95%		98%	% Unplanned <sup>10</sup>	95%
% from ED <sup>†</sup>	88%	93%	73%	% from ED <sup>†</sup>	81%	70%	80%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.8	6.1	5.5	Actual	7.5	5.5	6.5

### Length of stay profiles



## Murwillumbah 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.

## The Tweed 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 hospital admissions <sup>1</sup>	30,937	29,509	5%
Select medical admissions <sup>2</sup>	9,095	8,271	10%
Total potentially preventable hospitalisations <sup>3</sup>	2,821	2,709	4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	340	387	-12%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	139	166	-16%

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

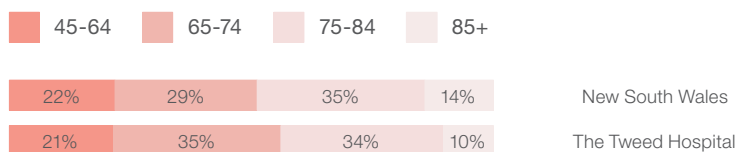
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	37.6	47.1	38.6	Actual	15.4	20.1	24.2
Standardised	37.4	38.5	34.8	Standardised	18.6	26.4	25.1
95% CI	(27.0 - 48.6)	(33.9 - 43.5)	(32.4 - 37.3)	95% CI	(10.8 - 27.4)	(17.4 - 36.5)	(22.3 - 28.1)

## The Tweed Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

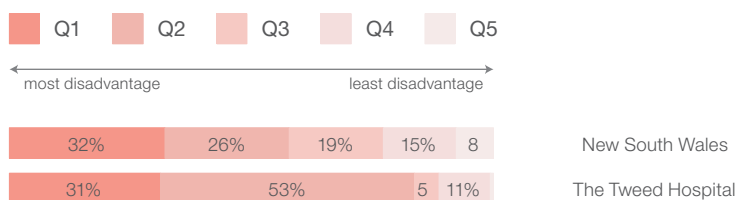
July 2009 to June 2010

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

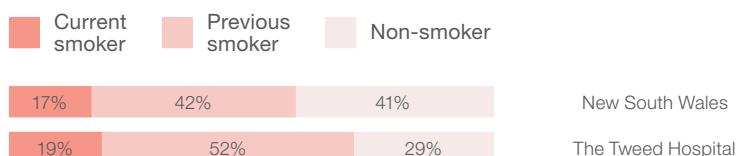
Age profile (years)



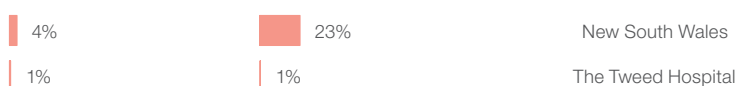
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

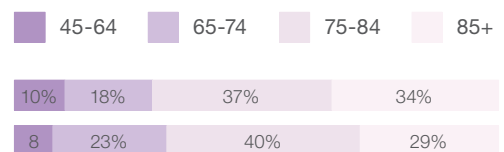


Rural postcode<sup>9</sup>

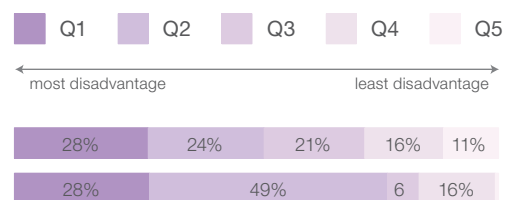


### Potentially avoidable CHF admissions<sup>1,4</sup>

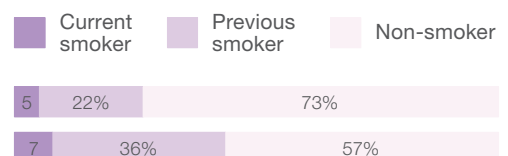
Age profile (years)



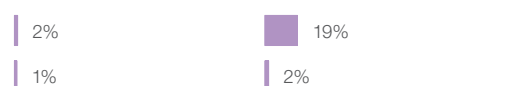
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



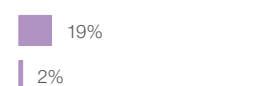
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>



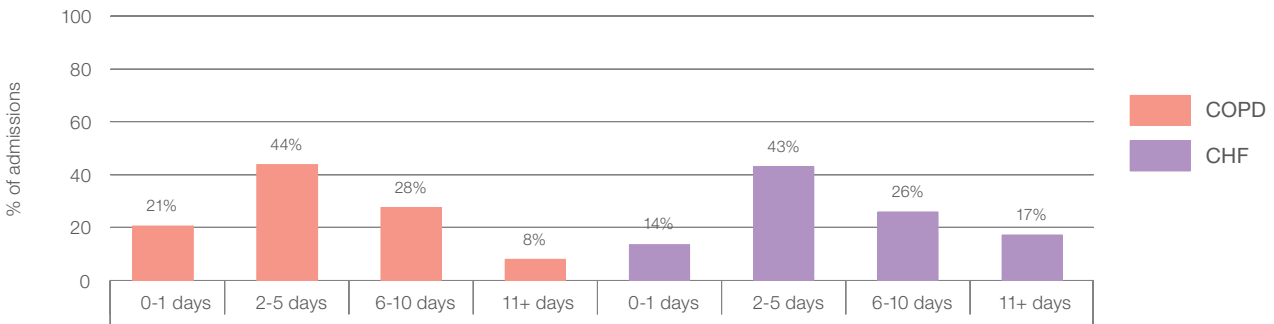


**The Tweed Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

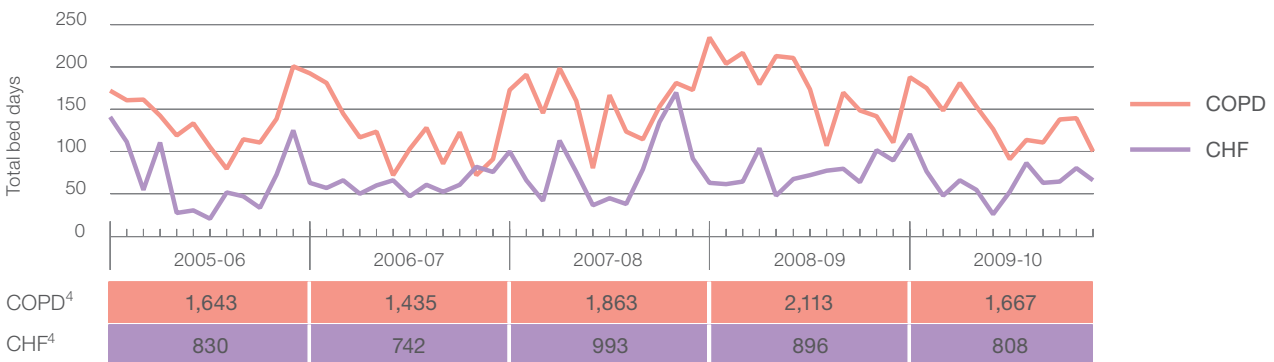
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	97%	97%	97%	99%	99%	99%
% from ED <sup>†</sup>	90%	90%	85%	95%	89%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.9	5.5	5.6	Actual	6.0	5.3

**Length of stay profiles**



**The Tweed 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.

## Download our reports

The report, *Chronic Disease Care: A piece of the picture* - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135

ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.

*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Northern Sydney Local Health Network

The Insights Series  
Volume 2, PART 1



## Hornsby and Ku-Ring-Gai 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>	15,918	15,786	1%
Select medical hospitalisations <sup>2</sup>	5,028	5,149	-2%
Total potentially preventable hospitalisations <sup>3</sup>	1,846	1,903	-3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	137	147	-7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	149	142	5%

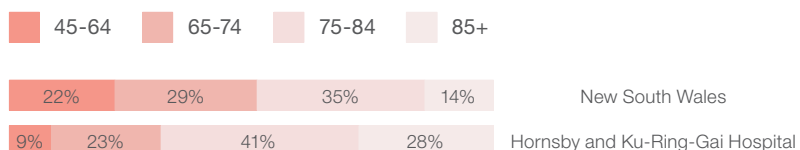
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	27.3	28.2	39.0	Actual	29.7	27.6	27.4
Standardised	21.0†	26.1	40.6	Standardised	24.0†	23.3	27.0
95% CI	(5.9 - 38.0)	(13.5 - 40.3)	(39.1 - 42.1)	95% CI	(8.8 - 41.1)	(10.9 - 37.3)	(25.8 - 28.2)

## Hornsby and Ku-Ring-Gai Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

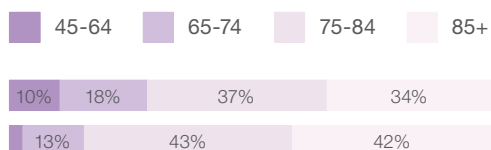
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

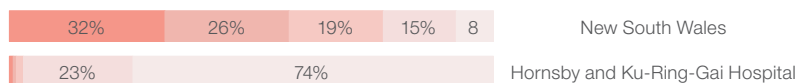


### Potentially avoidable CHF admissions<sup>1,4</sup>

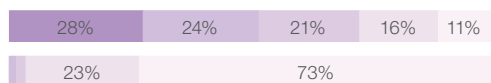
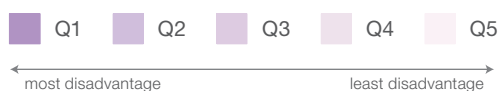
Age profile (years)



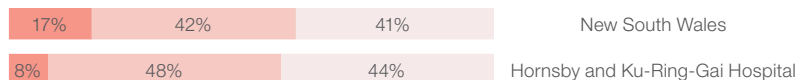
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



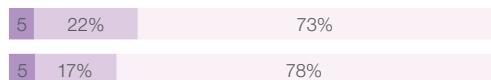
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



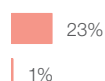
### Smoking status at admission<sup>7</sup>



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



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



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



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

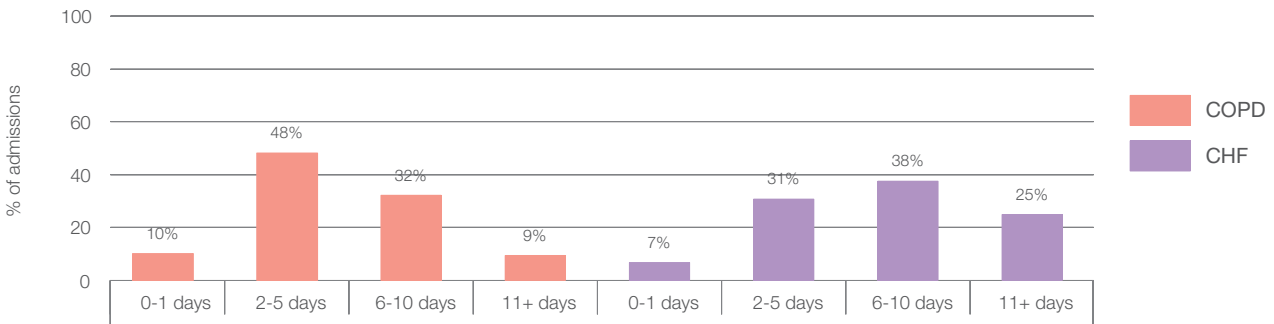


**Hornsby and Ku-Ring-Gai Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

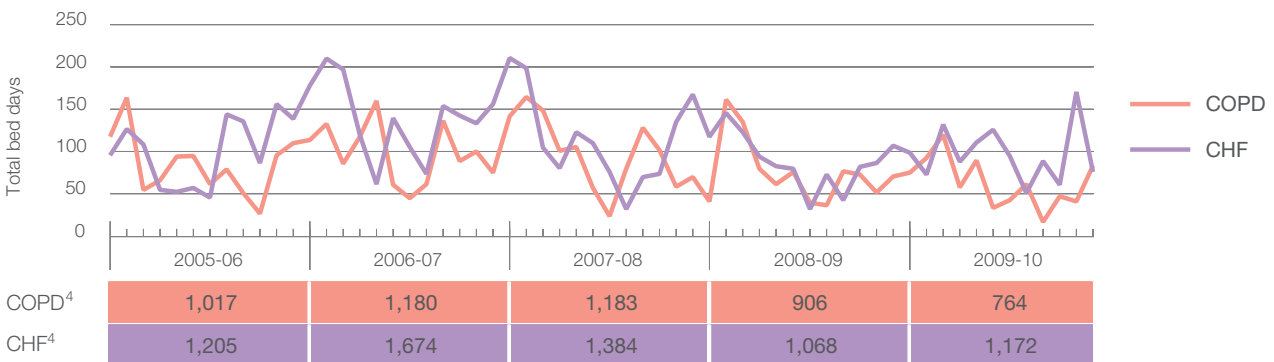
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	96%	97%		98%	% Unplanned <sup>10</sup>	99%
% from ED <sup>‡</sup>	89%	95%	83%	% from ED <sup>‡</sup>	94%	92%	87%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.8	6.1	6.1	Actual	8.3	7.2	6.9

Length of stay profiles



**Hornsby and Ku-Ring-Gai 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.

## Manly 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>	13,937	13,161	6%
Select medical hospitalisations <sup>2</sup>	5,525	5,585	-1%
Total potentially preventable hospitalisations <sup>3</sup>	1,287	1,288	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	167	134	25%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	119	120	-1%

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

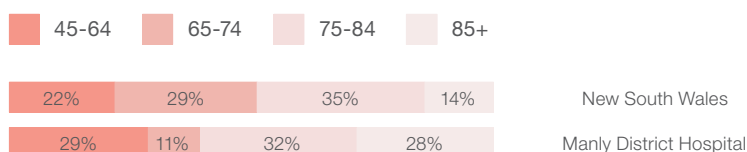
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	30.4	24.1	39.0	Actual	21.6	21.6	27.4
Standardised	*	*	40.6	Standardised	*	12.0	27.0
95% CI	*	*	(39.1 - 42.1)	95% CI	*	(5.9 - 19.1)	(25.8 - 28.2)

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

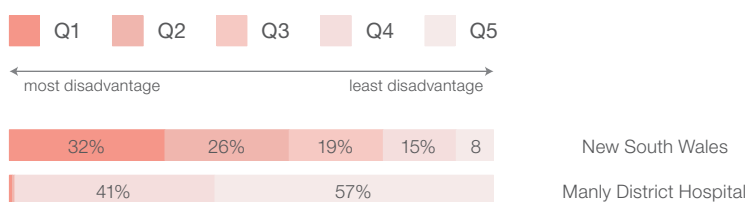
July 2009 to June 2010

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

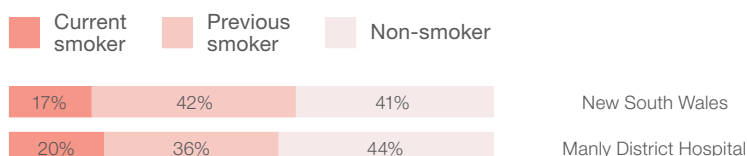
Age profile (years)



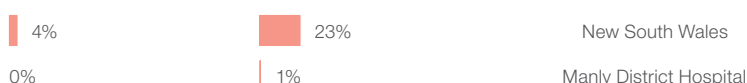
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

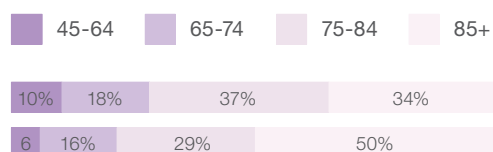


### Rural postcode<sup>9</sup>

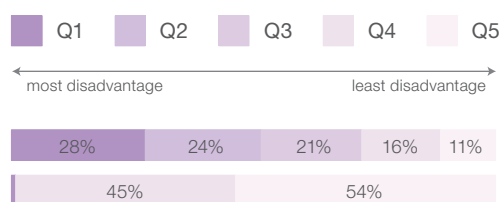


### Potentially avoidable CHF admissions<sup>1,4</sup>

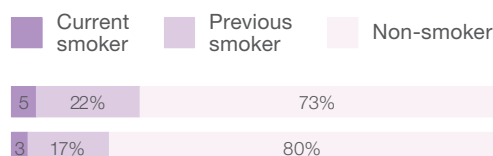
Age profile (years)



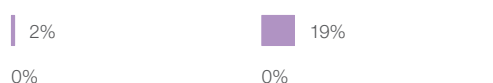
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



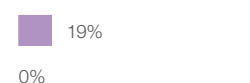
### Smoking status at admission<sup>7</sup>



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



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

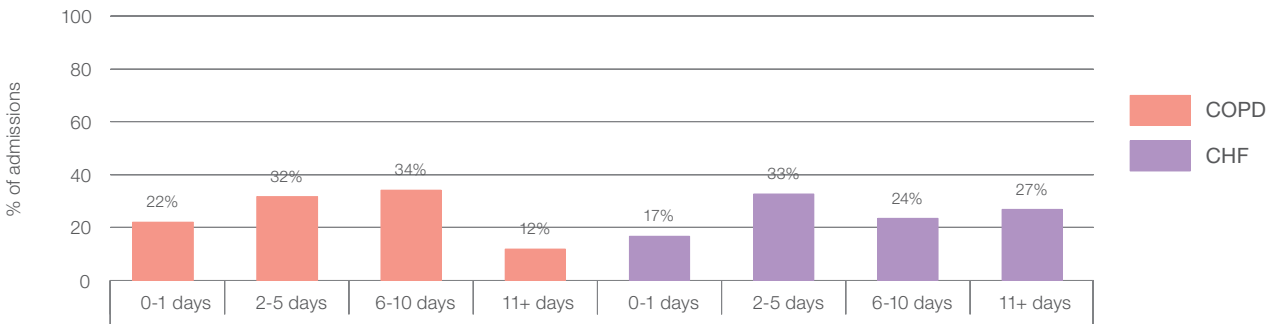


### Manly District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

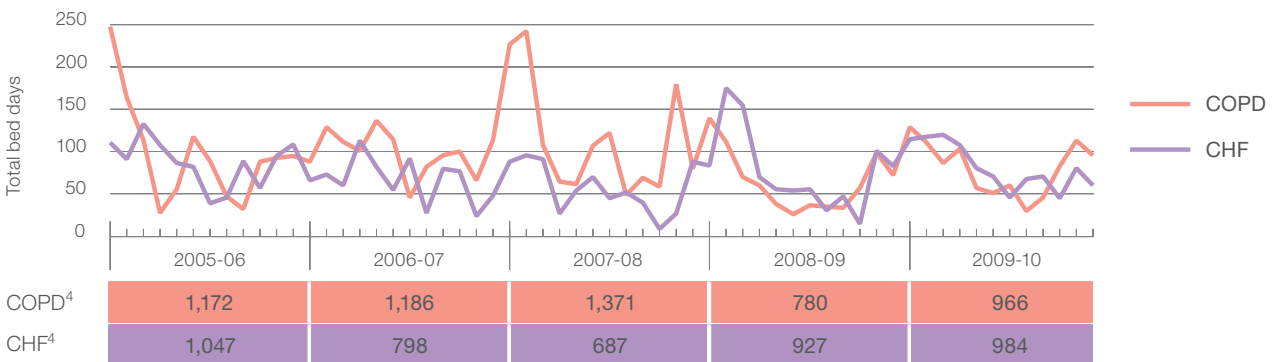
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	96%	96%		98%	% Unplanned <sup>10</sup>	98%
% from ED <sup>†</sup>	86%	82%	83%	% from ED <sup>†</sup>	83%	89%	87%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	6.0	5.8	6.1	Actual	8.3	8.1	6.9

#### Length of stay profiles



### Manly 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.

## Mona Vale and 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>	13,531	12,144	11%
Select medical hospitalisations <sup>2</sup>	5,479	5,085	8%
Total potentially preventable hospitalisations <sup>3</sup>	1,623	1,608	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	149	129	16%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	144	139	4%

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

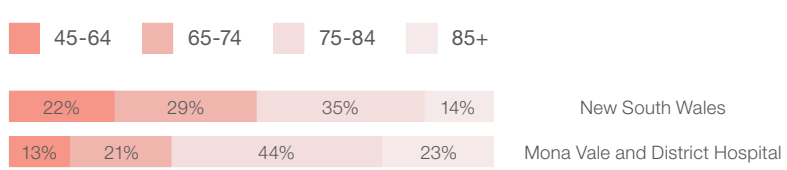
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	27.2	25.4	39.0	Actual	26.3	27.4	27.4
Standardised	*	*	40.6	Standardised	6.7	7.2	27.0
95% CI	*	*	(39.1 - 42.1)	95% CI	(5.1 - 8.6)	(5.5 - 9.2)	(25.8 - 28.2)

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

July 2009 to June 2010

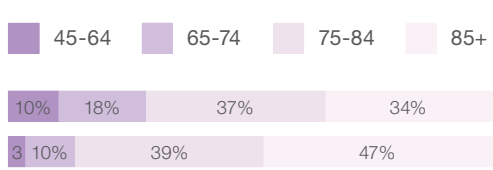
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

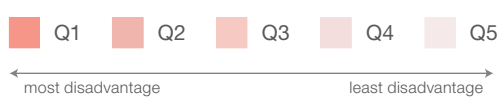


### Potentially avoidable CHF admissions<sup>1,4</sup>

Age profile (years)



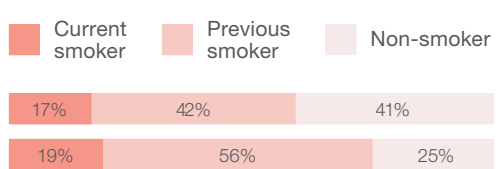
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



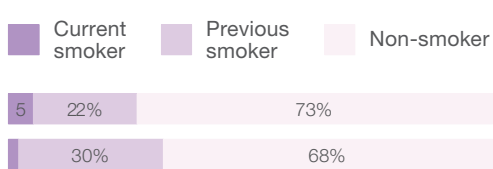
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



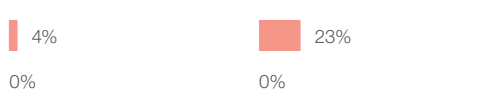
### Smoking status at admission<sup>7</sup>



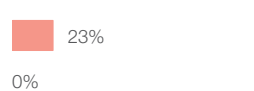
### Smoking status at admission<sup>7</sup>



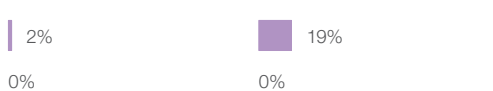
### Aboriginal status<sup>8</sup>



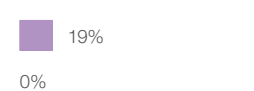
### Rural postcode<sup>9</sup>



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



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



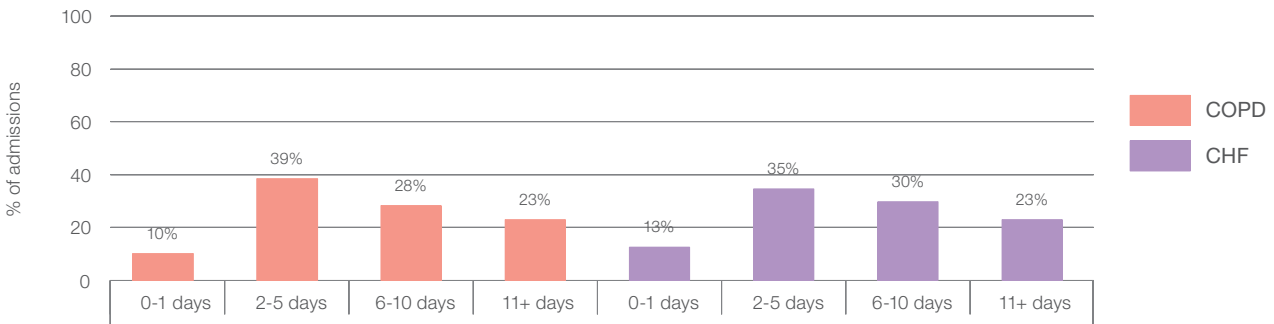


**Mona Vale and District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

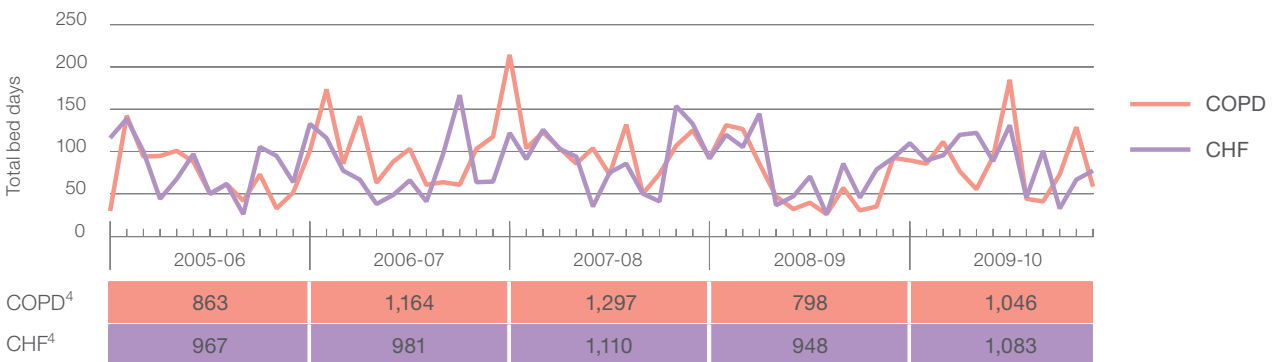
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	99%	98%	98%	99%	100%	98%
% from ED <sup>†</sup>	92%	84%	83%	86%	88%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	7.2	6.4	6.1	Actual	7.6	6.7

**Length of stay profiles**



**Mona Vale and 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.

## Royal North Shore 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>	49,668	48,703	2%
Select medical hospitalisations <sup>2</sup>	12,659	11,851	7%
Total potentially preventable hospitalisations <sup>3</sup>	3,745	3,775	-1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	231	190	22%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	296	309	-4%

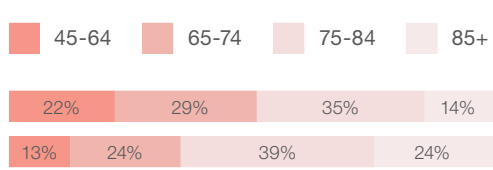
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	18.0	16.1	27.1	Actual	23.4	26.1	23.4
Standardised	9.1	7.9	28.3	Standardised	15.7	11.5	24.4
95% CI	(5.0 - 13.6)	(4.6 - 11.6)	(27.4 - 29.2)	95% CI	(6.9 - 25.4)	(5.7 - 17.8)	(23.6 - 25.3)

## Royal North Shore Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

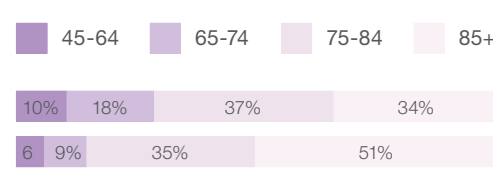
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

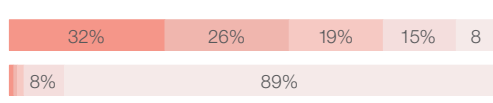


### Potentially avoidable CHF admissions<sup>1,4</sup>

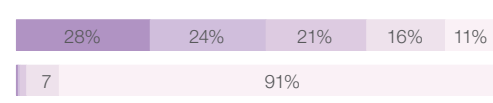
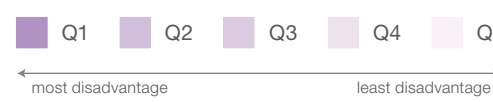
Age profile (years)



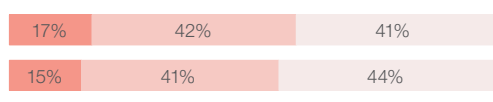
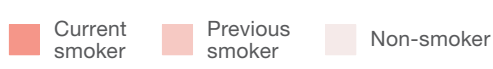
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



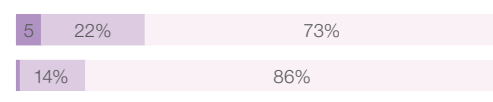
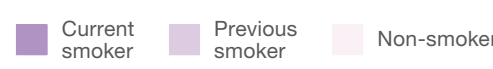
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



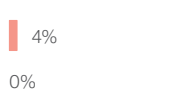
### Smoking status at admission<sup>7</sup>



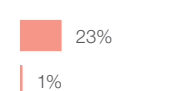
### Smoking status at admission<sup>7</sup>



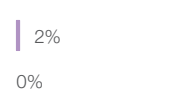
### Aboriginal status<sup>8</sup>



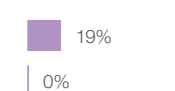
### Rural postcode<sup>9</sup>



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



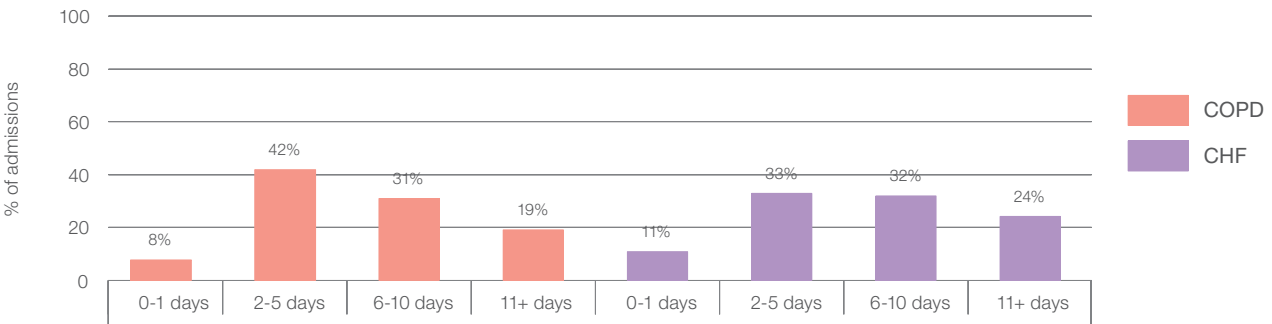
### Rural postcode<sup>9</sup>



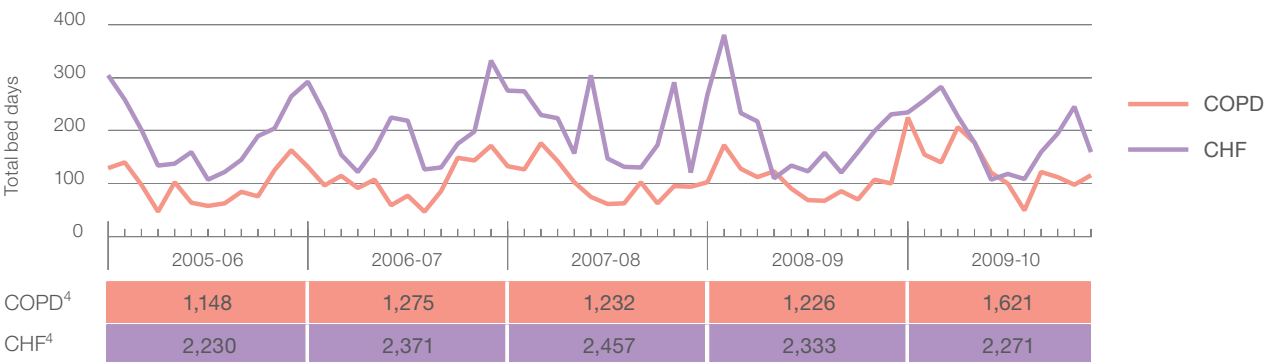
**Royal North Shore Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

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>	98%	98%	97%	100%	100%	98%
% from ED <sup>†</sup>	91%	94%	87%	90%	93%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	7.2	6.5	6.1	Actual	7.9	7.1

Length of stay profiles



**Royal North Shore 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.

## Ryde 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>	10,173	9,190	11%
Select medical hospitalisations <sup>2</sup>	5,587	5,145	9%
Total potentially preventable hospitalisations <sup>3</sup>	1,451	1,260	15%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	205	197	4%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	162	136	19%

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

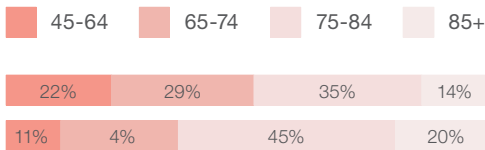
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	36.7	38.3	42.3	Actual	29.0	26.5	27.8
Standardised	43.9	60.4	41.0	Standardised	16.5	32.7†	27.9
95% CI	(32.7 - 56.2)	(33.0 - 90.9)	(39.0 - 42.9)	95% CI	(12.9 - 20.5)	(13.4 - 54.6)	(26.3 - 29.6)

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

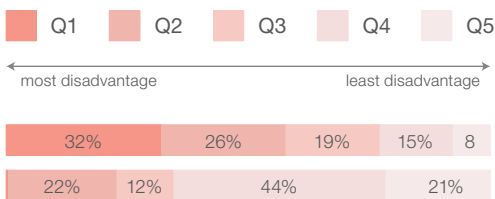
July 2009 to June 2010

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

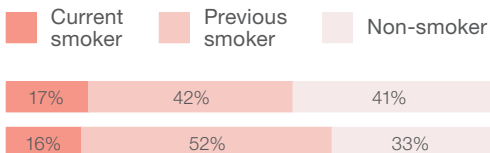
Age profile (years)



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



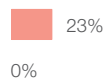
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

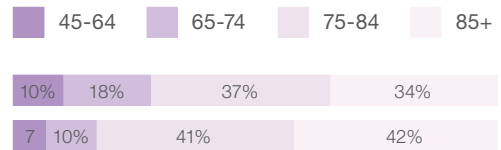


Rural postcode<sup>9</sup>

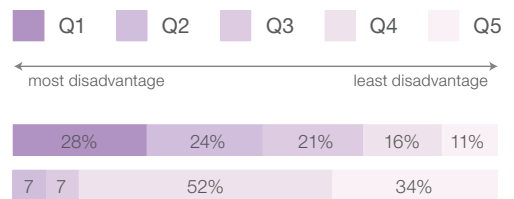


### Potentially avoidable CHF admissions<sup>1,4</sup>

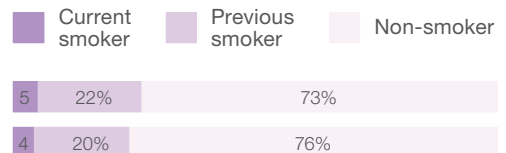
Age profile (years)



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



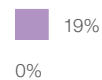
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

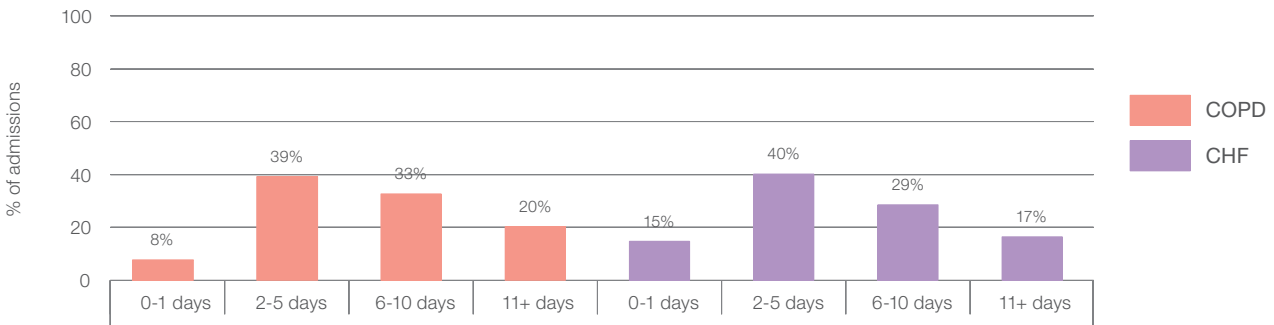


**Ryde Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

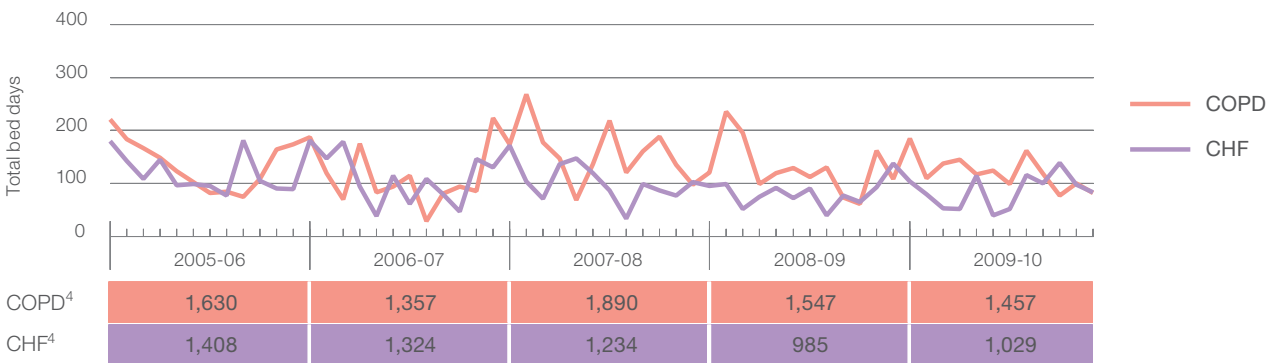
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD admissions<sup>4</sup></b>				<b>CHF admissions<sup>4</sup></b>			
% Unplanned <sup>10</sup>	99%	100%	98%	% Unplanned <sup>10</sup>	99%	99%	98%
% from ED <sup>†</sup>	91%	89%	73%	% from ED <sup>†</sup>	86%	87%	80%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	7.6	7.9	5.5	Actual	6.7	7.9	6.5

**Length of stay profiles**



**Ryde 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135

ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.

*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

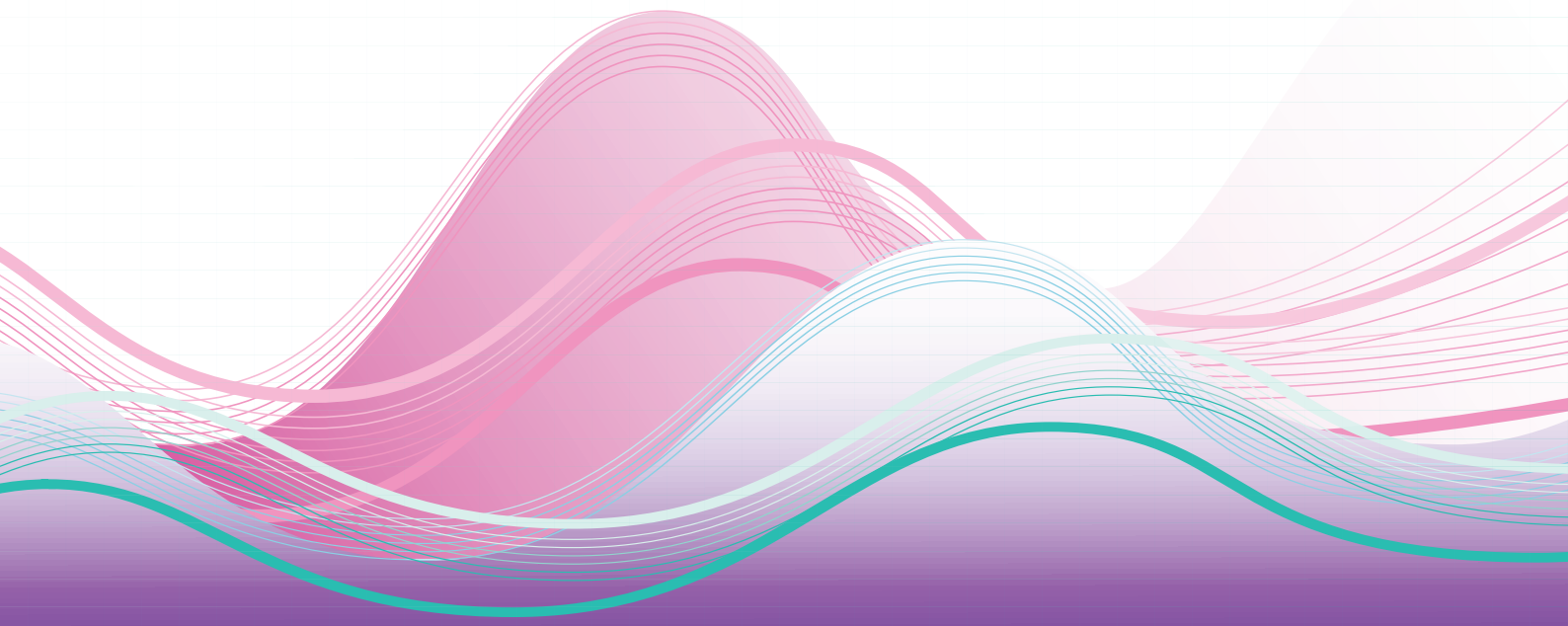
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

South Eastern Sydney Local Health Network

The Insights Series  
Volume 2, PART 1



## Prince of Wales 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>	42,217	42,270	0%
Select medical hospitalisations <sup>2</sup>	13,759	13,824	0%
Total potentially preventable hospitalisations <sup>3</sup>	3,652	3,573	2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	369	409	-10%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	271	249	9%

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

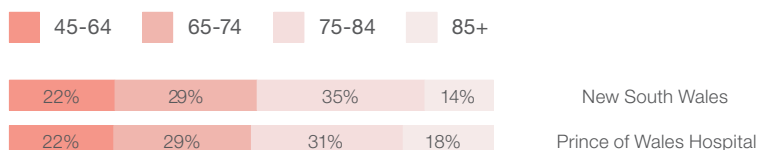
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	27.0	29.6	27.1	Actual	19.9	17.5	23.4
Standardised	23.4	27.1	28.3	Standardised	23.2	17.6	24.4
95% CI	(19.1 - 28.0)	(23.0 - 31.5)	(27.4 - 29.2)	95% CI	(18.2 - 28.6)	(12.3 - 23.3)	(23.6 - 25.3)

## Prince of Wales Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

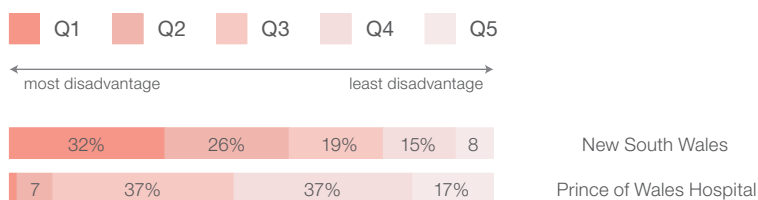
July 2009 to June 2010

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

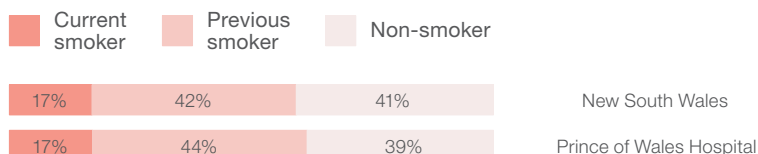
Age profile (years)



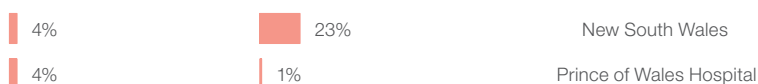
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

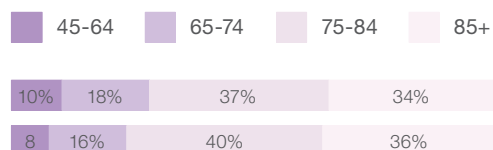


### Rural postcode<sup>9</sup>

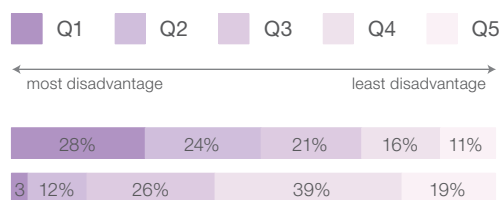


### Potentially avoidable CHF admissions<sup>1,4</sup>

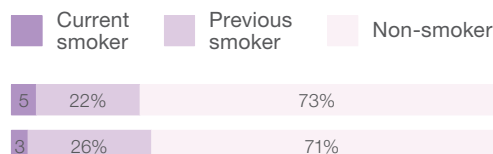
Age profile (years)



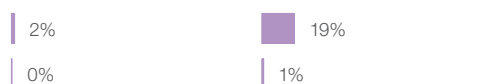
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



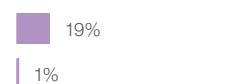
### Smoking status at admission<sup>7</sup>



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



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

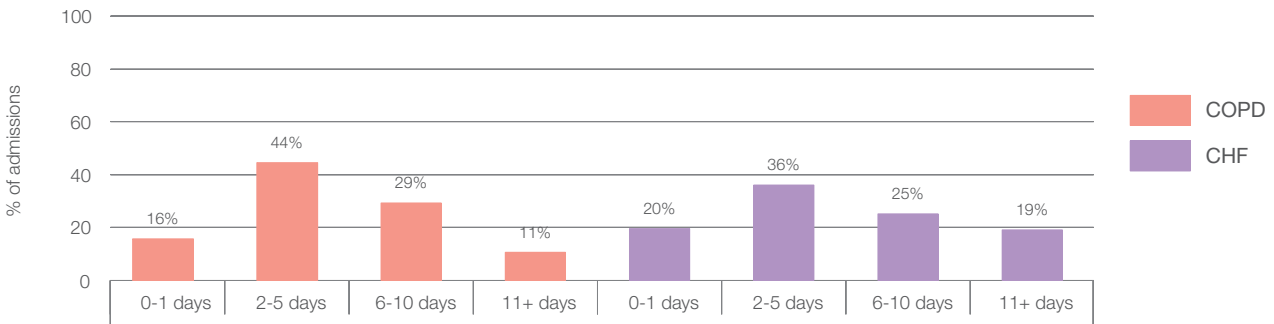




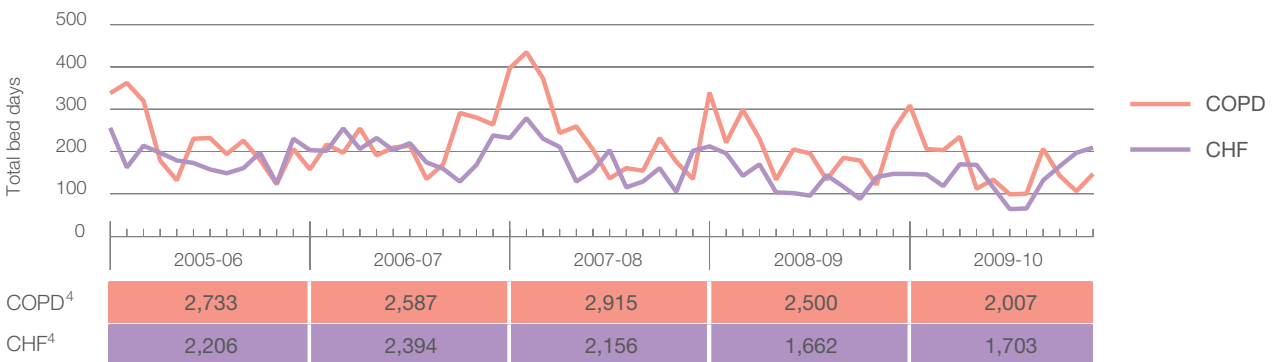
**Prince of Wales Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

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>	97%	93%	97%	95%	95%	98%
% from ED <sup>†</sup>	92%	88%	87%	88%	90%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.7	6.0	6.1	Actual	6.5	6.6

Length of stay profiles



**Prince of Wales 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.

## St George 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>	53,028	51,182	4%
Select medical hospitalisations <sup>2</sup>	15,598	14,646	7%
Total potentially preventable hospitalisations <sup>3</sup>	4,552	4,433	3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	352	379	-7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	404	433	-7%

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

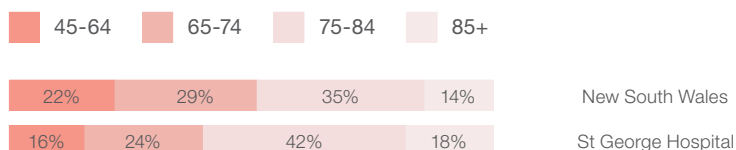
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	22.7	26.0	27.1	Actual	25.9	29.6	23.4
Standardised	23.7	19.1	28.3	Standardised	21.7	25.4	24.4
95% CI	(19.5 - 28.3)	(16.2 - 22.3)	(27.4 - 29.2)	95% CI	(17.5 - 26.1)	(21.1 - 30.1)	(23.6 - 25.3)

## St George Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

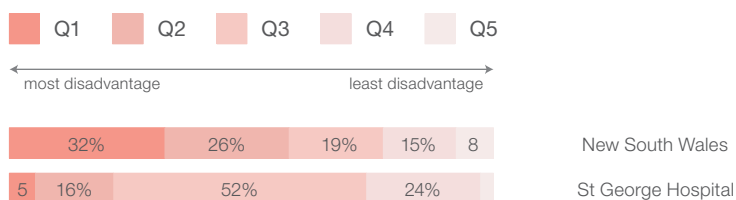
July 2009 to June 2010

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

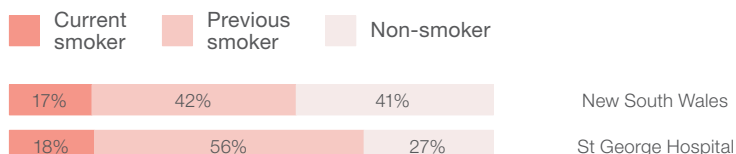
Age profile (years)



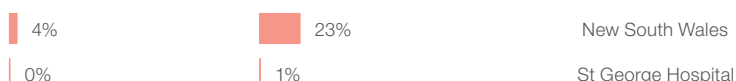
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

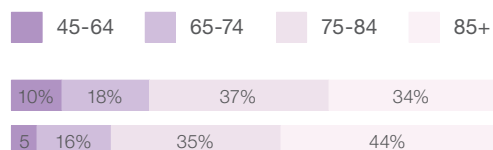


Rural postcode<sup>9</sup>

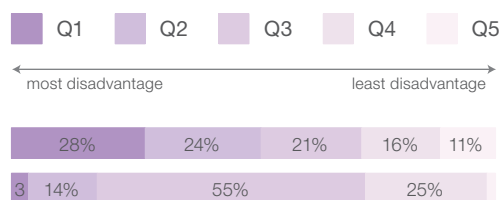


### Potentially avoidable CHF admissions<sup>1,4</sup>

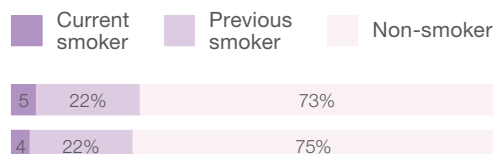
Age profile (years)



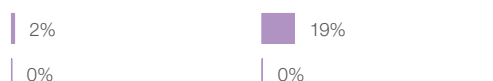
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



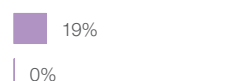
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

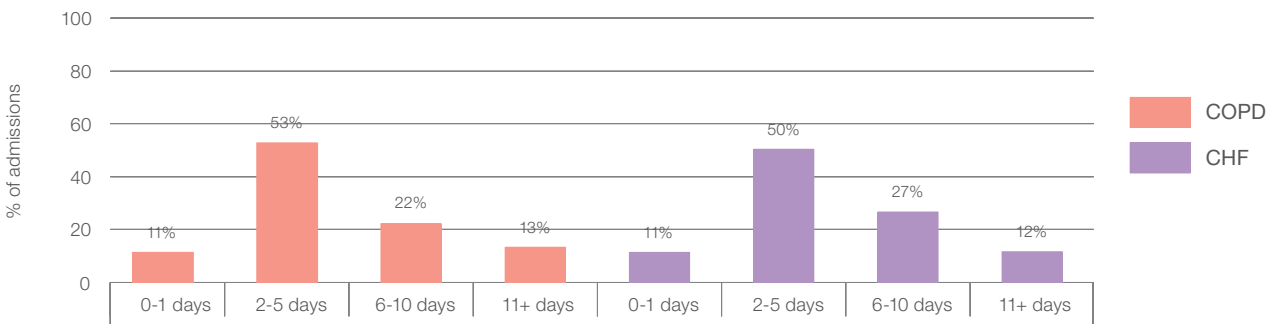


## St George Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

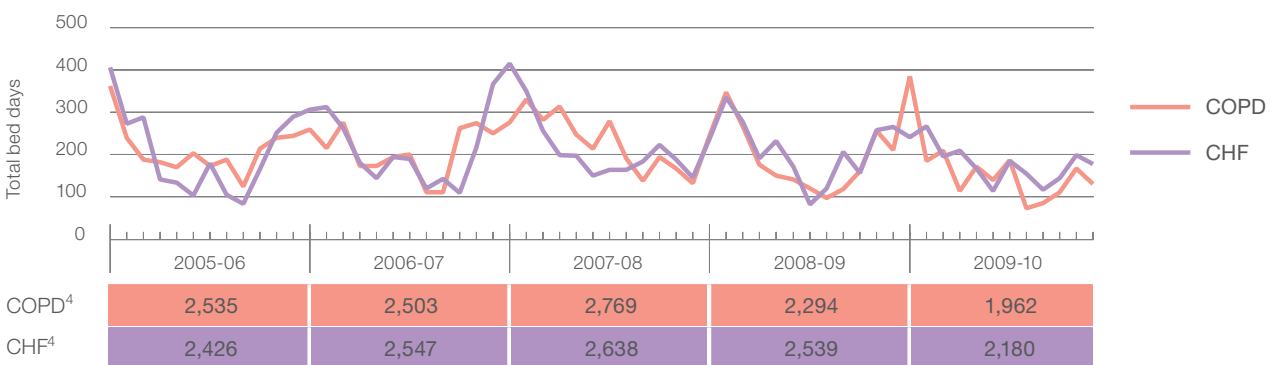
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	96%	96%	97%	95%	98%	98%
% from ED <sup>†</sup>	90%	92%	87%	85%	88%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.9	6.0	6.1	Actual	5.8	5.9

### Length of stay profiles



## St George 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.

## Sutherland 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>	25,117	22,348	13%
Select medical hospitalisations <sup>2</sup>	9,053	8,101	12%
Total potentially preventable hospitalisations <sup>3</sup>	2,540	2,357	8%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	185	254	-27%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	223	207	8%

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

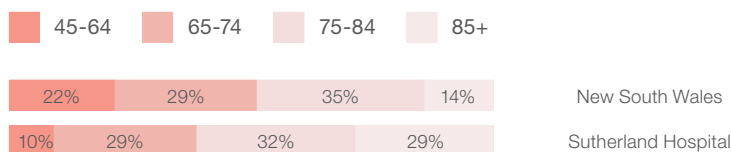
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	20.3	31.6	39.0	Actual	24.8	25.6	27.4
Standardised	9.5	12.8	40.6	Standardised	11.9	11.7†	27.0
95% CI	(5.4 - 14.1)	(8.8 - 17.1)	(39.1 - 42.1)	95% CI	(5.5 - 19.0)	(5.0 - 19.3)	(25.8 - 28.2)

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

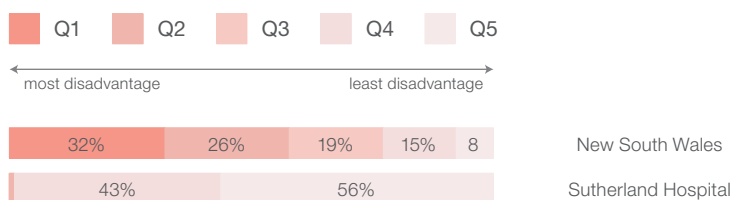
July 2009 to June 2010

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

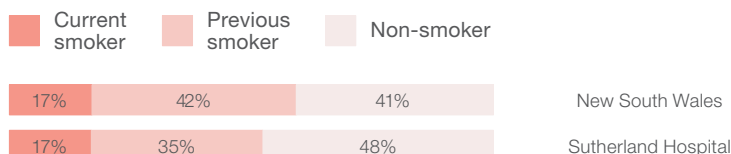
Age profile (years)



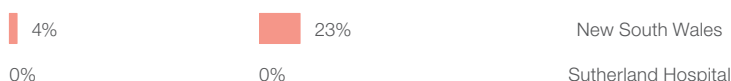
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

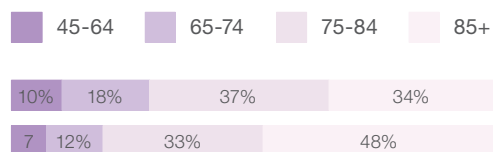


### Rural postcode<sup>9</sup>

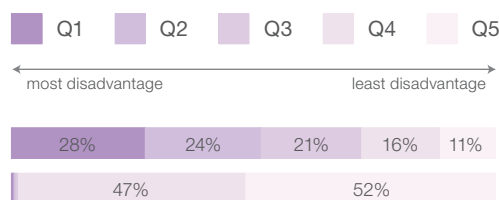


### Potentially avoidable CHF admissions<sup>1,4</sup>

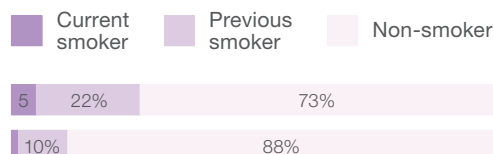
Age profile (years)



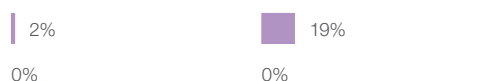
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



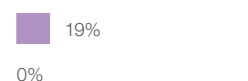
### Smoking status at admission<sup>7</sup>



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



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

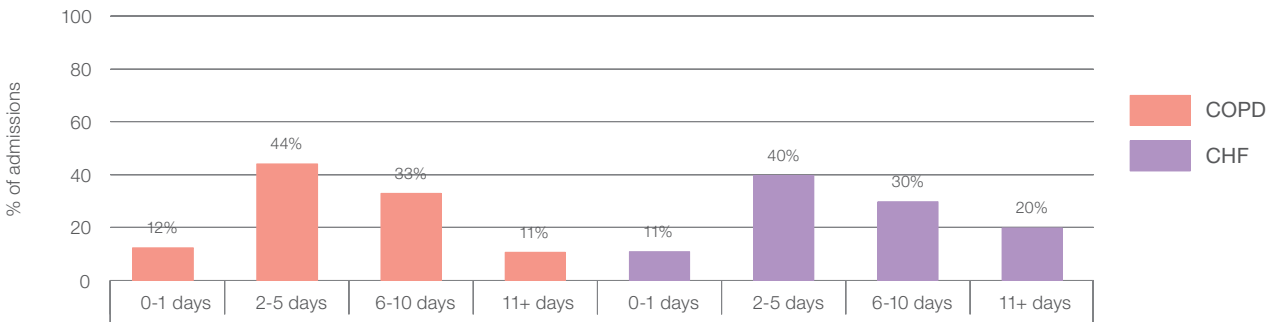


**Sutherland Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

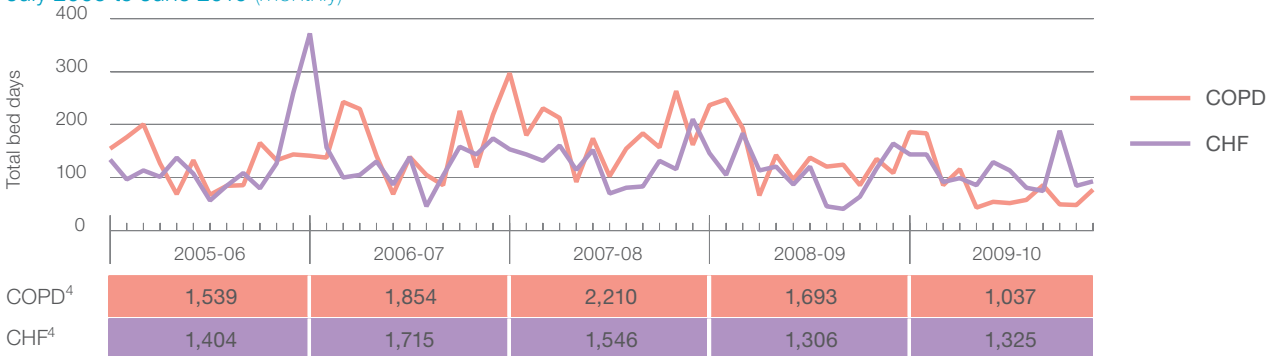
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	96%	95%	98%	98%	97%	98%
% from ED <sup>†</sup>	84%	79%	83%	84%	87%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.8	7.2	6.1	Actual	6.8	6.6

**Length of stay profiles**



**Sutherland 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.

## Download our reports

The report, *Chronic Disease Care: A piece of the picture* - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135

ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.

*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

South Western Sydney Local Health Network

The Insights Series  
Volume 2, PART 1



## Bankstown / Lidcombe 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>	34,008	31,464	8%
Select medical hospitalisations <sup>2</sup>	14,083	12,577	12%
Total potentially preventable hospitalisations <sup>3</sup>	3,959	3,574	11%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	395	394	0%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	283	330	-14%

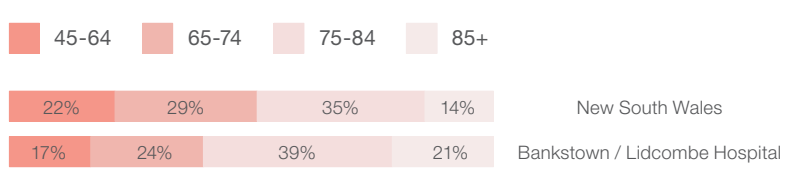
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	28.1	31.2	39.0	Actual	20.1	26.3	27.4
Standardised	25.4	25.5	40.6	Standardised	19.5	23.3	27.0
95% CI	(21.8 - 29.3)	(22.1 - 29.2)	(39.1 - 42.1)	95% CI	(15.3 - 24.1)	(20.2 - 26.8)	(25.8 - 28.2)

## Bankstown / Lidcombe Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

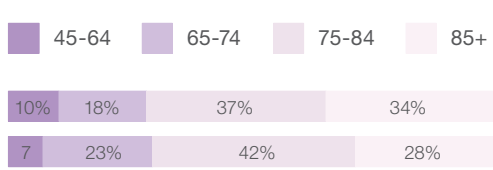
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

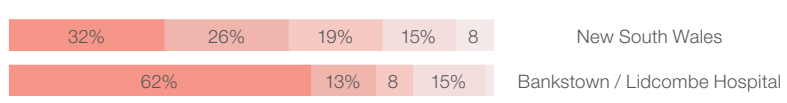
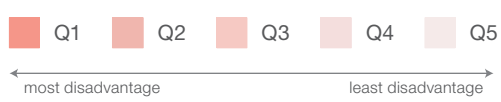


### Potentially avoidable CHF admissions<sup>1,4</sup>

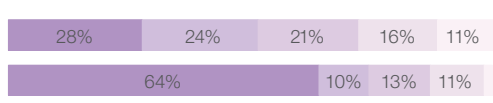
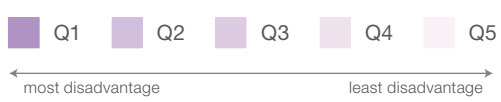
Age profile (years)



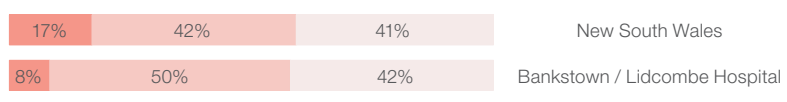
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



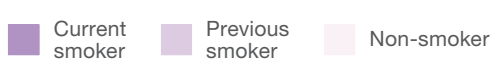
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



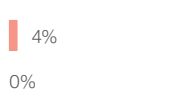
### Smoking status at admission<sup>7</sup>



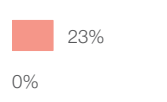
### Smoking status at admission<sup>7</sup>



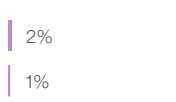
### Aboriginal status<sup>8</sup>



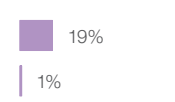
### Rural postcode<sup>9</sup>



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



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



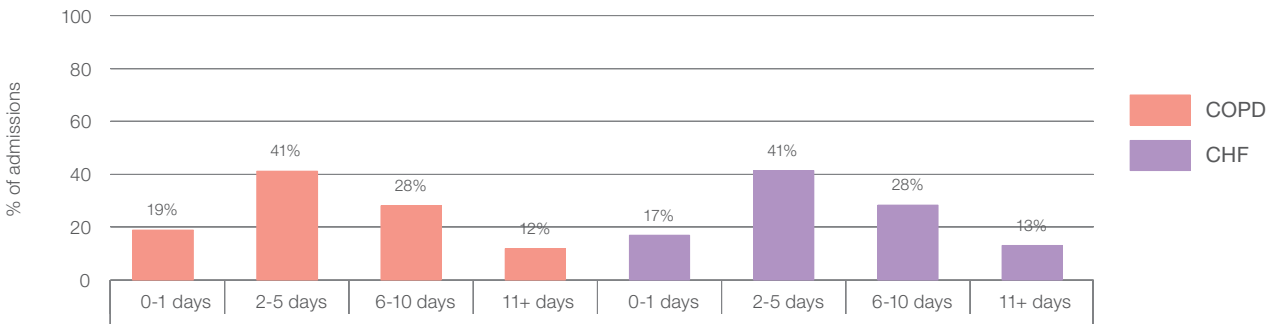


**Bankstown / Lidcombe Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

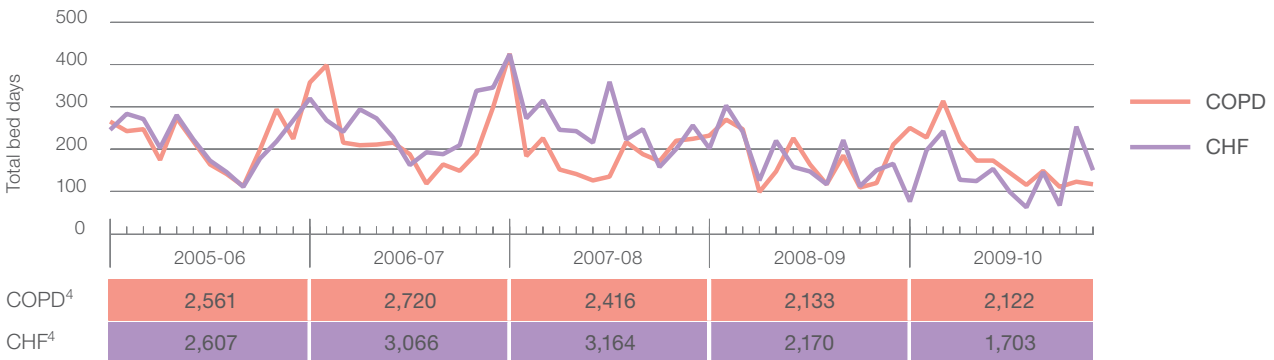
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	96%	98%	98%	94%	95%	98%
% from ED <sup>†</sup>	83%	88%	83%	86%	84%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.5	5.5	6.1	Actual	6.1	6.7

**Length of stay profiles**



**Bankstown / Lidcombe 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.

## Bowral and 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>	8,969	8,903	1%
Select medical hospitalisations <sup>2</sup>	3,343	3,285	2%
Total potentially preventable hospitalisations <sup>3</sup>	1,181	1,180	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	129	113	14%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	65	70	-7%

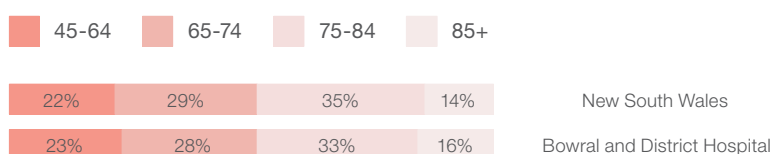
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	38.7	34.5	42.3	Actual	19.5	21.4	27.8
Standardised	*	14.9	41.0	Standardised	6.5†	*	27.9
95% CI	*	(7.5 - 23.4)	(39.0 - 42.9)	95% CI	(2.3 - 11.6)	*	(26.3 - 29.6)

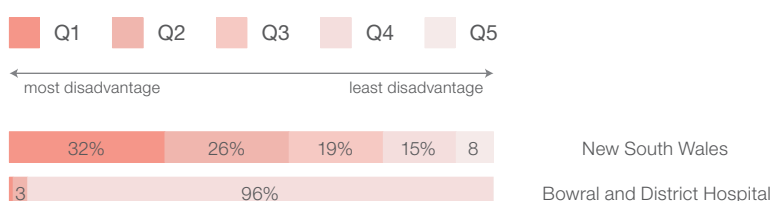
## Bowral and District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

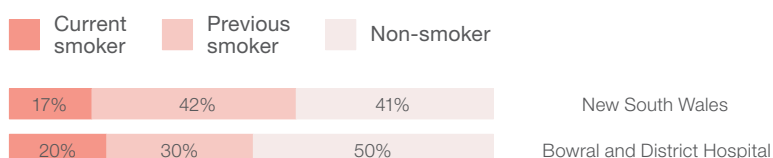
Age profile (years)



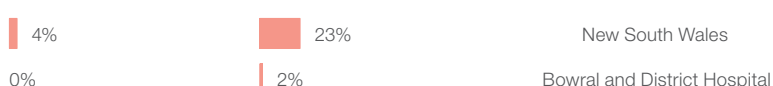
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

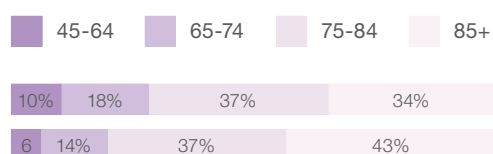


Rural postcode<sup>9</sup>

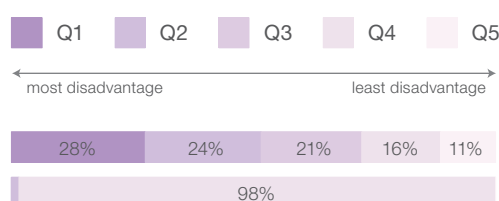


### Potentially avoidable CHF admissions<sup>1,4</sup>

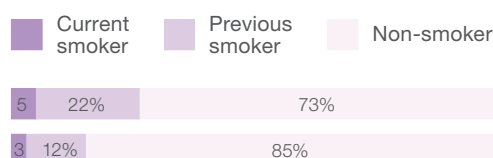
Age profile (years)



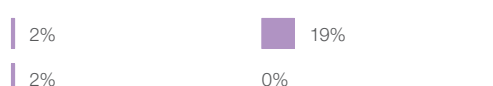
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



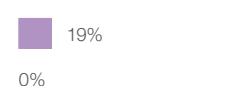
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

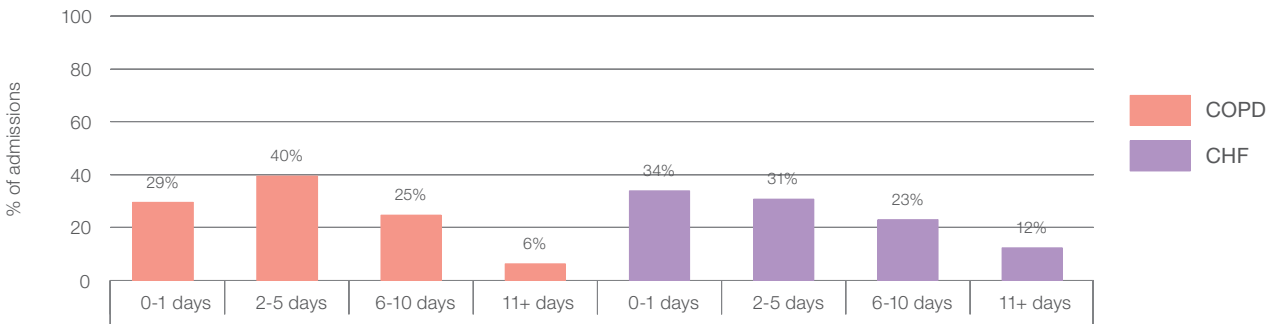


## Bowral and District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

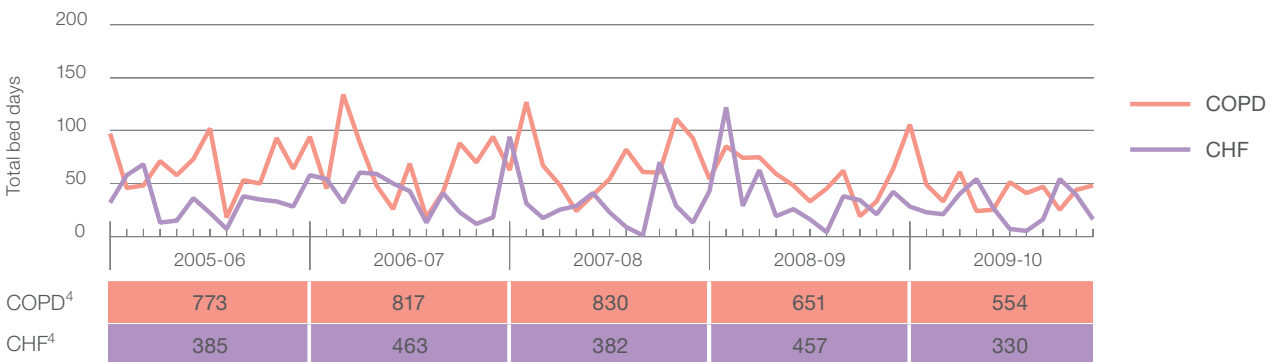
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	98%	96%	98%	100%	89%	98%
% from ED <sup>†</sup>	78%	73%	73%	69%	80%	80%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.3	5.8	5.5	Actual	5.2	6.7

### Length of stay profiles



## Bowral and 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.

## Camden 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>	2,714	2,542	7%
Select medical hospitalisations <sup>2</sup>	1,970	1,875	5%
Total potentially preventable hospitalisations <sup>3</sup>	304	313	-3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	22	25	-12%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	14	15	-7%

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

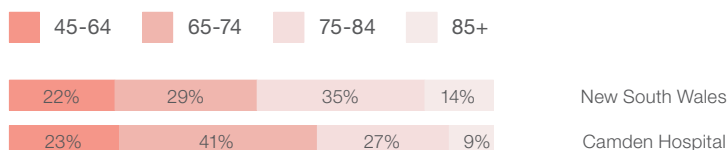
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	11.2	13.4	41.4	Actual	7.1	8.0	22.5
Standardised	8.1†	8.7†	38.8	Standardised	*	2.4	24.1
95% CI	(2.8 - 15.4)	(3.3 - 16.0)	(36.4 - 41.3)	95% CI	*	(1.3 - 3.9)	(21.8 - 26.4)

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

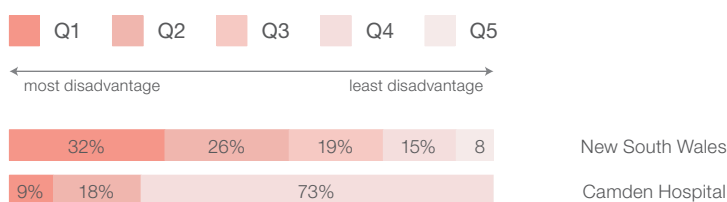
July 2009 to June 2010

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

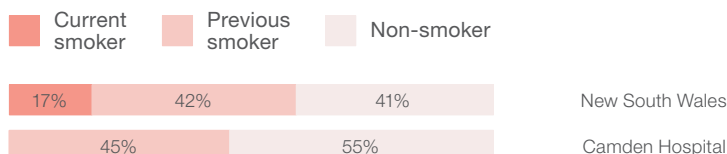
Age profile (years)



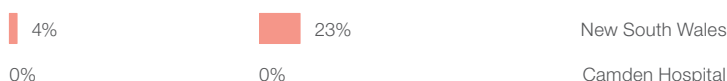
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



Aboriginal status<sup>8</sup>

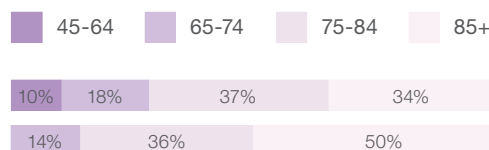


Rural postcode<sup>9</sup>

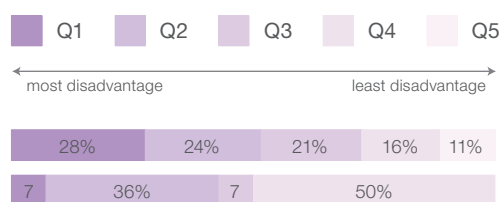


### Potentially avoidable CHF admissions<sup>1,4</sup>

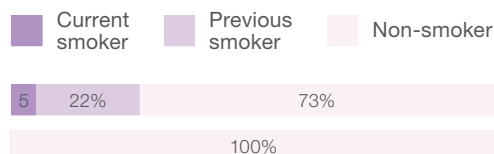
Age profile (years)



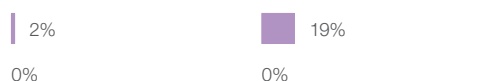
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



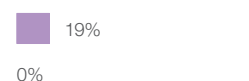
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

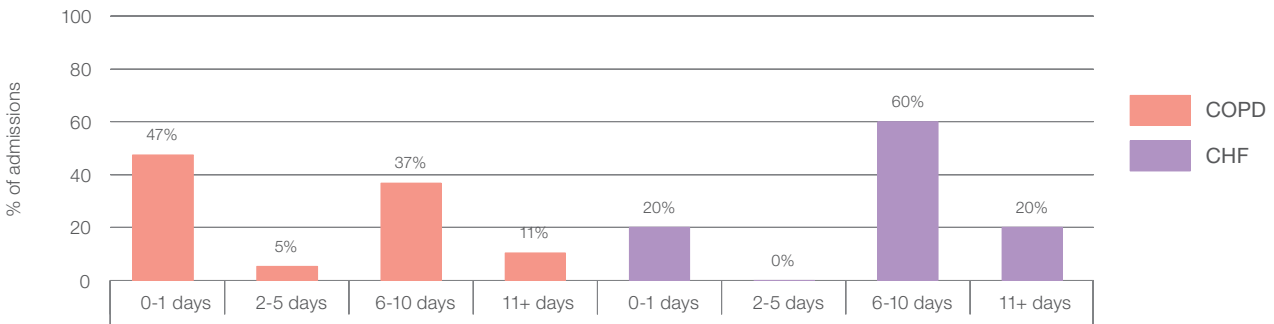


**Camden Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

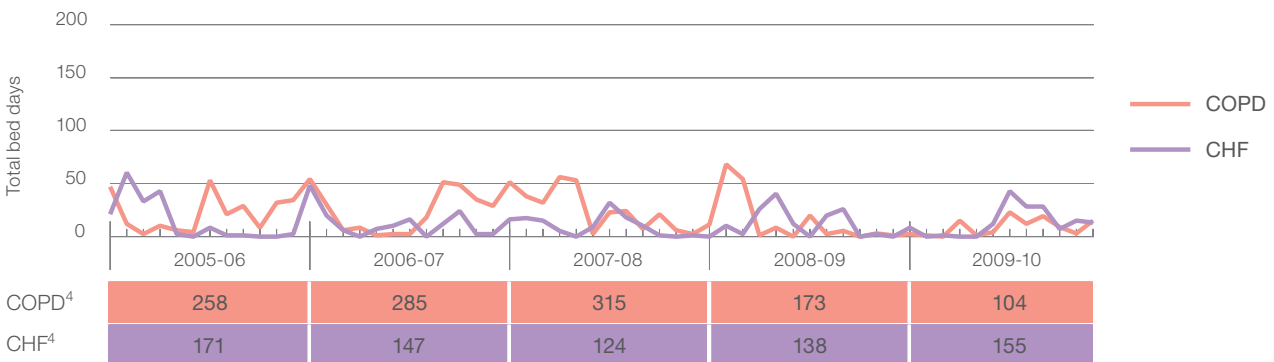
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	84%	97%	79%	100%	97%
% from ED <sup>†</sup>	0%	0%	77%	0%	0%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.5	7.5	5.8	Actual	15.5	9.9

**Length of stay profiles**



**Camden 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.

## Campbelltown 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>	29,930	28,375	5%
Select medical hospitalisations <sup>2</sup>	7,228	6,980	4%
Total potentially preventable hospitalisations <sup>3</sup>	3,704	3,369	10%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	333	380	-12%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	177	185	-3%

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

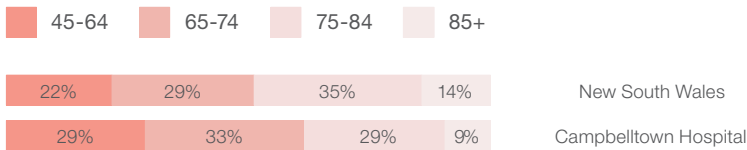
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	46.0	54.6	39.0	Actual	24.6	26.5	27.4
Standardised	38.0	49.0	40.6	Standardised	27.9	26.1	27.0
95% CI	(32.2 - 44.2)	(41.0 - 57.6)	(39.1 - 42.1)	95% CI	(21.3 - 35.2)	(19.3 - 33.6)	(25.8 - 28.2)

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

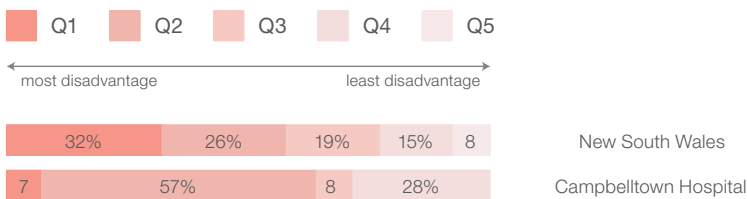
July 2009 to June 2010

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

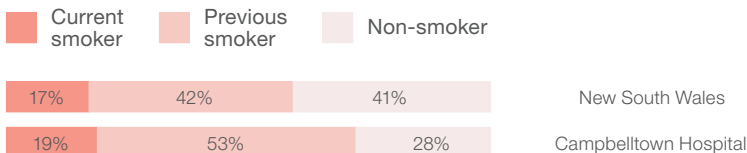
Age profile (years)



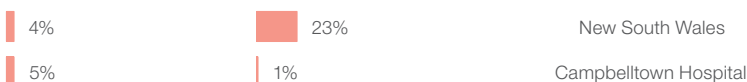
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

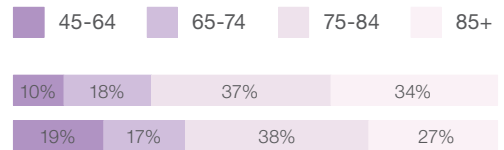


### Rural postcode<sup>9</sup>

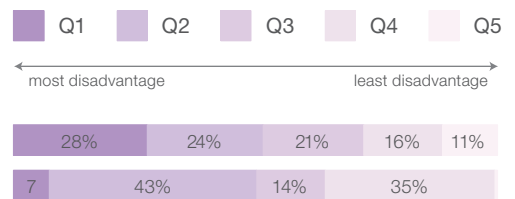


### Potentially avoidable CHF admissions<sup>1,4</sup>

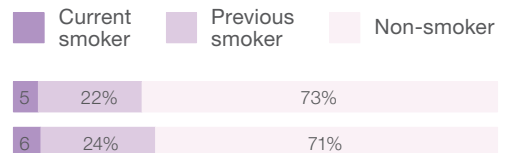
Age profile (years)



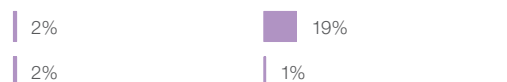
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



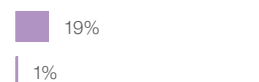
### Smoking status at admission<sup>7</sup>



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



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

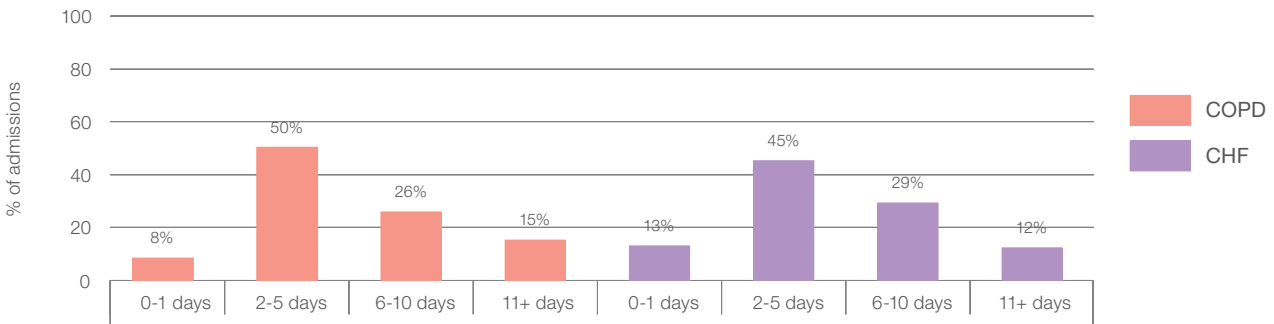


**Campbelltown Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

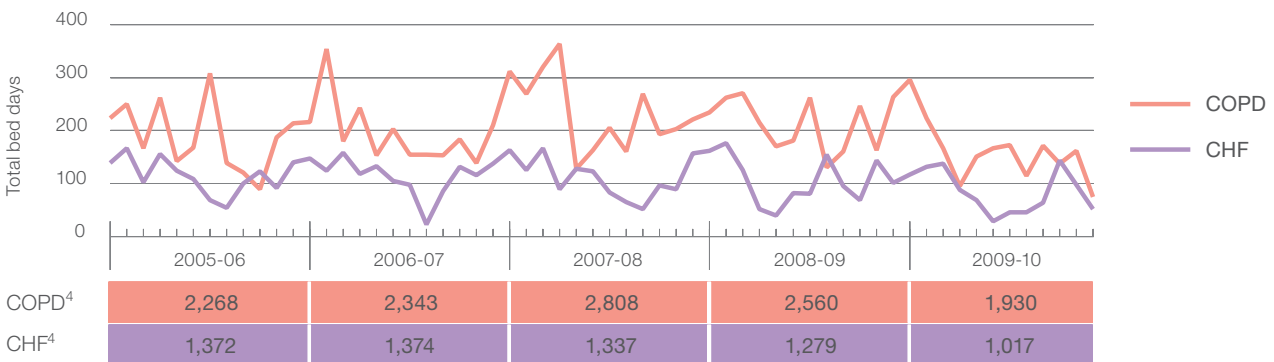
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	98%	98%		98%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	92%	88%	83%	% from ED <sup>†</sup>	93%	88%	87%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	6.1	6.5	6.1	Actual	5.9	7.1	6.9

**Length of stay profiles**



**Campbelltown 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.

## Fairfield 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>	16,328	15,804	3%
Select medical hospitalisations <sup>2</sup>	5,270	4,998	5%
Total potentially preventable hospitalisations <sup>3</sup>	1,833	1,859	-2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	260	267	-3%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	208	245	-15%

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

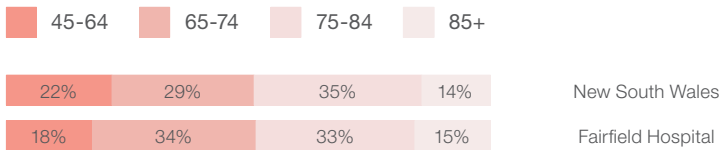
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	49.4	53.4	39.0	Actual	39.4	49.2	27.4
Standardised	45.1	44.6	40.6	Standardised	30.8	43.6	27.0
95% CI	(33.9 - 57.5)	(32.6 - 57.8)	(39.1 - 42.1)	95% CI	(23.2 - 39.1)	(32.2 - 56.1)	(25.8 - 28.2)

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

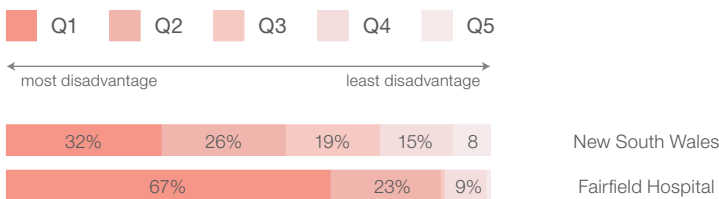
July 2009 to June 2010

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

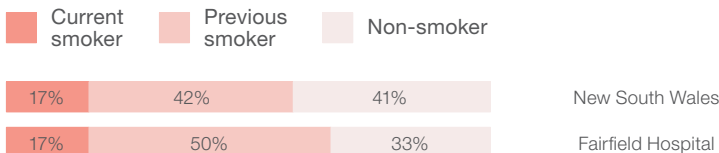
Age profile (years)



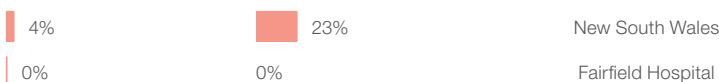
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

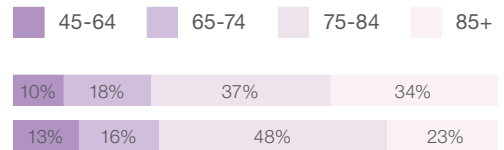


### Rural postcode<sup>9</sup>

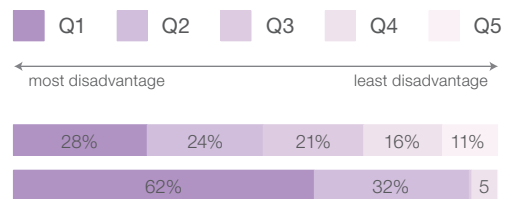


### Potentially avoidable CHF admissions<sup>1,4</sup>

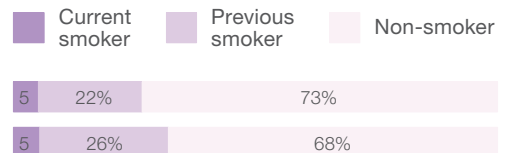
Age profile (years)



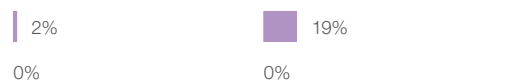
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



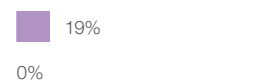
### Smoking status at admission<sup>7</sup>



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



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



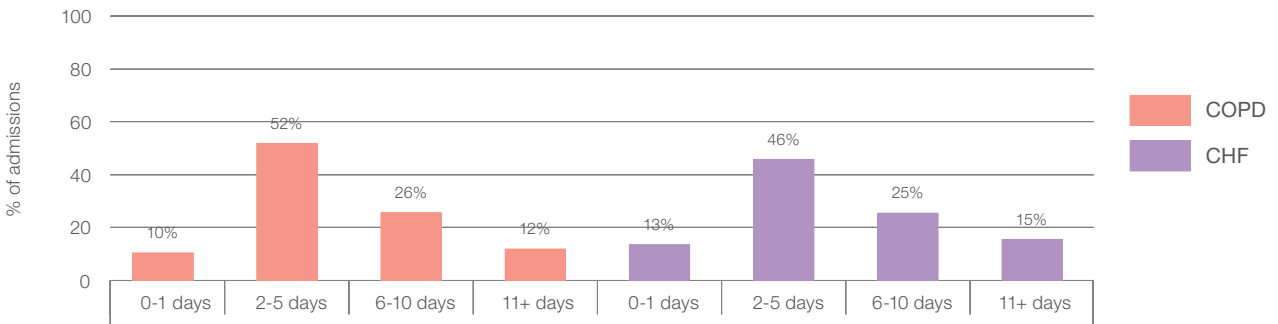


**Fairfield Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

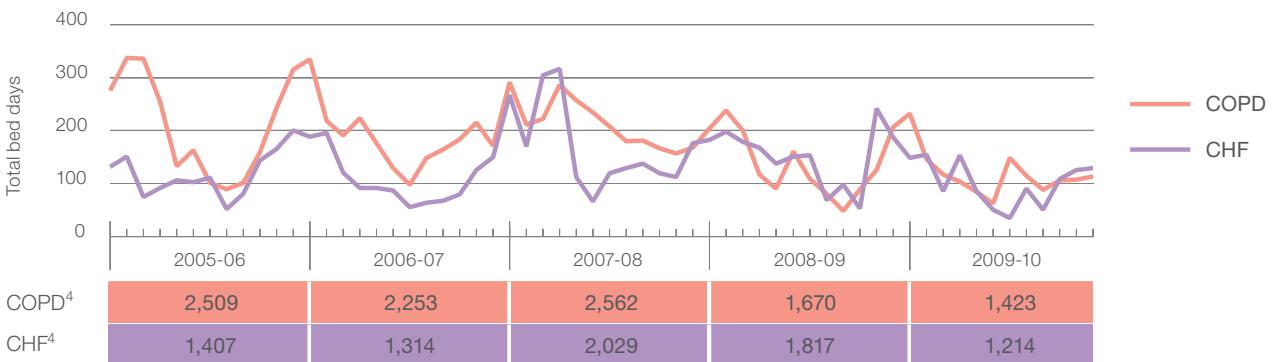
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	98%	100%	99%	98%
% from ED <sup>†</sup>	93%	94%	83%	90%	91%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.7	6.2	6.1	Actual	6.1	7.3

**Length of stay profiles**



**Fairfield 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.

## Liverpool 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>	83,977	78,364	7%
Select medical hospitalisations <sup>2</sup>	13,805	11,847	17%
Total potentially preventable hospitalisations <sup>3</sup>	4,636	4,567	2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	521	558	-7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	400	364	10%

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

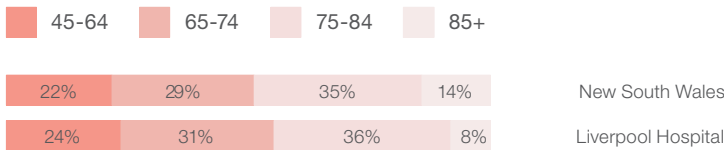
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	37.9	47.3	27.1	Actual	29.1	31.0	23.4
Standardised	28.5	40.6	28.3	Standardised	36.8	33.0	24.4
95% CI	(24.5 - 32.8)	(29.7 - 52.1)	(27.4 - 29.2)	95% CI	(29.4 - 44.7)	(25.6 - 41.0)	(23.6 - 25.3)

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

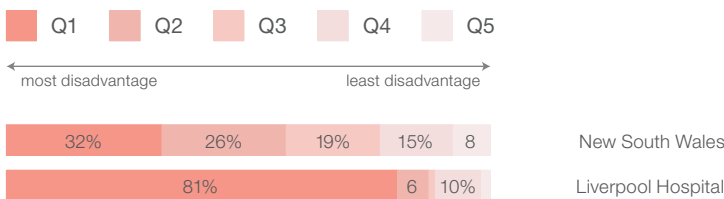
July 2009 to June 2010

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

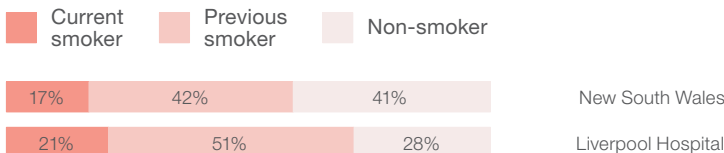
Age profile (years)



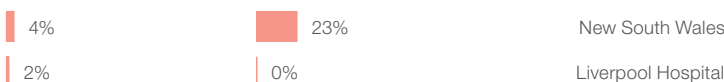
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

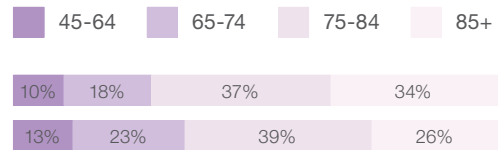


### Rural postcode<sup>9</sup>

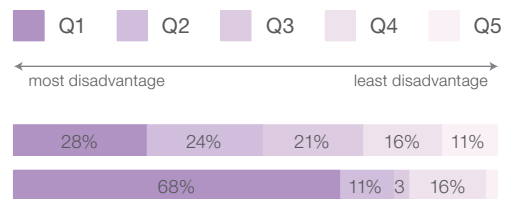


### Potentially avoidable CHF admissions<sup>1,4</sup>

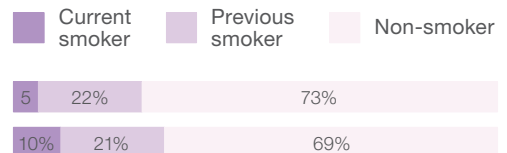
Age profile (years)



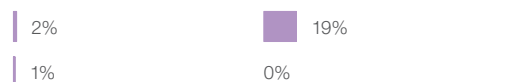
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



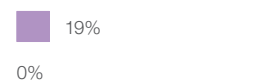
### Smoking status at admission<sup>7</sup>



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



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

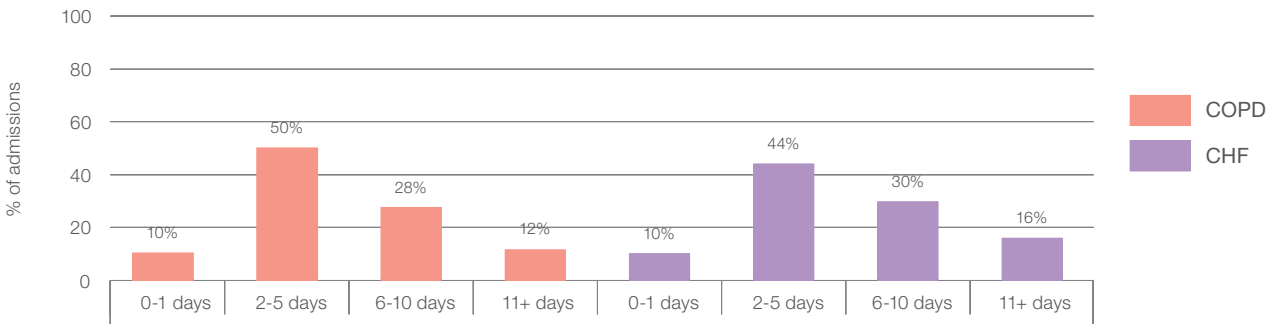


### Liverpool Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

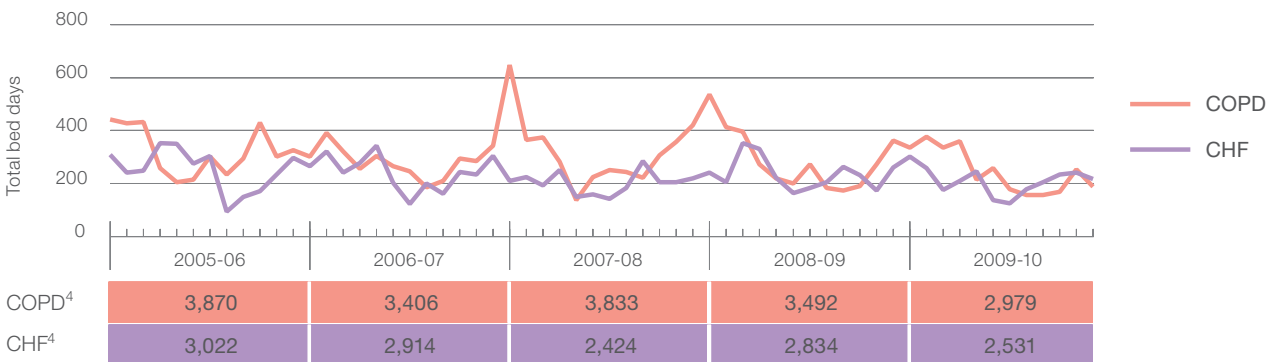
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	99%	97%	99%	99%	98%
% from ED <sup>†</sup>	96%	96%	87%	91%	90%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.9	6.4	6.1	Actual	6.5	7.9

#### Length of stay profiles



### Liverpool 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Southern NSW Local Health Network

The Insights Series  
Volume 2, PART 1



## Bateman's Bay 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>	5,176	4,715	10%
Select medical hospitalisations <sup>2</sup>	2,291	2,227	3%
Total potentially preventable hospitalisations <sup>3</sup>	592	571	4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	78	88	-11%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	61	65	-6%

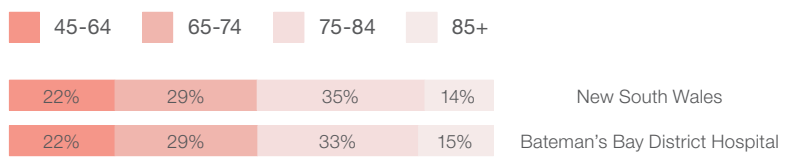
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	34.1	39.7	41.4	Actual	26.7	29.3	22.5
Standardised	13.7	*	38.8	Standardised	*	*	24.1
95% CI	(6.1 - 22.7)	*	(36.4 - 41.3)	95% CI	*	*	(21.8 - 26.4)

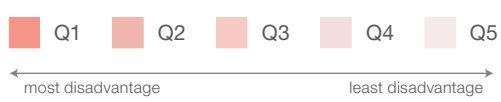
## Bateman's Bay District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

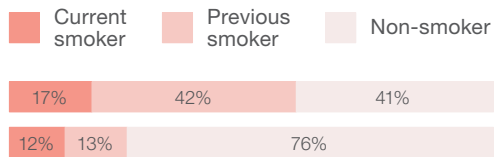
Age profile (years)



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



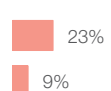
### Smoking status at admission<sup>7</sup>



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

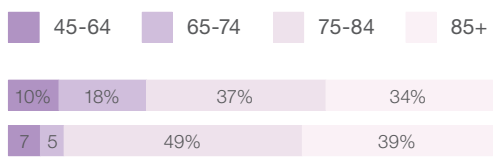


### Rural postcode<sup>9</sup>



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

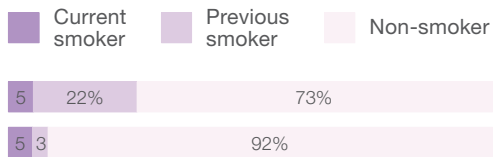
Age profile (years)



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



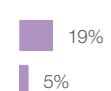
### Smoking status at admission<sup>7</sup>



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



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

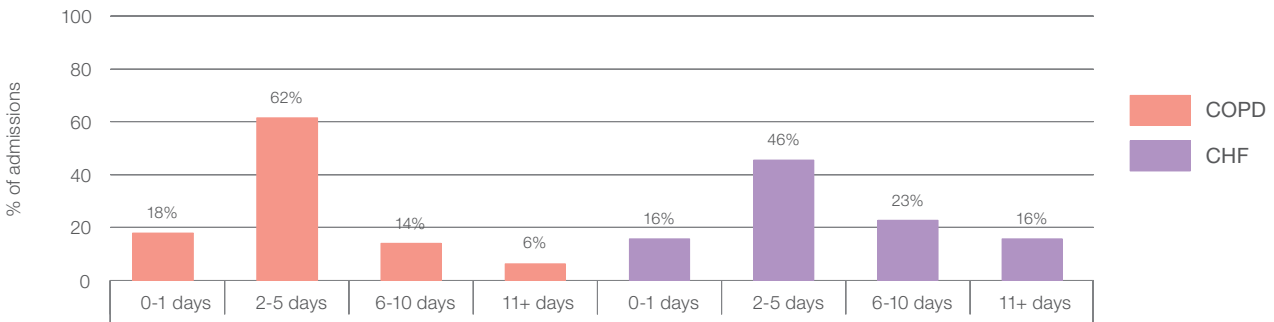


**Bateman's Bay District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

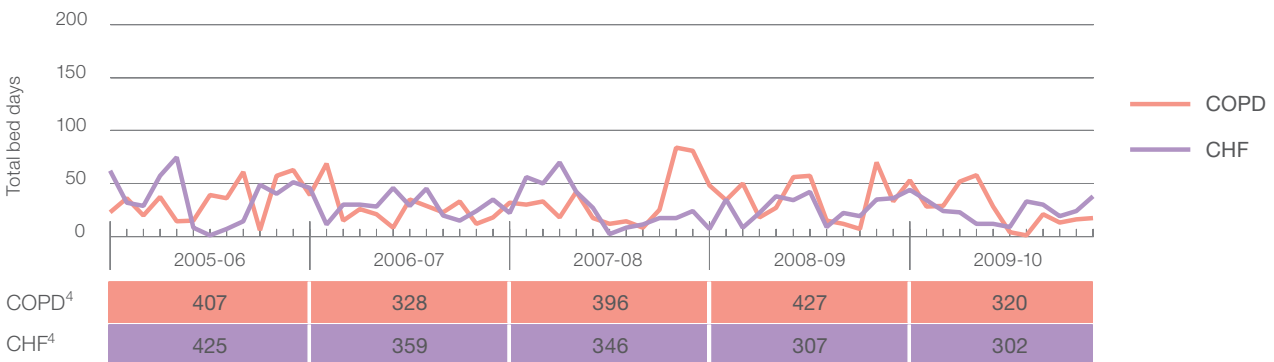
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	82%	93%	77%	82%	80%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.1	5.2	5.8	Actual	5.6	4.6

**Length of stay profiles**



**Bateman's Bay 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.

## Bega 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>	7,477	6,865	9%
Select medical hospitalisations <sup>2</sup>	2,773	2,467	12%
Total potentially preventable hospitalisations <sup>3</sup>	714	677	5%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	78	85	-8%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	49	66	-26%

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

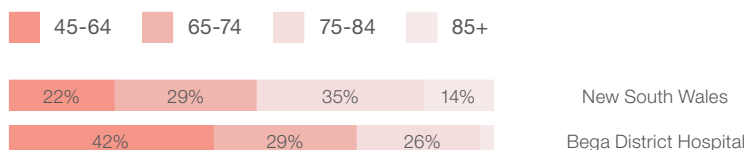
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	28.2	34.2	42.3	Actual	17.7	26.9	27.8
Standardised	20.1	21.7	41.0	Standardised	12.6	18.8	27.9
95% CI	(11.9 - 29.7)	(11.6 - 33.6)	(39.0 - 42.9)	95% CI	(6.4 - 20.3)	(9.6 - 29.7)	(26.3 - 29.6)

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

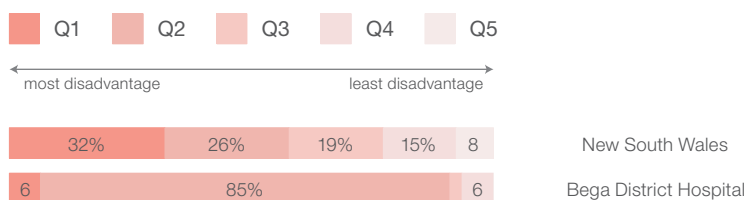
July 2009 to June 2010

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

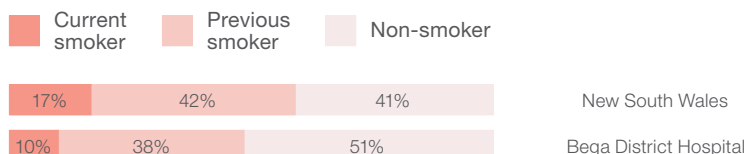
Age profile (years)



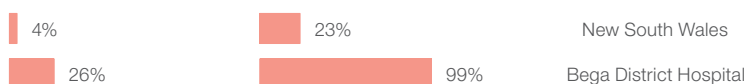
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



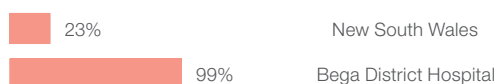
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

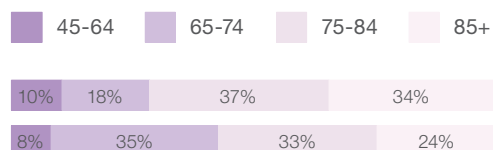


Rural postcode<sup>9</sup>

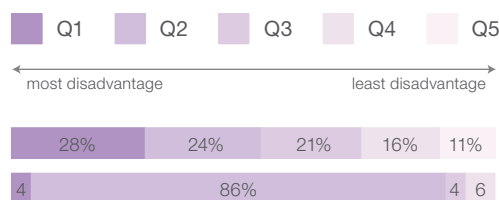


### Potentially avoidable CHF admissions<sup>1,4</sup>

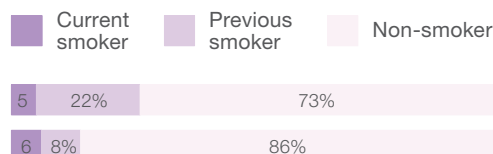
Age profile (years)



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



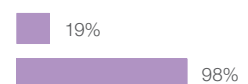
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>



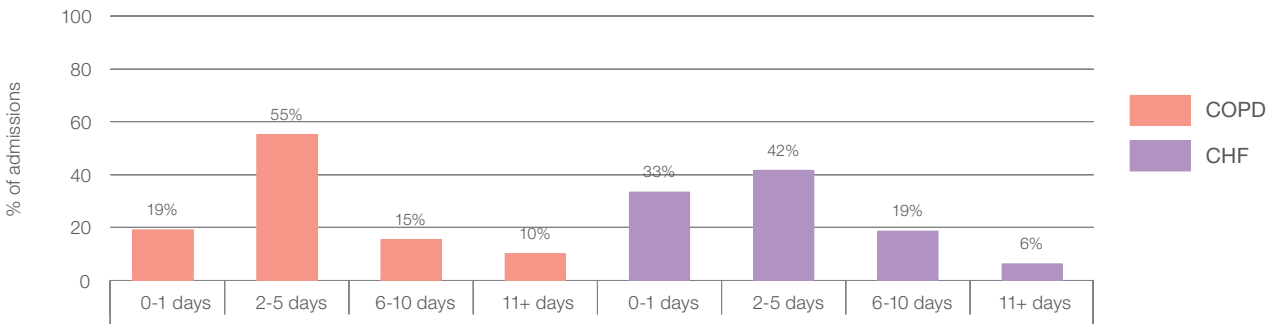


**Bega District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

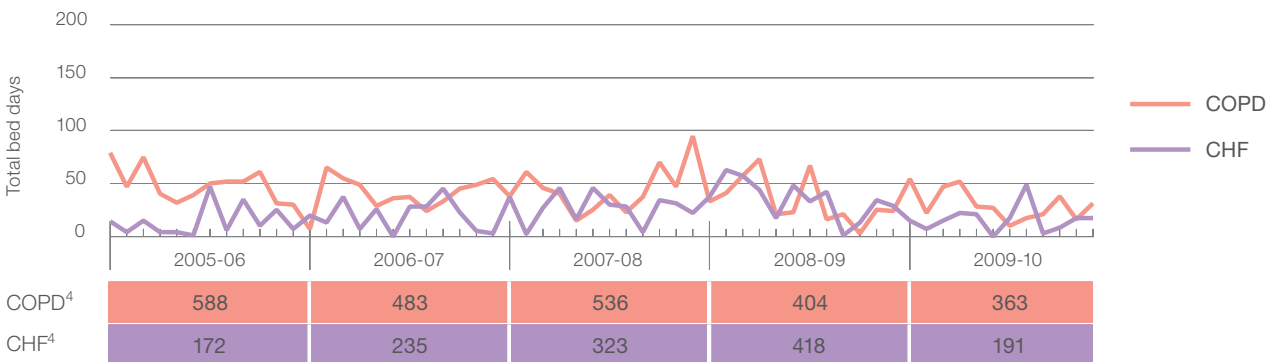
	COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>		
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	95%	95%	98%	100%	88%	98%
% from ED <sup>†</sup>	85%	82%	73%	73%	79%	80%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>		
Actual	4.8	4.8	5.5	4.0	6.5	6.5

**Length of stay profiles**



**Bega 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.

## Cooma Health Service: 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>	3,180	3,232	-2%
Select medical hospitalisations <sup>2</sup>	1,368	1,390	-2%
Total potentially preventable hospitalisations <sup>3</sup>	388	366	6%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	48	41	17%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	52	37	41%

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

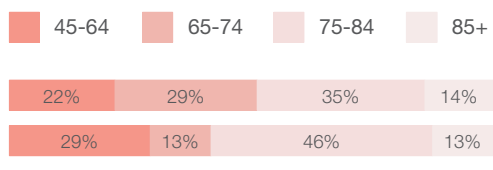
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	35.1	29.6	41.4	Actual	38.1	26.7	22.5
Standardised	16.8	24.6	38.8	Standardised	17.1	16.1	24.1
95% CI	(8.1 - 27.6)	(14.3 - 37.6)	(36.4 - 41.3)	95% CI	(9.2 - 26.7)	(8.6 - 25.6)	(21.8 - 26.4)

## Cooma Health Service: Patient profiles, potentially avoidable admissions for COPD and CHF

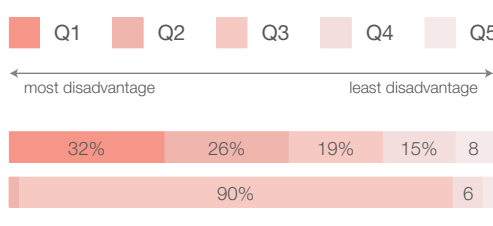
July 2009 to June 2010

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

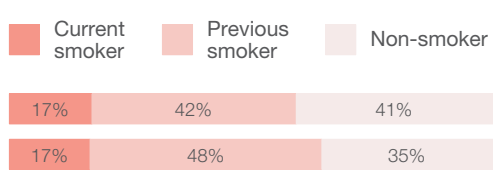
Age profile (years)



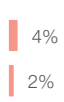
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



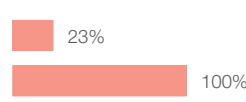
### Smoking status at admission<sup>7</sup>



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

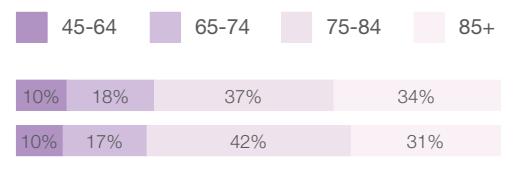


### Rural postcode<sup>9</sup>

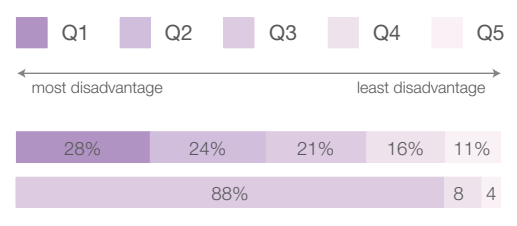


### Potentially avoidable CHF admissions<sup>1,4</sup>

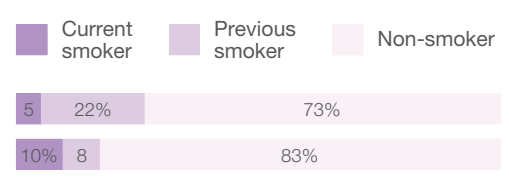
Age profile (years)



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



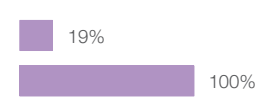
### Smoking status at admission<sup>7</sup>



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



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

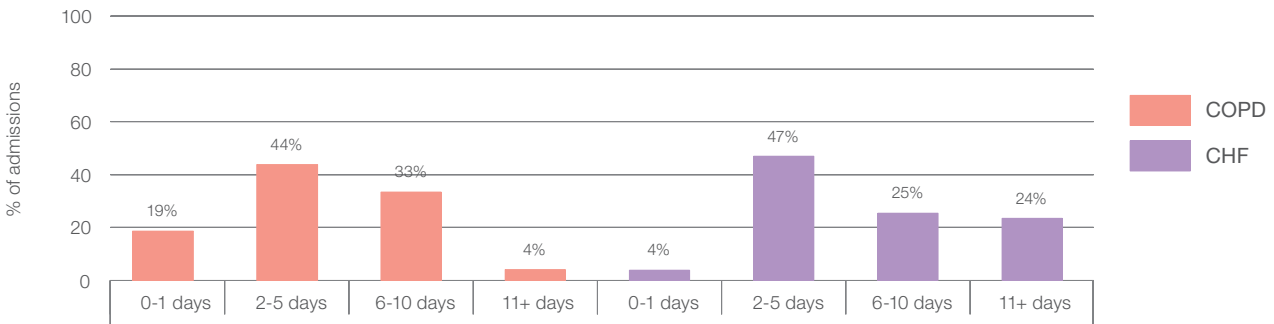


**Cooma Health Service: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

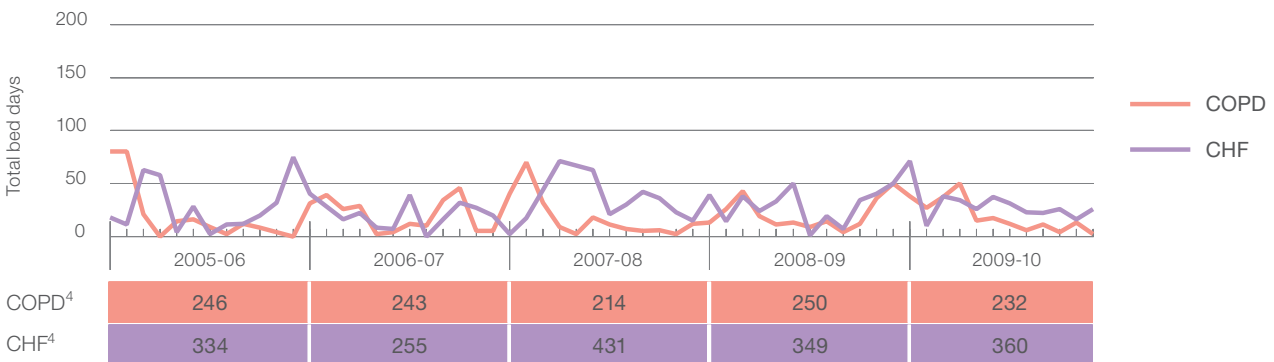
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD admissions<sup>4</sup></b>				<b>CHF admissions<sup>4</sup></b>			
% Unplanned <sup>10</sup>	94%	100%	97%	% Unplanned <sup>10</sup>	94%	100%	97%
% from ED <sup>†</sup>	81%	93%	77%	% from ED <sup>†</sup>	77%	97%	70%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	4.8	6.1	5.8	Actual	8.6	7.3	6.7

**Length of stay profiles**



**Cooma Health Service: 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.

## Goulburn Base 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>	10,120	9,525	6%
Select medical hospitalisations <sup>2</sup>	2,684	2,419	11%
Total potentially preventable hospitalisations <sup>3</sup>	924	863	7%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	118	105	12%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	99	83	19%

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

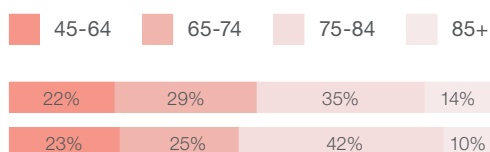
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	44.0	43.5	42.3	Actual	36.9	34.4	27.8
Standardised	31.3	*	41.0	Standardised	*	*	27.9
95% CI	(16.0 - 48.9)	*	(39.0 - 42.9)	95% CI	*	*	(26.3 - 29.6)

## Goulburn Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

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

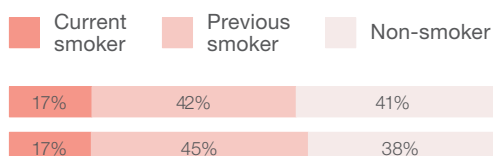
Age profile (years)



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



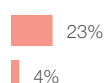
### Smoking status at admission<sup>7</sup>



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

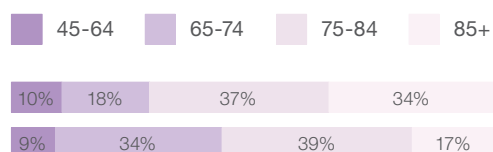


### Rural postcode<sup>9</sup>

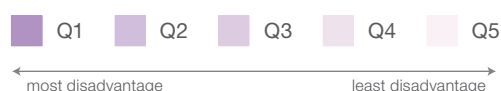


### Potentially avoidable CHF admissions<sup>1,4</sup>

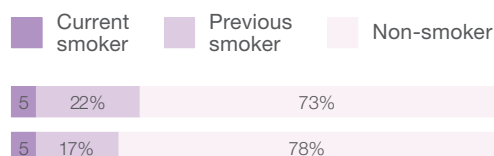
Age profile (years)



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



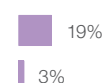
### Smoking status at admission<sup>7</sup>



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



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

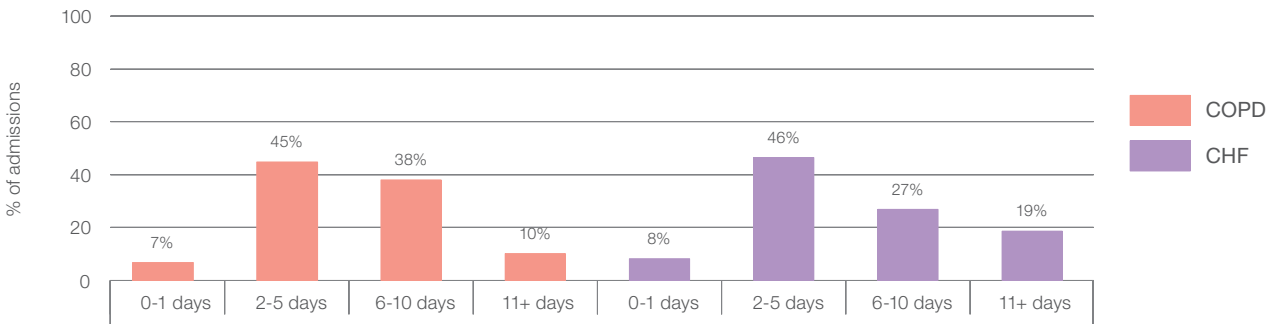


**Goulburn Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

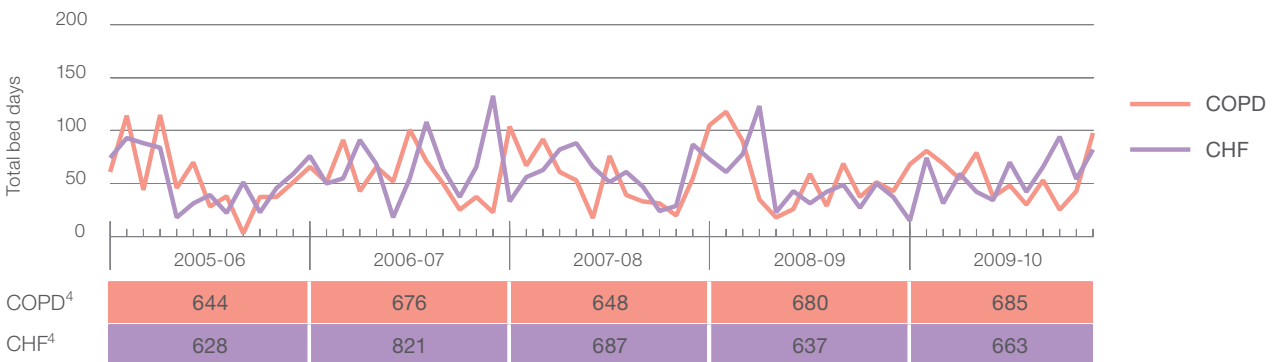
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	98%		98%	% Unplanned <sup>10</sup>	97%
% from ED <sup>†</sup>	94%	92%	73%	% from ED <sup>†</sup>	89%	87%	80%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	5.9	6.4	5.5	Actual	6.8	8.0	6.5

**Length of stay profiles**



**Goulburn Base 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.

## Moruya 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>	7,797	7,291	7%
Select medical hospitalisations <sup>2</sup>	2,514	2,479	1%
Total potentially preventable hospitalisations <sup>3</sup>	559	553	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	69	73	-5%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	49	51	-4%

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

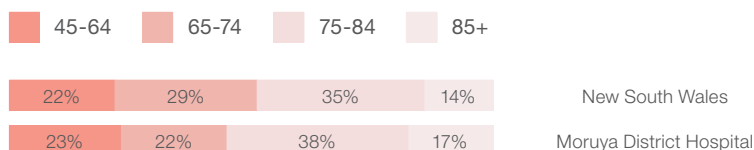
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	27.5	29.6	41.4	Actual	19.5	20.7	22.5
Standardised	20.9†	13.9	38.8	Standardised	*	*	24.1
95% CI	(8.8 - 35.3)	(7.6 - 21.5)	(36.4 - 41.3)	95% CI	*	*	(21.8 - 26.4)

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

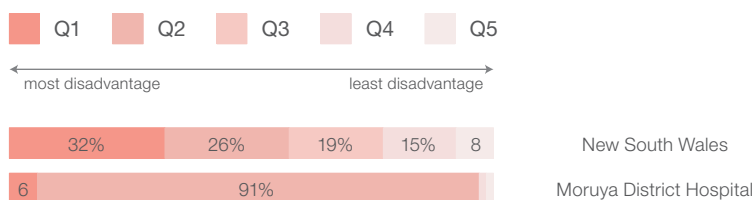
July 2009 to June 2010

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

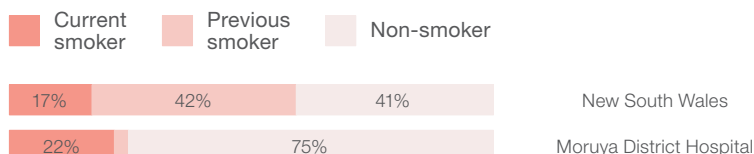
Age profile (years)



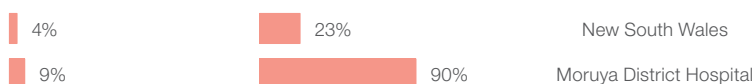
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

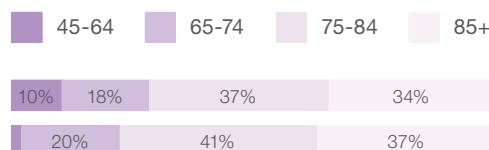


### Rural postcode<sup>9</sup>

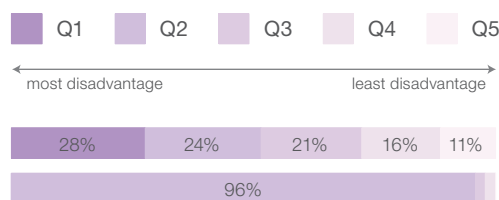


### Potentially avoidable CHF admissions<sup>1,4</sup>

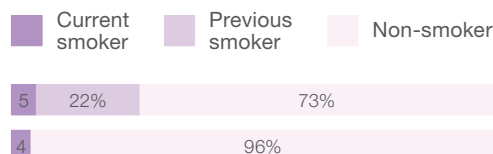
Age profile (years)



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



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



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

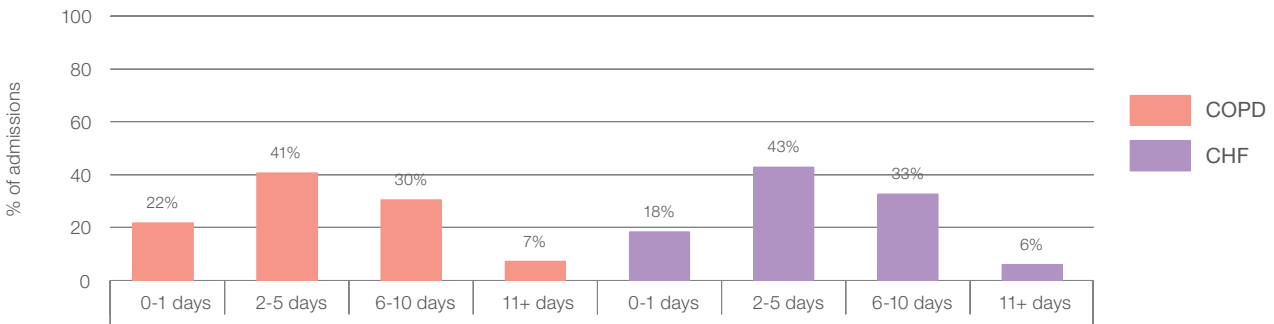


### Moruya District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

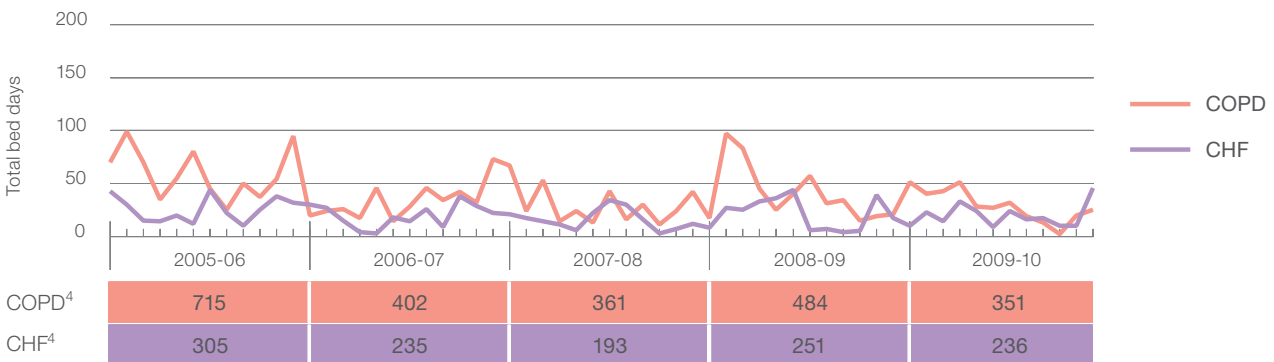
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	97%	99%	97%	100%	98%	97%
% from ED <sup>†</sup>	84%	90%	77%	73%	73%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.1	6.8	5.8	Actual	5.0	4.8

#### Length of stay profiles



### Moruya 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.

## Pambula 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>	2,492	2,445	2%
Select medical hospitalisations <sup>2</sup>	1,695	1,600	6%
Total potentially preventable hospitalisations <sup>3</sup>	390	335	16%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	79	60	32%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	51	50	2%

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

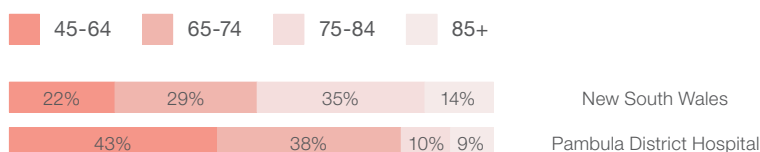
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	46.8	37.7	41.4	Actual	30.2	31.4	22.5
Standardised	43.4	37.8	38.8	Standardised	43.6	49.5†	24.1
95% CI	(32.9 - 55.8)	(26.1 - 52.0)	(36.4 - 41.3)	95% CI	(26.7 - 64.4)	(19.5 - 86.6)	(21.8 - 26.4)

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

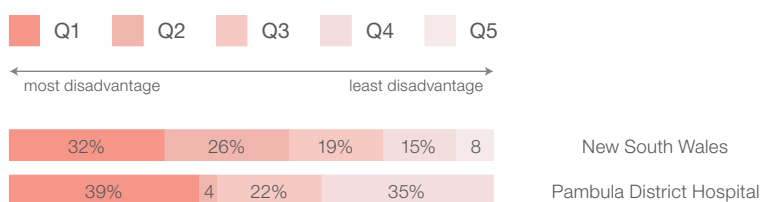
July 2009 to June 2010

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

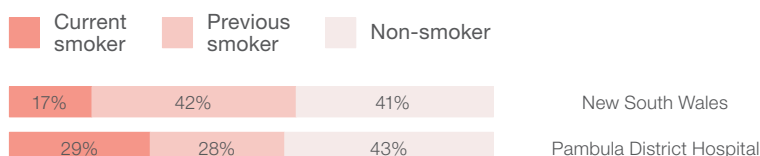
Age profile (years)



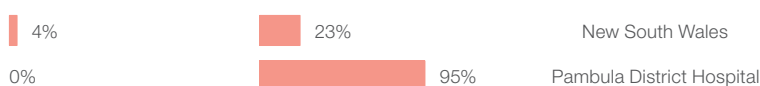
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



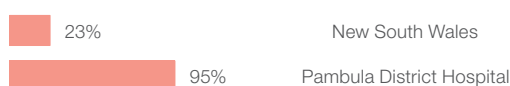
### Smoking status at admission<sup>7</sup>



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

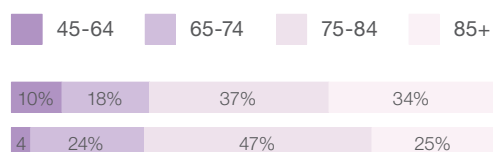


### Rural postcode<sup>9</sup>

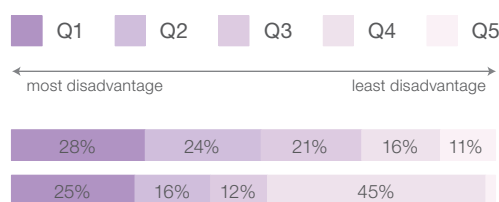


### Potentially avoidable CHF admissions<sup>1,4</sup>

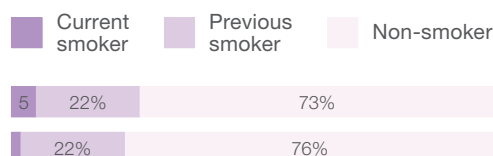
Age profile (years)



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



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



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



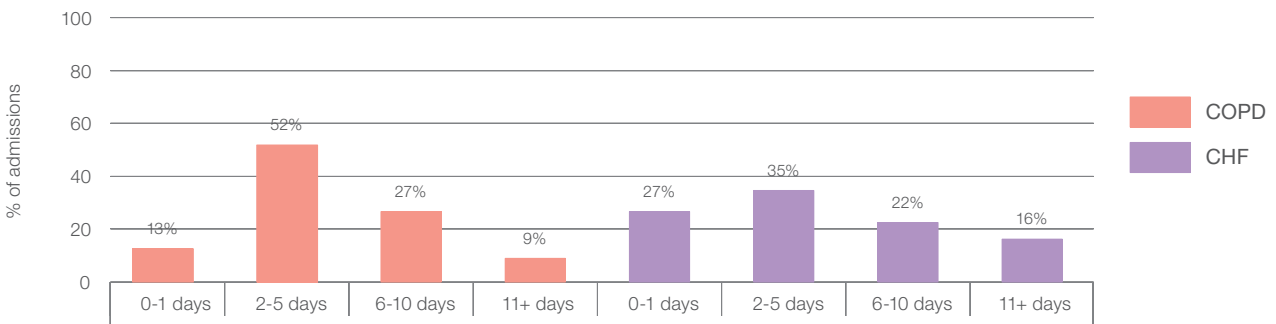


### Pambula District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

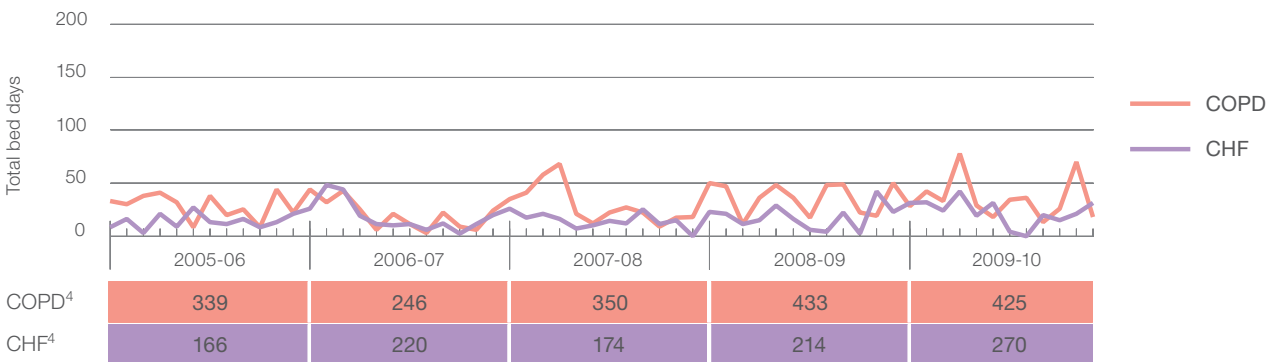
	COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>		96%	93%	97%		98%	98%	97%
% from ED <sup>†</sup>		85%	70%	77%		84%	80%	70%
<b>COPD average length of stay in days<sup>4</sup></b>					<b>CHF average length of stay in days<sup>4</sup></b>			
Actual		5.5	7.2	5.8		5.7	4.1	6.7

#### Length of stay profiles



### Pambula 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.

## Queanbeyan Health Service: 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>	4,327	4,335	0%
Select medical hospitalisations <sup>2</sup>	1,429	1,471	-3%
Total potentially preventable hospitalisations <sup>3</sup>	434	435	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	86	68	26%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	41	67	-39%

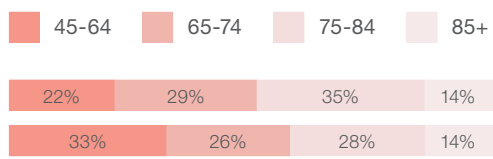
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	60.4	46.6	41.4	Actual	28.8	46.0	22.5
Standardised	*	35.3†	38.8	Standardised	33.8†	14.3	24.1
95% CI	*	(14.3 - 60.4)	(36.4 - 41.3)	95% CI	(11.8 - 61.6)	(8.6 - 21.1)	(21.8 - 26.4)

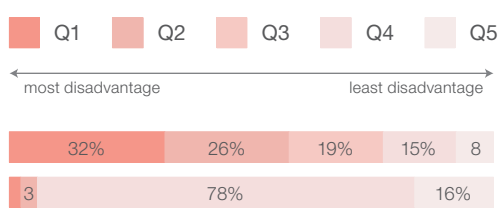
## Queanbeyan Health Service: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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

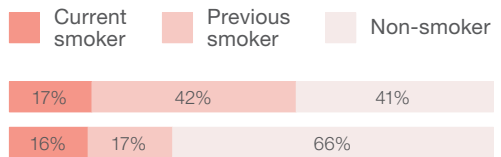
Age profile (years)



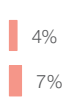
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



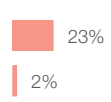
### Smoking status at admission<sup>7</sup>



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

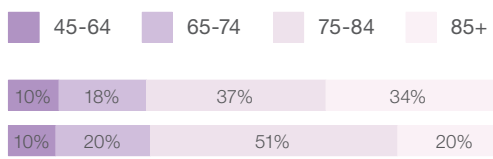


### Rural postcode<sup>9</sup>

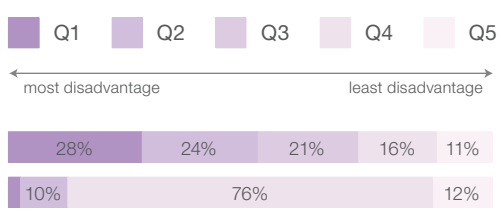


### Potentially avoidable CHF admissions<sup>1,4</sup>

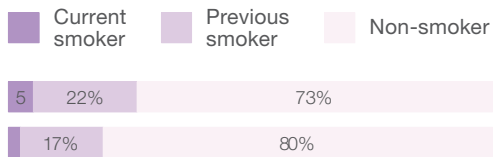
Age profile (years)



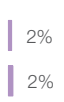
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



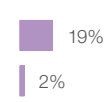
### Smoking status at admission<sup>7</sup>



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



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

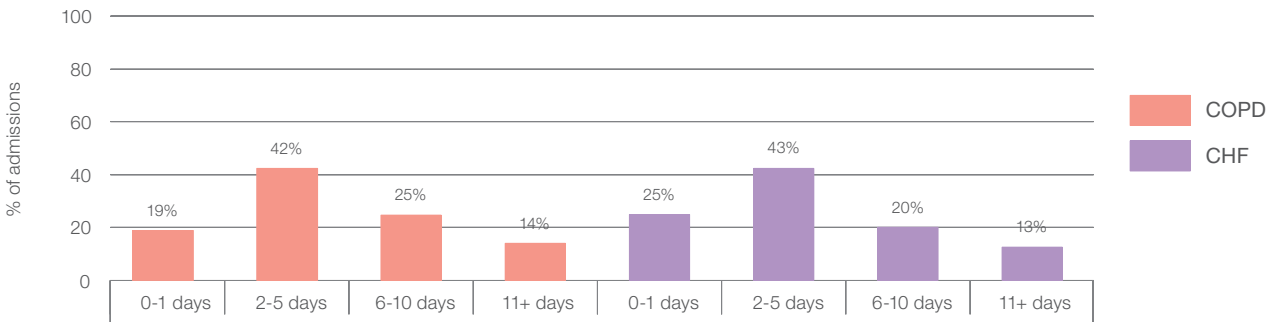


## Queanbeyan Health Service: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

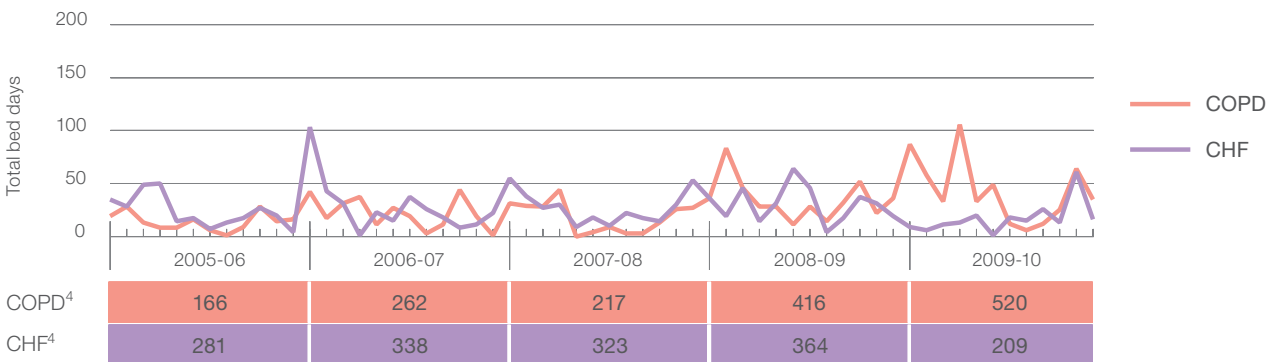
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	74%	82%	77%	68%	90%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.2	6.2	5.8	Actual	5.2	5.6

### Length of stay profiles



## Queanbeyan Health Service: 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

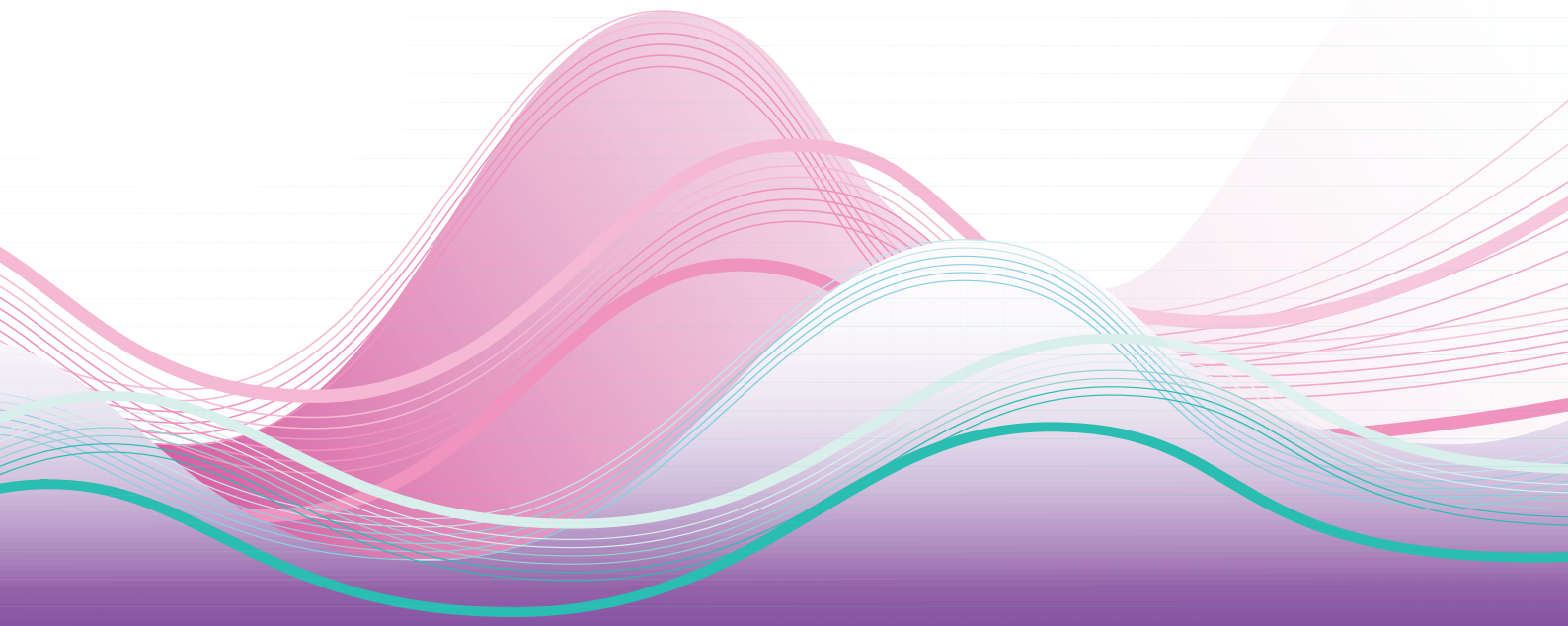
Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

St Vincent's Health Network

The Insights Series  
Volume 2, PART 1



## St Vincent's Hospital, Darlinghurst: 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>	38,491	38,027	1%
Select medical hospitalisations <sup>2</sup>	12,763	12,459	2%
Total potentially preventable hospitalisations <sup>3</sup>	2,817	3,057	-8%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	227	283	-20%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	248	294	-16%

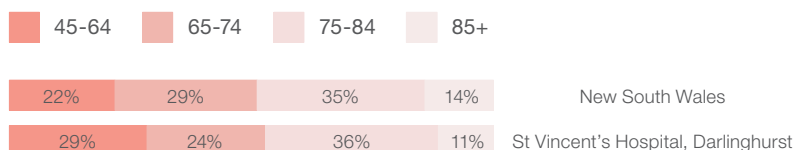
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

COPD <sup>4</sup>	COPD <sup>4</sup>			CHF <sup>4</sup>	CHF <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)
Actual	17.7	22.6	27.1	Actual	19.7	23.9	23.4
Standardised	19.2	28.8	28.3	Standardised	23.0	29.2	24.4
95% CI	(14.9 - 23.9)	(22.8 - 35.2)	(27.4 - 29.2)	95% CI	(18.1 - 28.4)	(22.9 - 35.9)	(23.6 - 25.3)

## St Vincent's Hospital, Darlinghurst: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

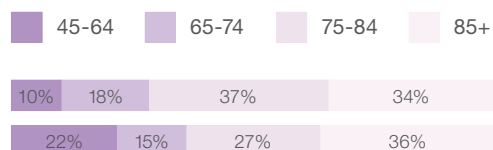
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

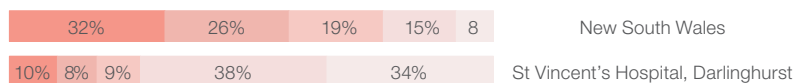


### Potentially avoidable CHF admissions<sup>1,4</sup>

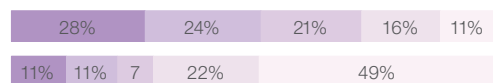
Age profile (years)



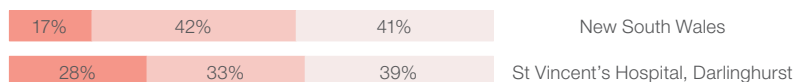
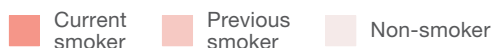
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



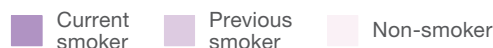
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



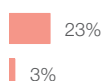
### Smoking status at admission<sup>7</sup>



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



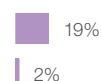
### Rural postcode<sup>9</sup>



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



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

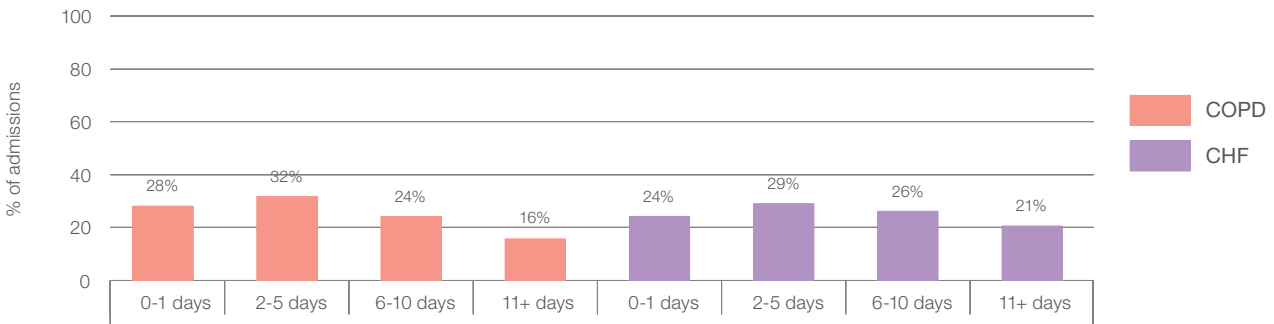


**St Vincent's Hospital, Darlinghurst: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

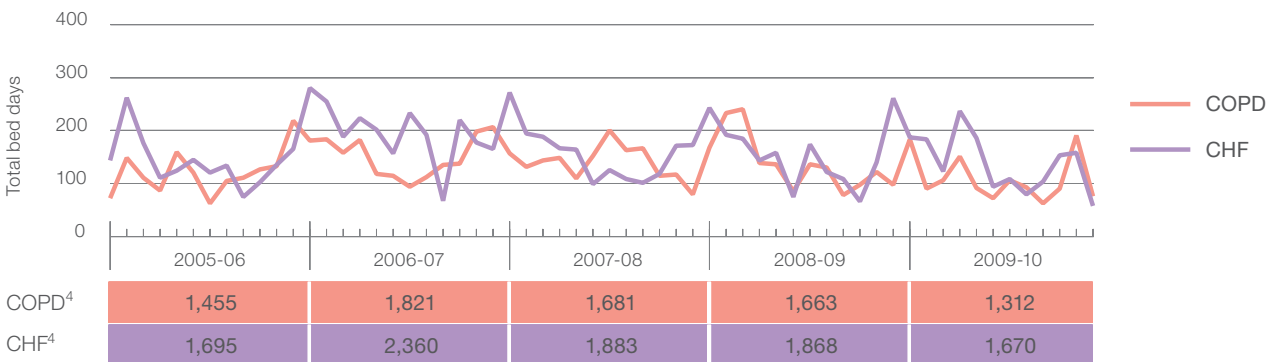
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	96%	93%	97%	97%	92%	98%
% from ED <sup>†</sup>	74%	78%	87%	71%	65%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.1	5.7	6.1	Actual	7.2	6.1

**Length of stay profiles**



**St Vincent's Hospital, Darlinghurst: 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.



## Download our reports

The report, *Chronic Disease Care: A piece of the picture* - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135

ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.

*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

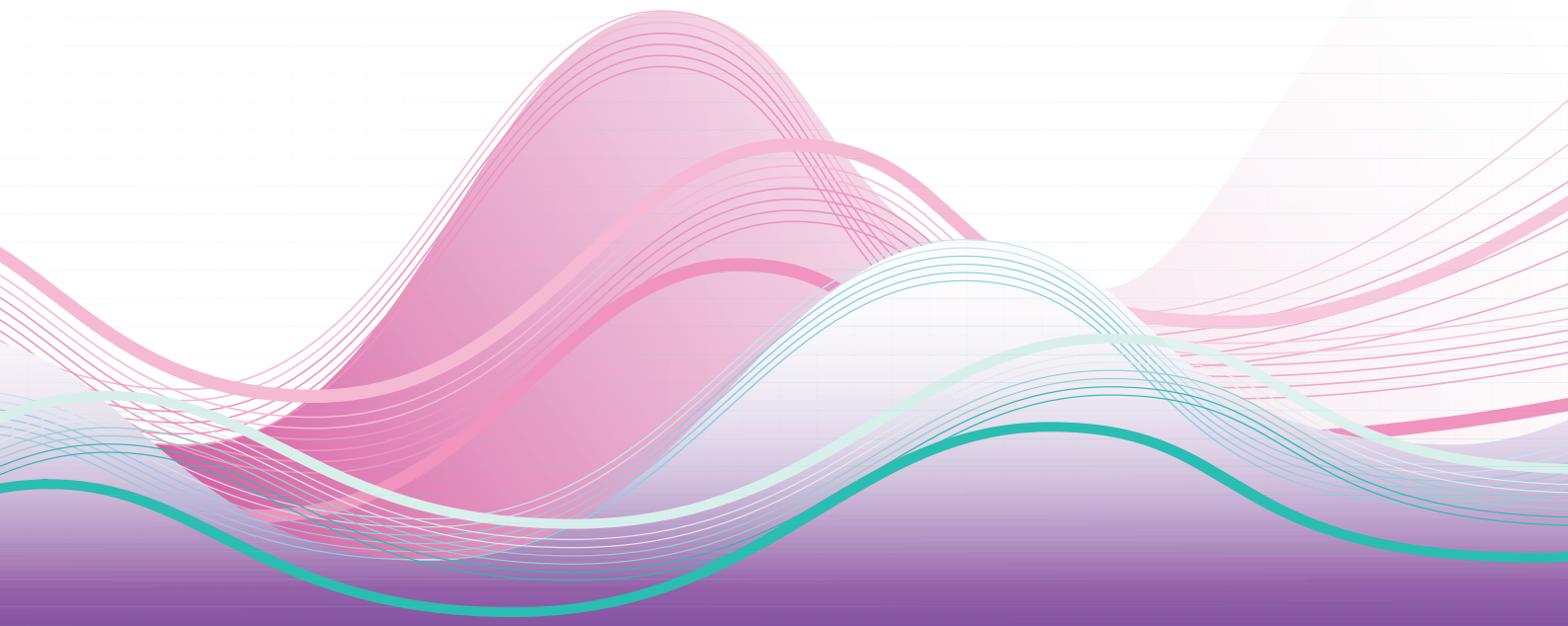


# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Sydney Local Health Network

The Insights Series  
Volume 2, PART 1



## Canterbury 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>	17,083	16,858	1%
Select medical hospitalisations <sup>2</sup>	5,481	5,470	0%
Total potentially preventable hospitalisations <sup>3</sup>	2,503	2,615	-4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	217	316	-31%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	195	260	-25%

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

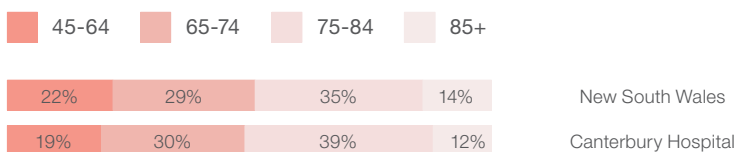
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	39.8	58.3	39.0	Actual	35.4	47.4	27.4
Standardised	34.1	43.5	40.6	Standardised	27.5	38.4	27.0
95% CI	(27.0 - 41.9)	(37.1 - 50.5)	(39.1 - 42.1)	95% CI	(22.6 - 33.0)	(32.1 - 45.3)	(25.8 - 28.2)

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

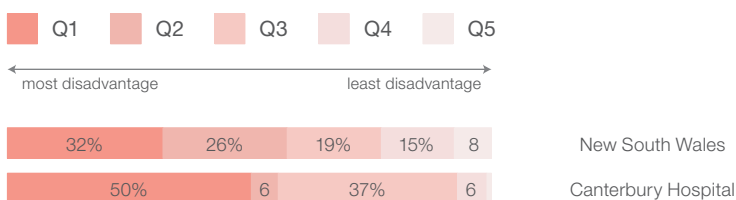
July 2009 to June 2010

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

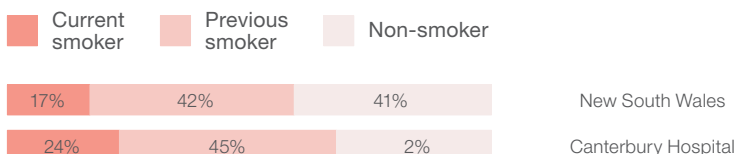
Age profile (years)



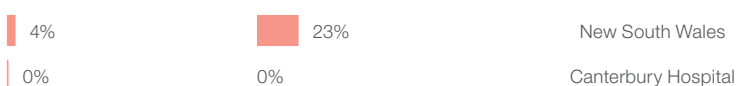
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

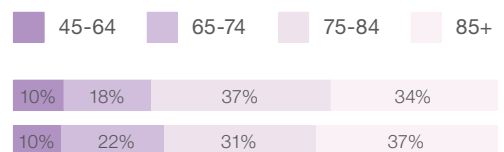


### Rural postcode<sup>9</sup>

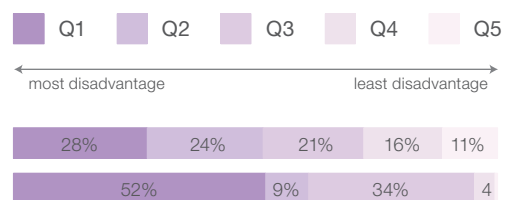


### Potentially avoidable CHF admissions<sup>1,4</sup>

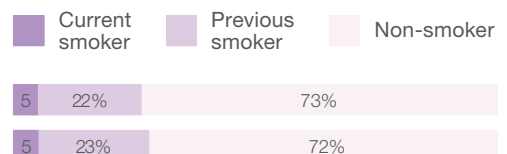
Age profile (years)



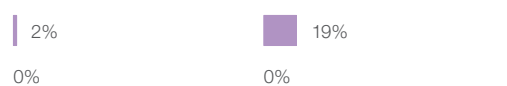
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



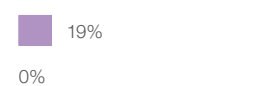
### Smoking status at admission<sup>7</sup>



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



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

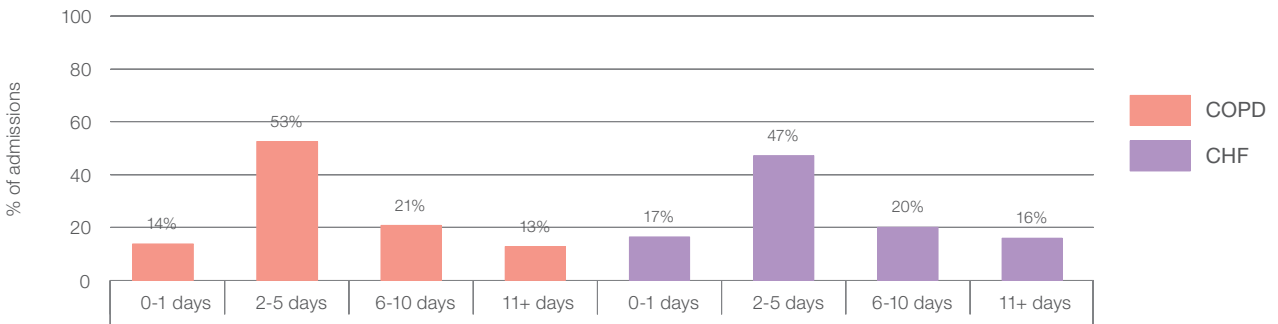


**Canterbury Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

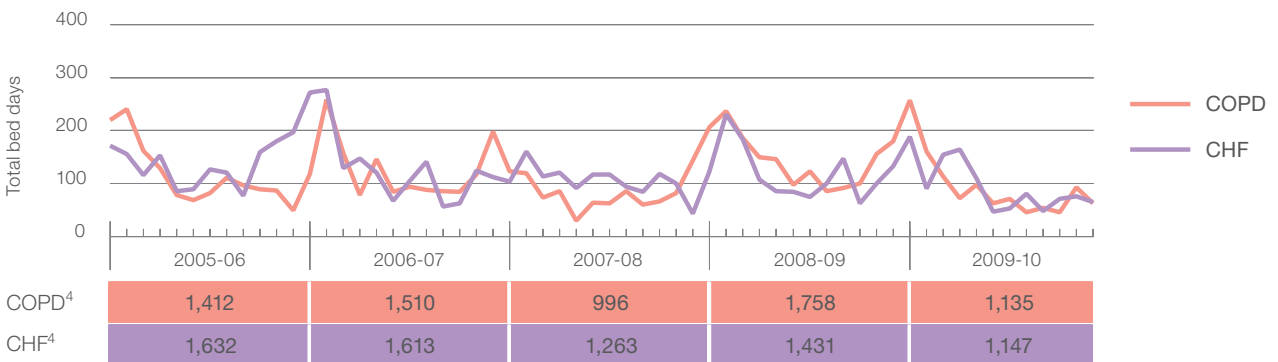
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	98%	99%	99%	98%
% from ED <sup>†</sup>	93%	92%	83%	93%	88%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.5	5.6	6.1	Actual	6.1	5.5

**Length of stay profiles**



**Canterbury 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.

## Concord 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>	49,132	46,701	5%
Select medical hospitalisations <sup>2</sup>	16,858	16,005	5%
Total potentially preventable hospitalisations <sup>3</sup>	3,074	3,138	-2%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	289	269	7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	303	385	-21%

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

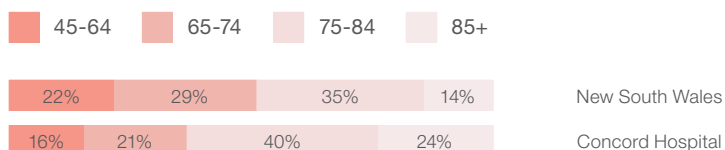
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	17.2	16.8	27.1	Actual	18.1	24.1	23.4
Standardised	17.2	14.5	28.3	Standardised	16.7	21.4	24.4
95% CI	(14.6 - 20.0)	(12.3 - 16.9)	(27.4 - 29.2)	95% CI	(14.2 - 19.4)	(18.5 - 24.4)	(23.6 - 25.3)

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

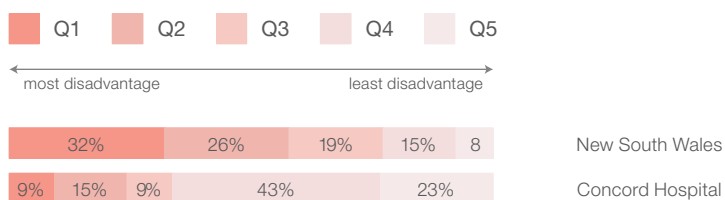
July 2009 to June 2010

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

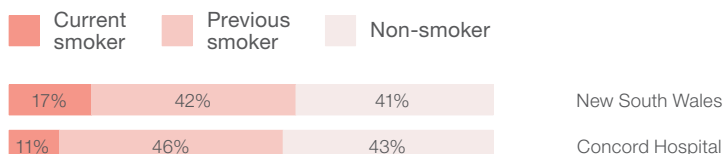
Age profile (years)



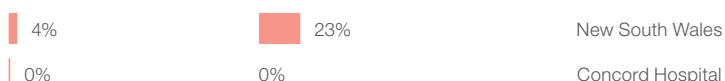
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



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



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

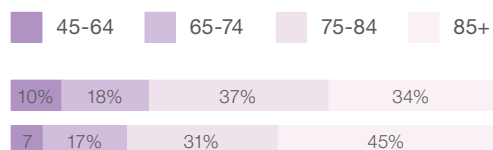


### Rural postcode<sup>9</sup>

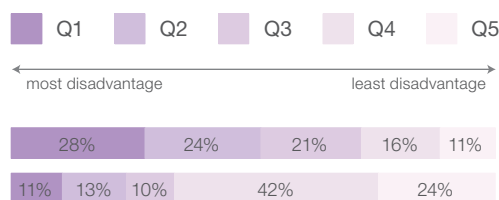


### Potentially avoidable CHF admissions<sup>1,4</sup>

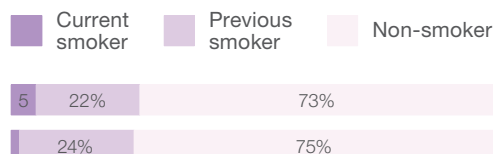
Age profile (years)



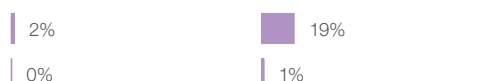
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



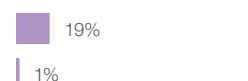
### Smoking status at admission<sup>7</sup>



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



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

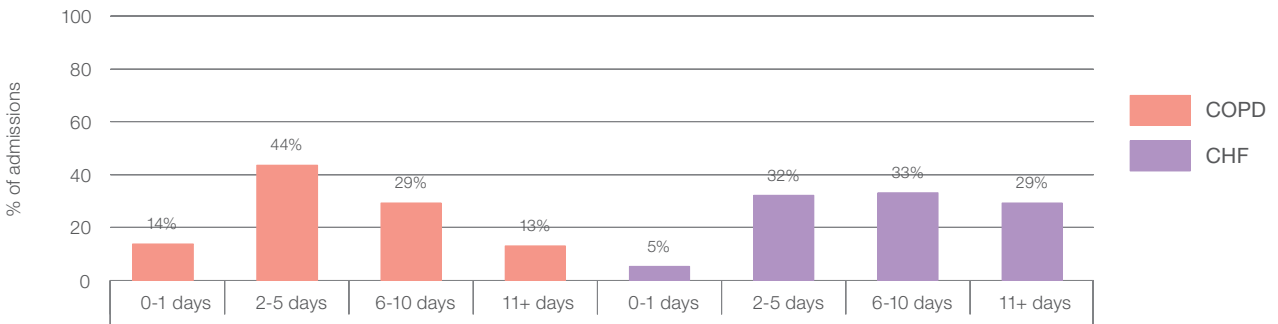


**Concord Hospital:** Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

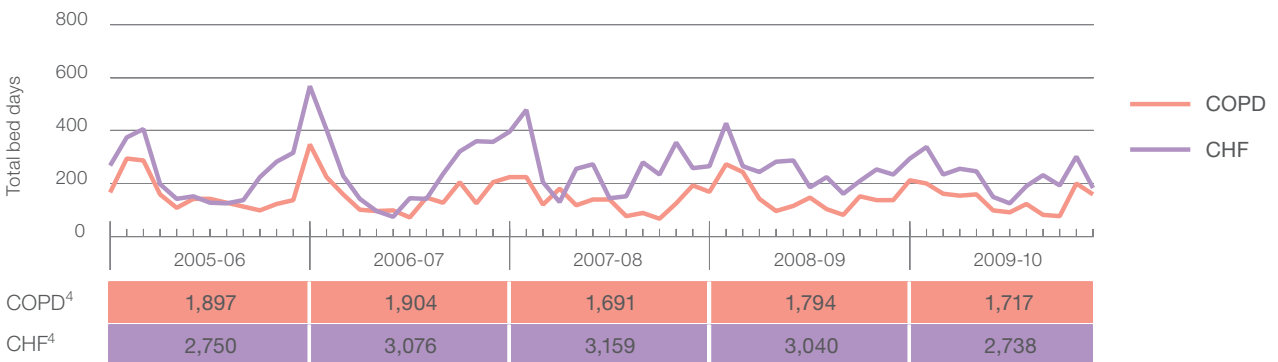
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	91%	91%	97%	94%	95%	98%
% from ED <sup>†</sup>	83%	86%	87%	84%	85%	86%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	6.1	6.6	6.1	Actual	9.4	7.9

**Length of stay profiles**



**Concord 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.

## Royal Prince Alfred 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>	69,094	68,287	1%
Select medical hospitalisations <sup>2</sup>	13,487	13,042	3%
Total potentially preventable hospitalisations <sup>3</sup>	4,854	4,986	-3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	514	599	-14%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	359	368	-2%

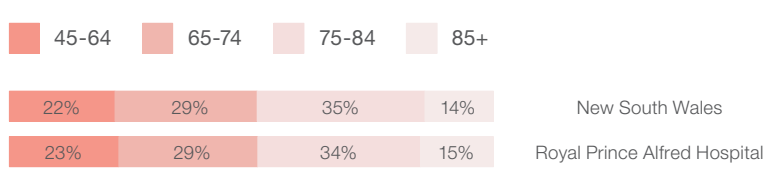
### Rates per 1,000 select medical hospitalisations<sup>5</sup>

	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	38.8	46.3	27.1	Actual	26.9	28.5	23.4
Standardised	41.3	48.8	28.3	Standardised	30.1	29.8	24.4
95% CI	(36.8 - 46.1)	(44.3 - 53.6)	(27.4 - 29.2)	95% CI	(26.3 - 34.1)	(26.3 - 33.7)	(23.6 - 25.3)

## Royal Prince Alfred Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

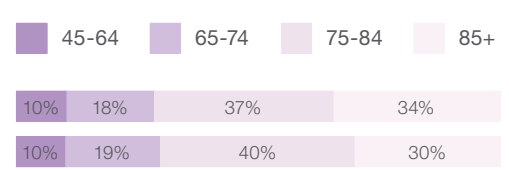
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

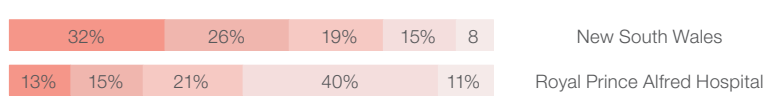
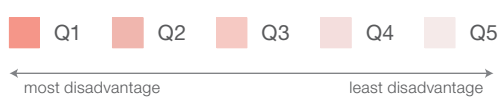


### Potentially avoidable CHF admissions<sup>1,4</sup>

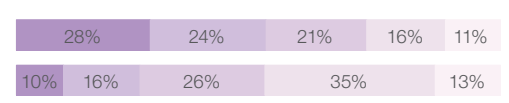
Age profile (years)



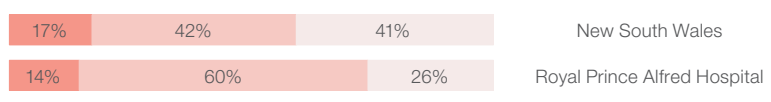
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



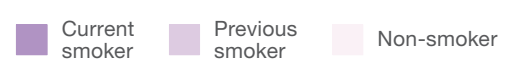
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



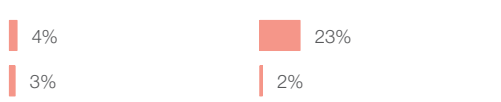
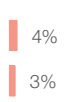
### Smoking status at admission<sup>7</sup>



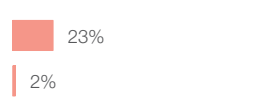
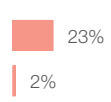
### Smoking status at admission<sup>7</sup>



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



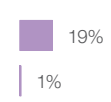
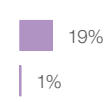
### Rural postcode<sup>9</sup>



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



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

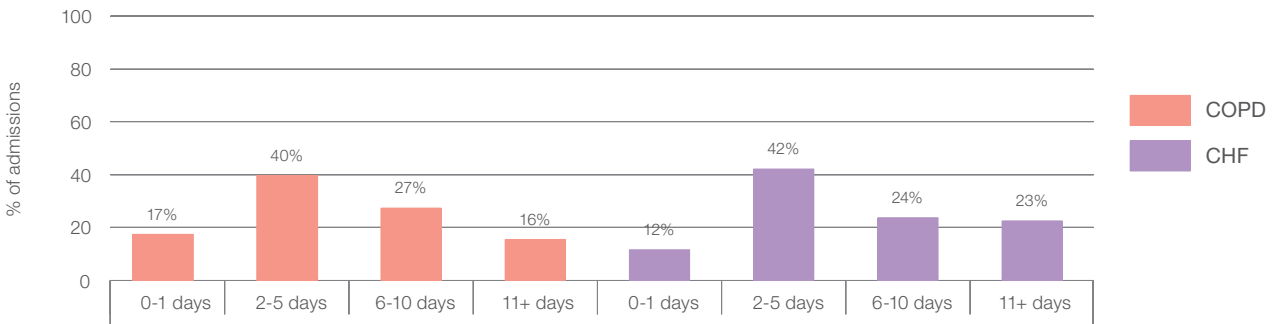


**Royal Prince Alfred Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

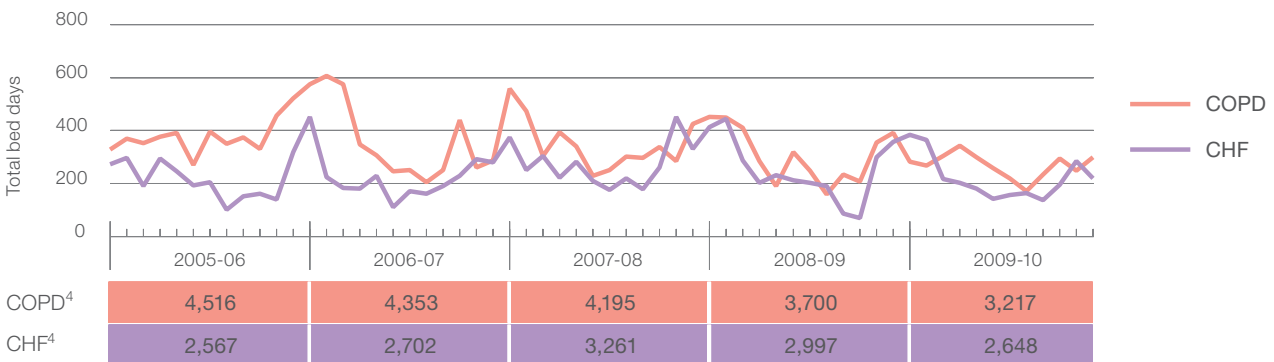
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	95%	94%		97%	% Unplanned <sup>10</sup>	97%
% from ED <sup>†</sup>	91%	88%	87%	% from ED <sup>†</sup>	90%	90%	86%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	6.4	6.2	6.1	Actual	7.6	8.1	7.1

**Length of stay profiles**



**Royal Prince Alfred 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135

ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.

*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

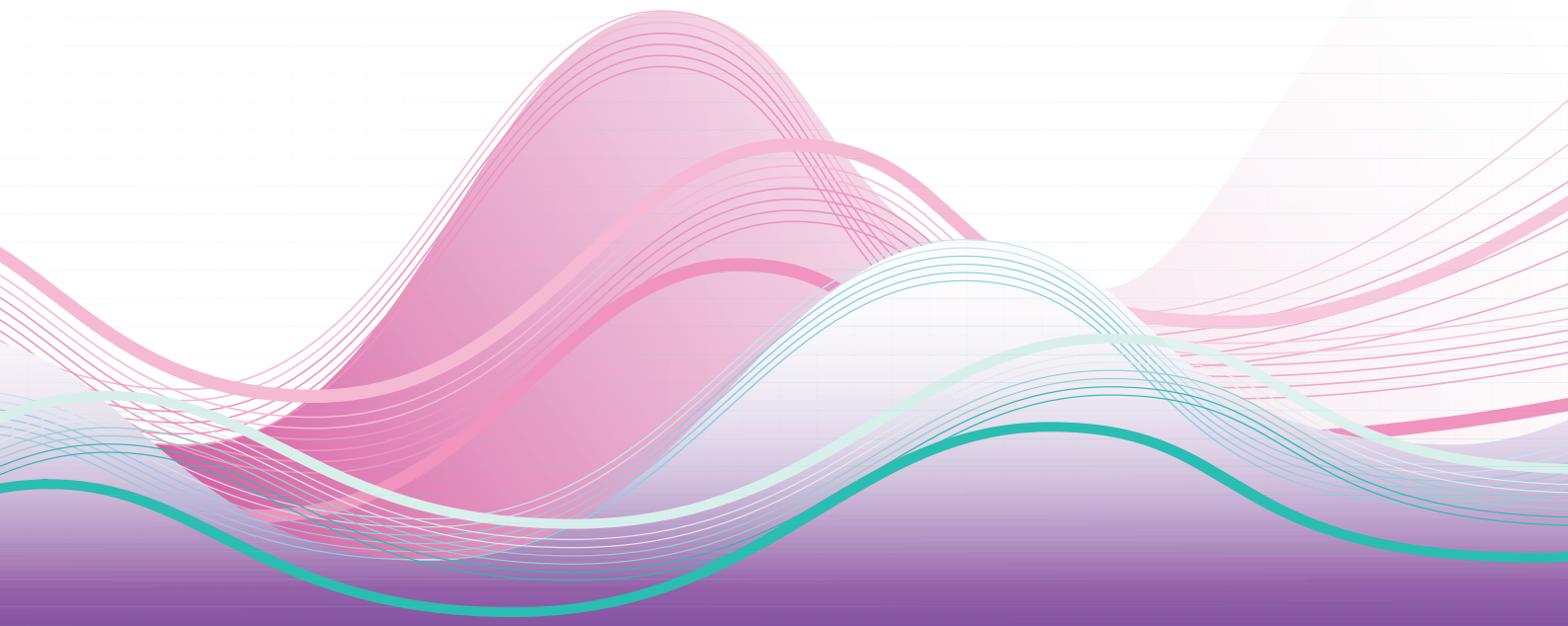


# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Western NSW Local Health Network

The Insights Series  
Volume 2, PART 1



## Bathurst Base 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>	11,215	10,955	2%
Select medical hospitalisations <sup>2</sup>	3,019	3,025	0%
Total potentially preventable hospitalisations <sup>3</sup>	1,135	1,085	5%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	106	116	-9%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	61	77	-21%

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

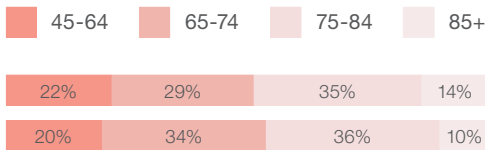
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	35.2	38.5	42.3	Actual	20.3	25.6	27.8
Standardised	22.5	26.2	41.0	Standardised	12.9	24.3†	27.9
95% CI	(14.2 - 32.2)	(17.6 - 36.0)	(39.0 - 42.9)	95% CI	(6.2 - 20.9)	(9.5 - 41.7)	(26.3 - 29.6)

## Bathurst Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

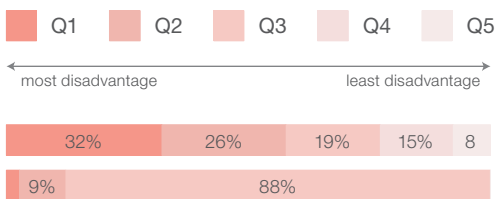
July 2009 to June 2010

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

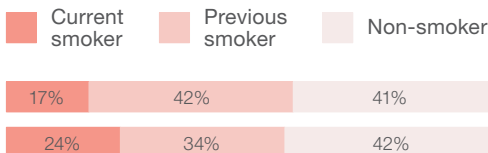
Age profile (years)



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



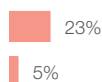
### Smoking status at admission<sup>7</sup>



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

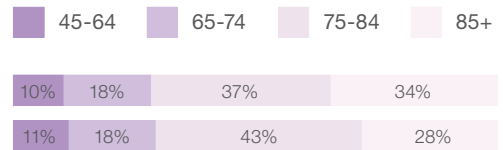


### Rural postcode<sup>9</sup>

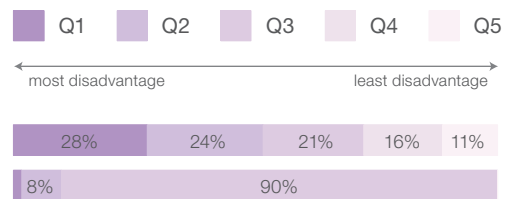


### Potentially avoidable CHF admissions<sup>1,4</sup>

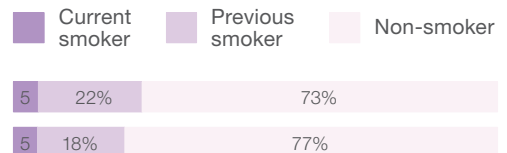
Age profile (years)



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



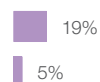
### Smoking status at admission<sup>7</sup>



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



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

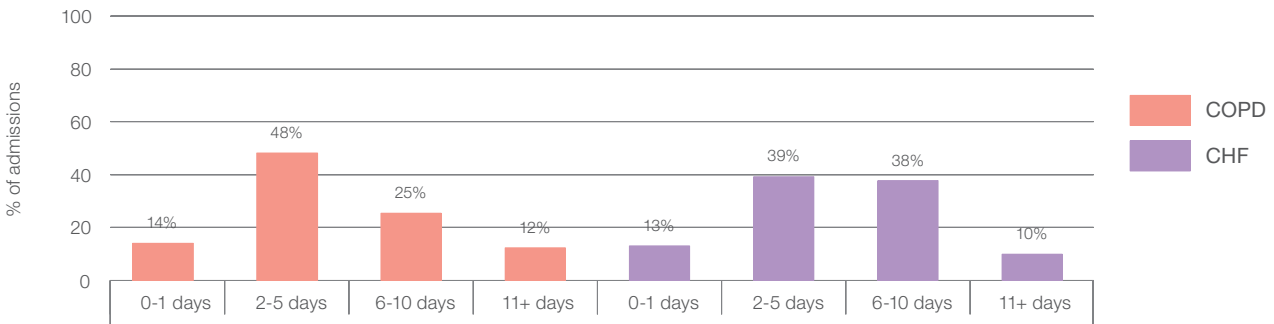


### Bathurst Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

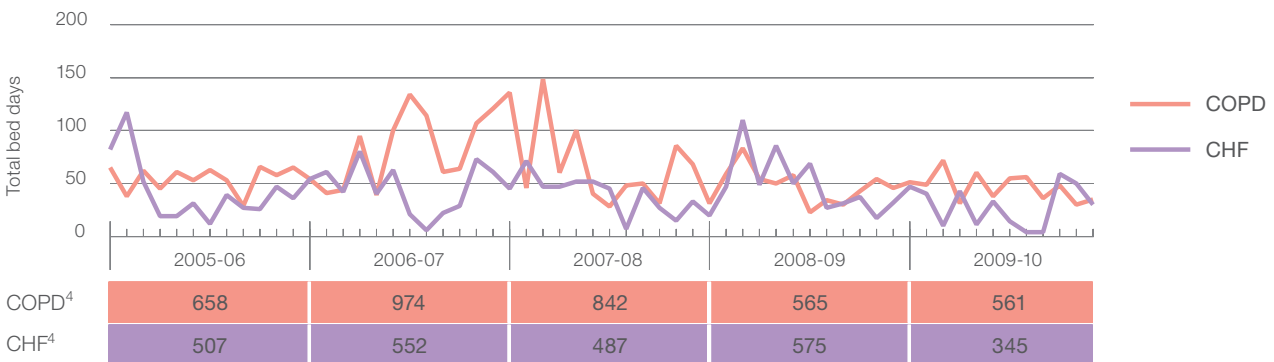
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD admissions<sup>4</sup></b>				<b>CHF admissions<sup>4</sup></b>			
% Unplanned <sup>10</sup>	96%	87%	98%	% Unplanned <sup>10</sup>	100%	96%	98%
% from ED <sup>†</sup>	89%	83%	73%	% from ED <sup>†</sup>	95%	94%	80%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	5.3	5.1	5.5	Actual	5.7	7.5	6.5

#### Length of stay profiles



### Bathurst Base 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.

## Cowra 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>	3,211	3,061	5%
Select medical hospitalisations <sup>2</sup>	1,419	1,290	10%
Total potentially preventable hospitalisations <sup>3</sup>	468	411	14%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	94	74	27%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	34	34	0%

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

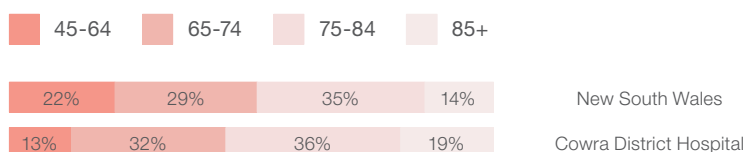
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	66.2	57.5	41.4	Actual	24.0	26.4	22.5
Standardised	27.1	25.9†	38.8	Standardised	11.2	*	24.1
95% CI	(20.4 - 34.8)	(11.2 - 43.4)	(36.4 - 41.3)	95% CI	(6.6 - 17.1)	*	(21.8 - 26.4)

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

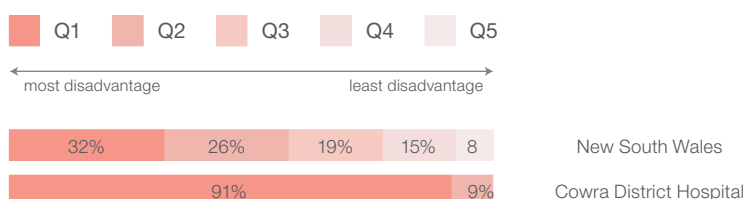
July 2009 to June 2010

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

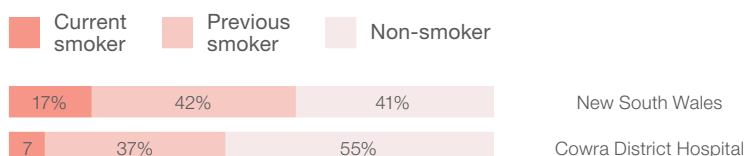
Age profile (years)



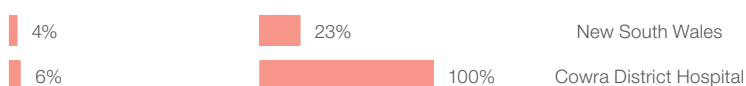
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



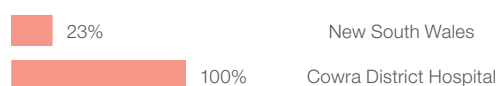
### Smoking status at admission<sup>7</sup>



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

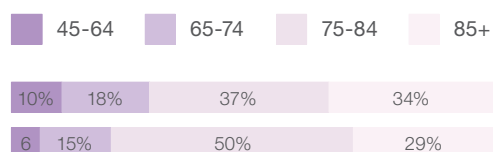


### Rural postcode<sup>9</sup>

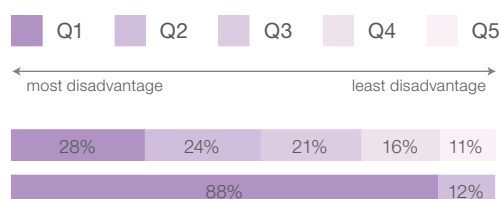


### Potentially avoidable CHF admissions<sup>1,4</sup>

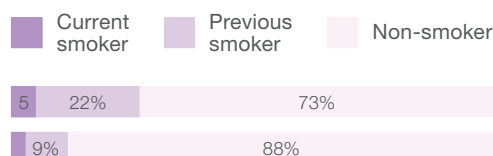
Age profile (years)



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



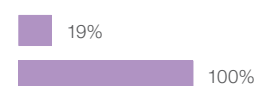
### Smoking status at admission<sup>7</sup>



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



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

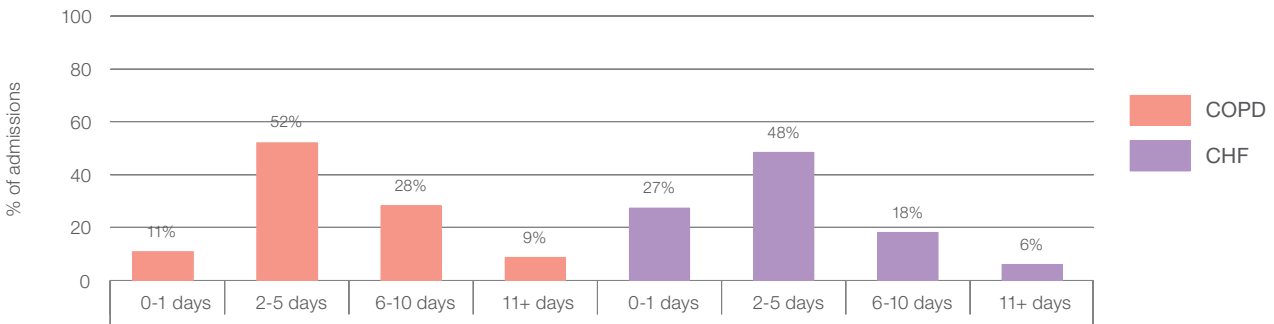


### Cowra District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

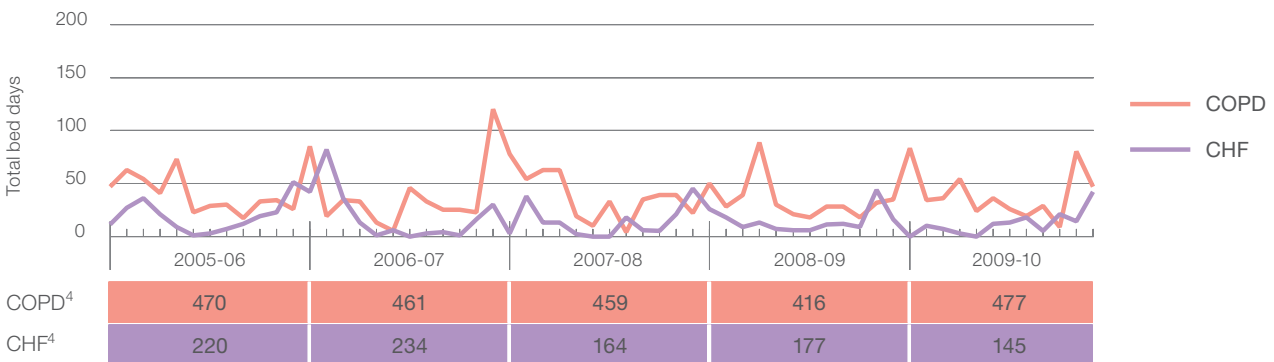
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	100%		97%	% Unplanned <sup>10</sup>	97%
% from ED <sup>†</sup>	89%	84%	77%	% from ED <sup>†</sup>	79%	59%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	5.2	5.6	5.8	Actual	4.4	6.7	6.7

#### Length of stay profiles



### Cowra 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.

## Dubbo Base 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>	18,970	19,744	-4%
Select medical hospitalisations <sup>2</sup>	3,604	4,142	-13%
Total potentially preventable hospitalisations <sup>3</sup>	1,461	1,715	-15%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	139	180	-23%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	118	117	1%

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

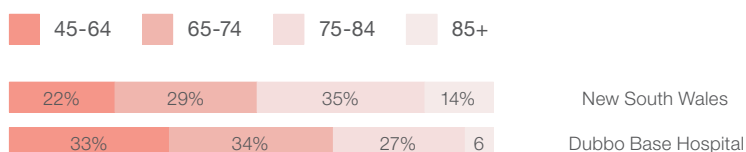
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	38.6	43.5	38.6	Actual	32.8	28.3	24.2
Standardised	30.4	22.6	34.8	Standardised	22.3	24.0	25.1
95% CI	(17.3 - 45.3)	(18.2 - 27.5)	(32.4 - 37.3)	95% CI	(15.5 - 30.2)	(16.0 - 33.2)	(22.3 - 28.1)

## Dubbo Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

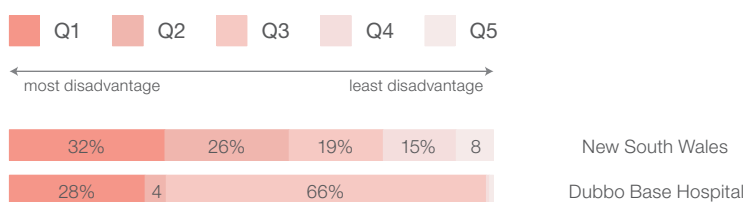
July 2009 to June 2010

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

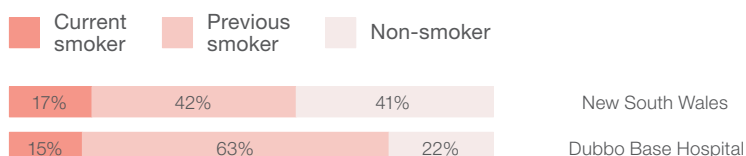
Age profile (years)



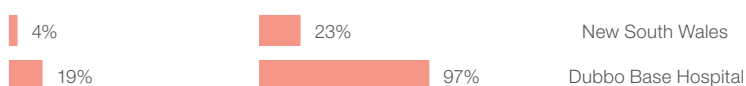
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



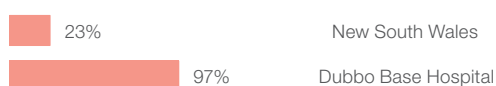
### Smoking status at admission<sup>7</sup>



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

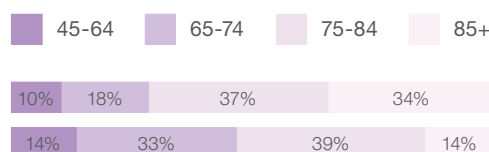


### Rural postcode<sup>9</sup>

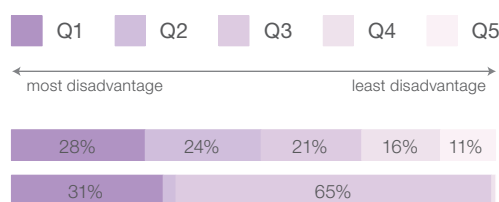


### Potentially avoidable CHF admissions<sup>1,4</sup>

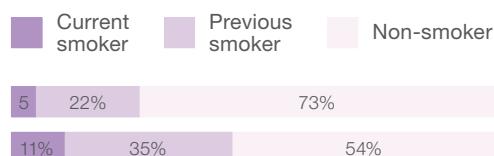
Age profile (years)



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



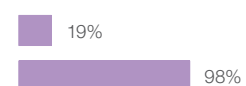
### Smoking status at admission<sup>7</sup>



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



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

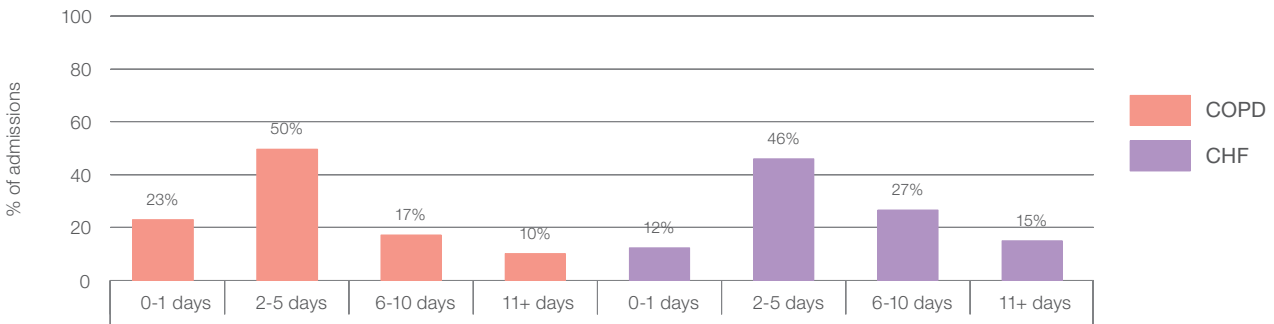


### Dubbo Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

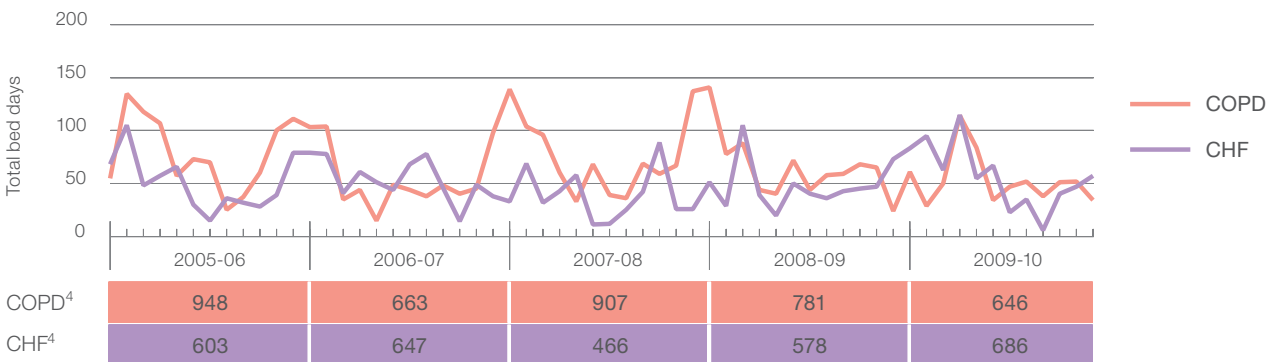
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	96%	98%		97%	% Unplanned <sup>10</sup>	97%
% from ED <sup>†</sup>	76%	78%	85%	% from ED <sup>†</sup>	92%	81%	88%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	4.7	4.5	5.6	Actual	6.2	4.9	6.2

#### Length of stay profiles



### Dubbo Base 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.

## Forbes 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>	3,758	3,237	16%
Select medical hospitalisations <sup>2</sup>	1,079	1,062	2%
Total potentially preventable hospitalisations <sup>3</sup>	279	319	-13%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	37	39	-5%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	29	40	-28%

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

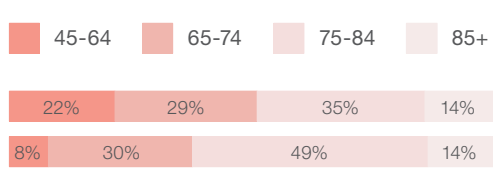
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	34.3	36.7	41.4	Actual	26.9	37.7	22.5
Standardised	*	*	38.8	Standardised	*	26.0†	24.1
95% CI	*	*	(36.4 - 41.3)	95% CI	*	(9.9 - 46.5)	(21.8 - 26.4)

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

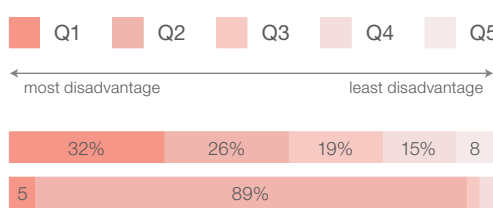
July 2009 to June 2010

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

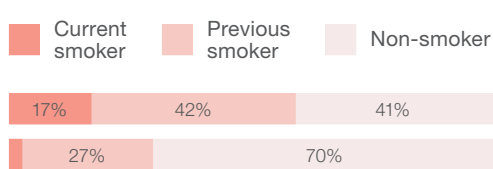
Age profile (years)



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



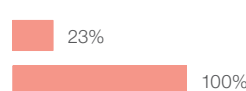
### Smoking status at admission<sup>7</sup>



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

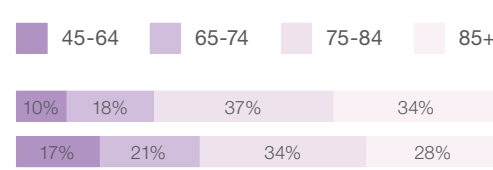


### Rural postcode<sup>9</sup>

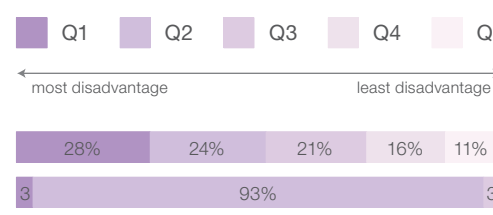


### Potentially avoidable CHF admissions<sup>1,4</sup>

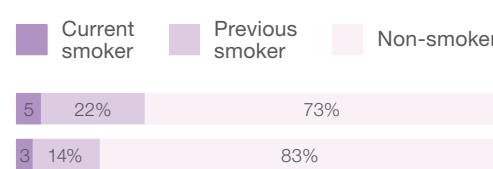
Age profile (years)



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



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



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



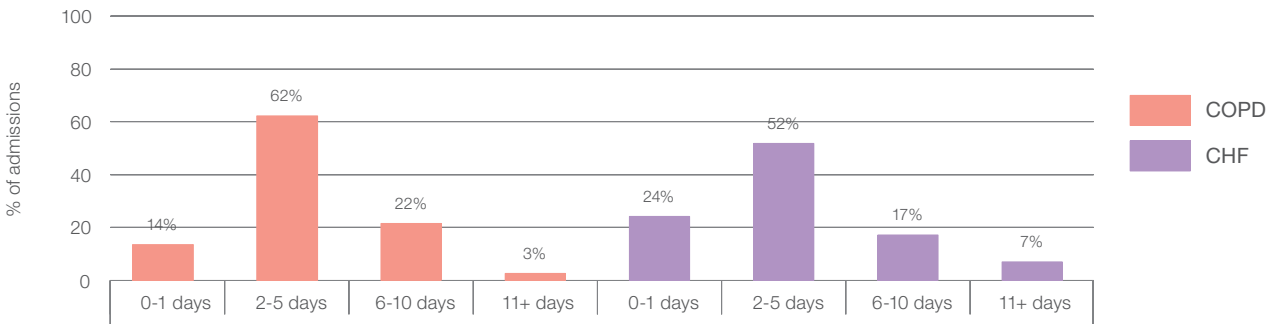


## Forbes District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

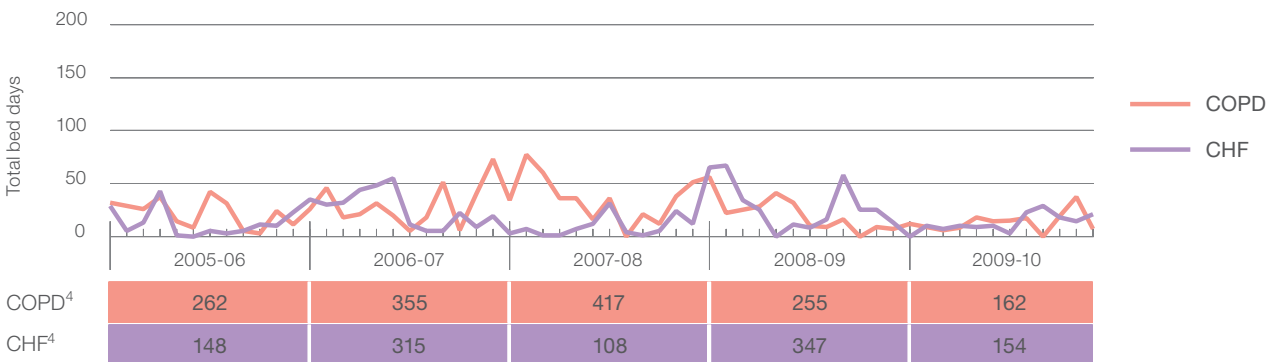
	COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>		
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	97%	100%	97%	100%	100%	97%
% from ED <sup>†</sup>	43%	64%	77%	48%	35%	70%
<b>COPD average length of stay in days<sup>4</sup></b>						
Actual	4.4	7.5	5.8	<b>CHF average length of stay in days<sup>4</sup></b>		
Actual				5.3	8.8	6.7

### Length of stay profiles



## Forbes 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.

## Mudgee 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>	3,371	3,145	7%
Select medical hospitalisations <sup>2</sup>	1,291	1,179	9%
Total potentially preventable hospitalisations <sup>3</sup>	394	367	7%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	57	58	-2%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	36	31	16%

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

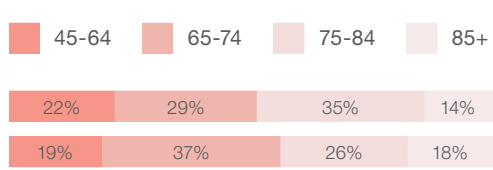
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	44.3	49.7	41.4	Actual	28.0	26.6	22.5
Standardised	35.8†	*	38.8	Standardised	*	11.8	24.1
95% CI	(14.7 - 61.6)	*	(36.4 - 41.3)	95% CI	*	(5.5 - 20.0)	(21.8 - 26.4)

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

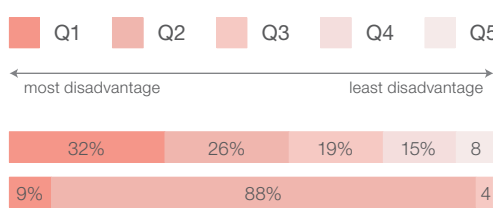
July 2009 to June 2010

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

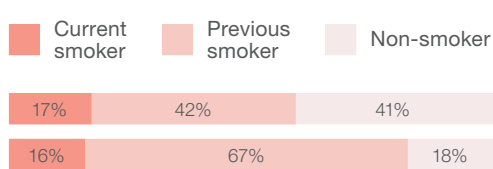
Age profile (years)



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



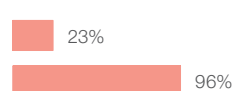
### Smoking status at admission<sup>7</sup>



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

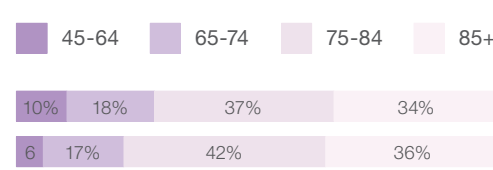


### Rural postcode<sup>9</sup>

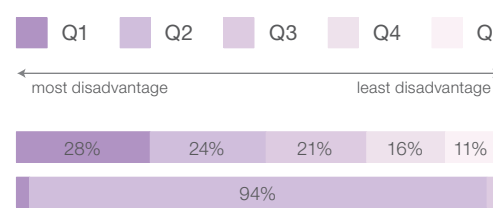


### Potentially avoidable CHF admissions<sup>1,4</sup>

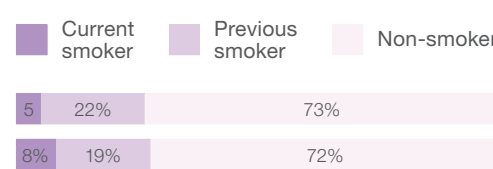
Age profile (years)



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



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



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

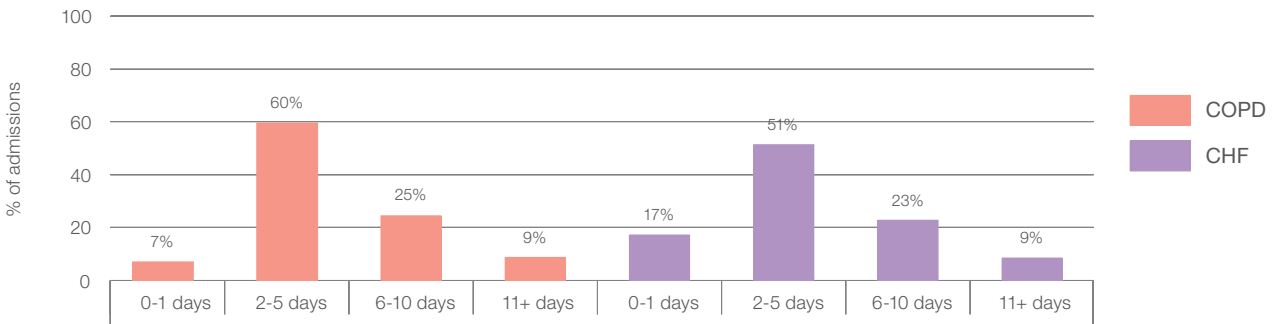


### Mudgee District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

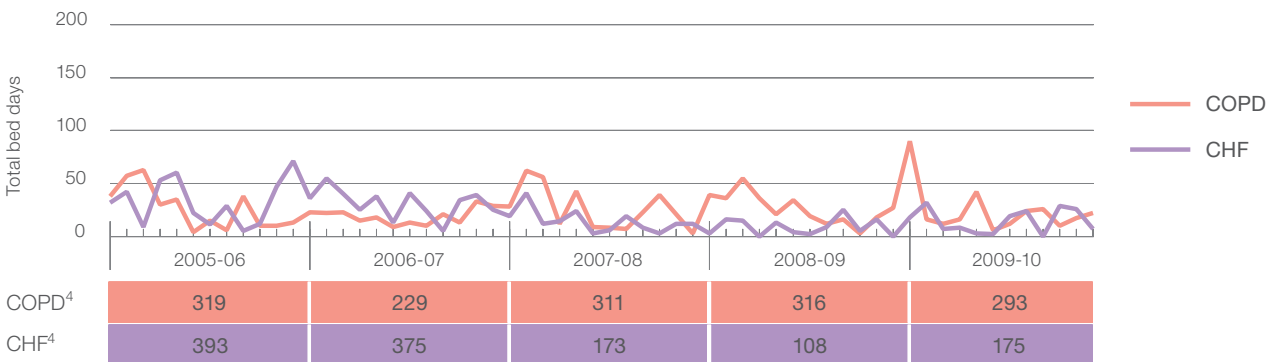
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	98%	100%	97%	100%	97%	97%
% from ED <sup>†</sup>	89%	88%	77%	81%	87%	70%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.3	5.3	5.8	Actual	5.0	3.5

#### Length of stay profiles



### Mudgee 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.

## Orange Base 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>	19,155	18,323	5%
Select medical hospitalisations <sup>2</sup>	4,194	3,917	7%
Total potentially preventable hospitalisations <sup>3</sup>	1,699	1,549	10%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	162	160	1%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	117	87	34%

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

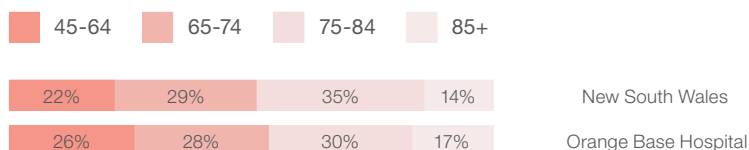
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	38.7	41.1	38.6	Actual	28.0	22.1	24.2
Standardised	23.4	33.0	34.8	Standardised	19.5	16.6	25.1
95% CI	(17.2 - 30.3)	(15.2 - 53.1)	(32.4 - 37.3)	95% CI	(14.1 - 25.6)	(12.1 - 22.0)	(22.3 - 28.1)

## Orange Base Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

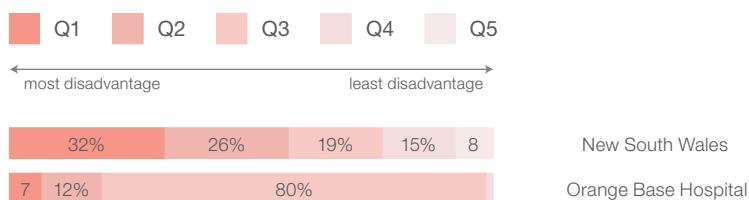
July 2009 to June 2010

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

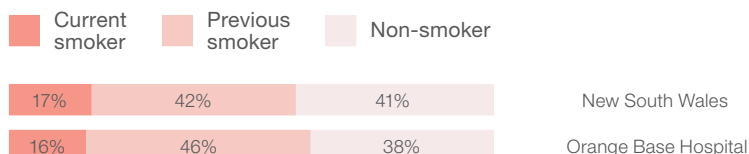
Age profile (years)



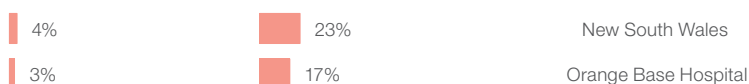
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



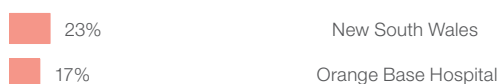
### Smoking status at admission<sup>7</sup>



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

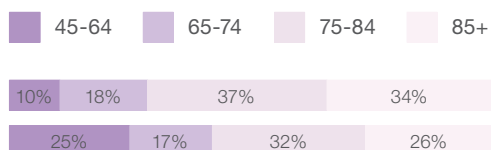


### Rural postcode<sup>9</sup>

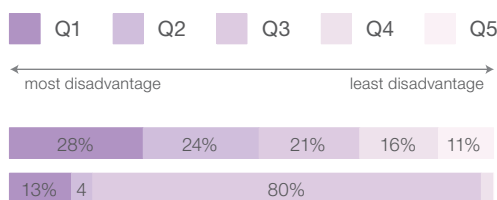


### Potentially avoidable CHF admissions<sup>1,4</sup>

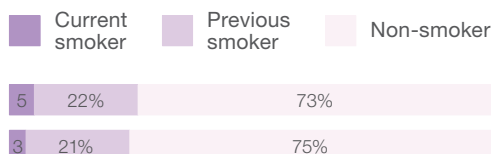
Age profile (years)



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



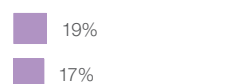
### Smoking status at admission<sup>7</sup>



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



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

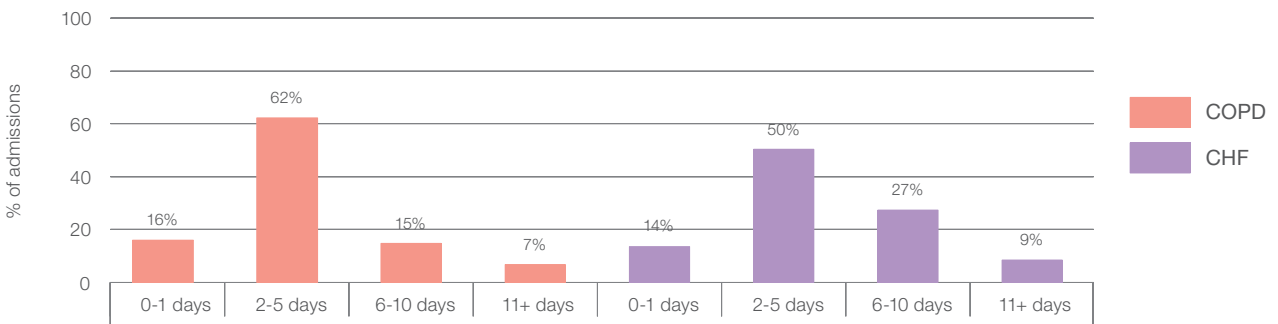


**Orange Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

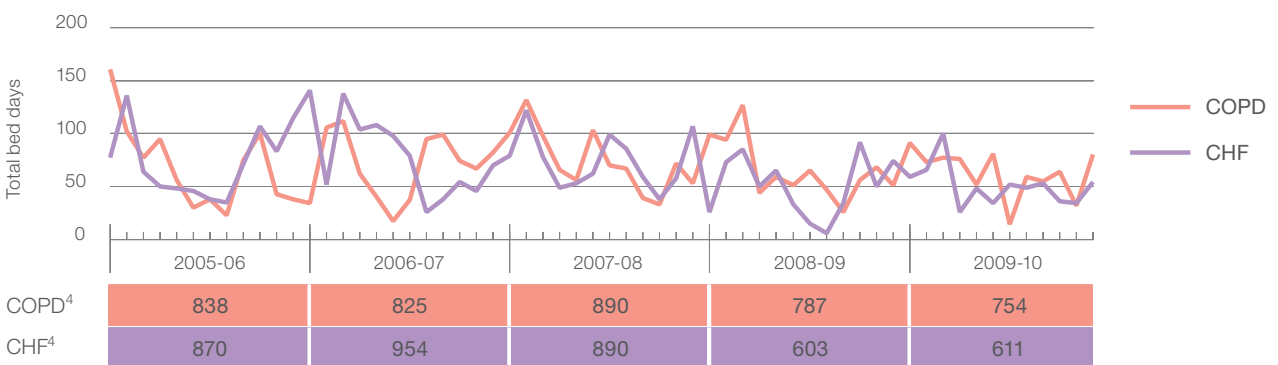
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	99%	97%	100%	98%	99%
% from ED <sup>†</sup>	93%	93%	85%	92%	91%	88%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	4.7	5.1	5.6	Actual	5.3	7.1

**Length of stay profiles**



**Orange Base 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.

## Parokes 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>	2,531	2,391	6%
Select medical hospitalisations <sup>2</sup>	1,110	1,046	6%
Total potentially preventable hospitalisations <sup>3</sup>	280	268	4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	60	72	-17%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	17	23	-26%

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

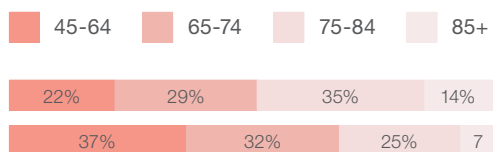
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	54.3	69.4	41.4	Actual	15.4	22.2	22.5
Standardised	48.1†	*	38.8	Standardised	*	5.7	24.1
95% CI	(12.8 - 90.9)	*	(36.4 - 41.3)	95% CI	*	(3.6 - 8.6)	(21.8 - 26.4)

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

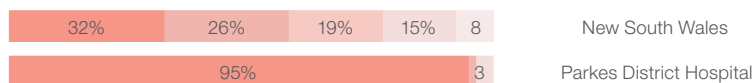
July 2009 to June 2010

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

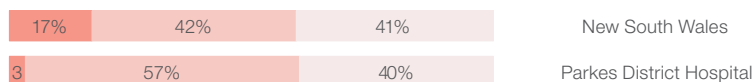
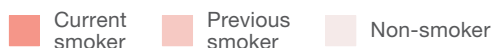
Age profile (years)



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



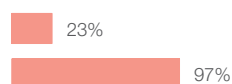
### Smoking status at admission<sup>7</sup>



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

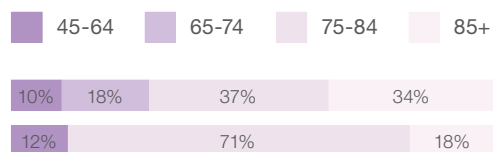


### Rural postcode<sup>9</sup>

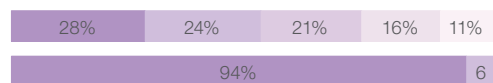


### Potentially avoidable CHF admissions<sup>1,4</sup>

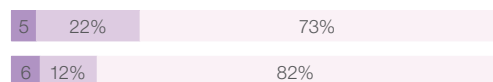
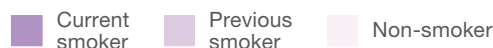
Age profile (years)



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



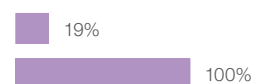
### Smoking status at admission<sup>7</sup>



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



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

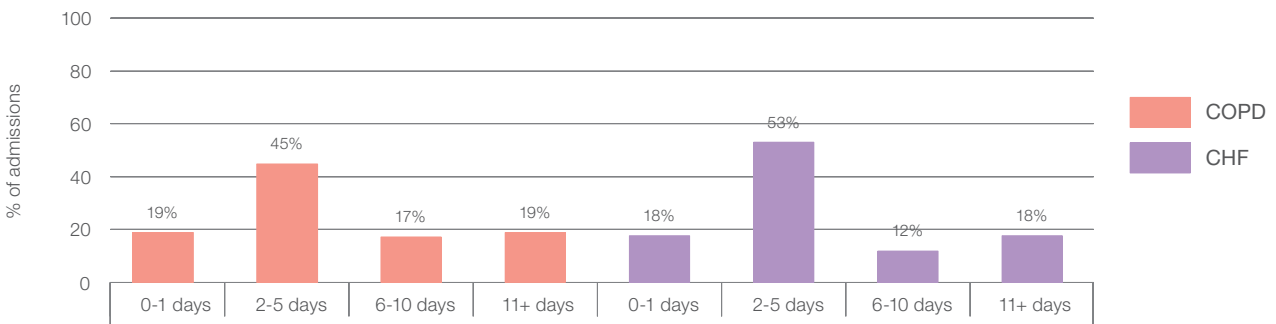


## Parke District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

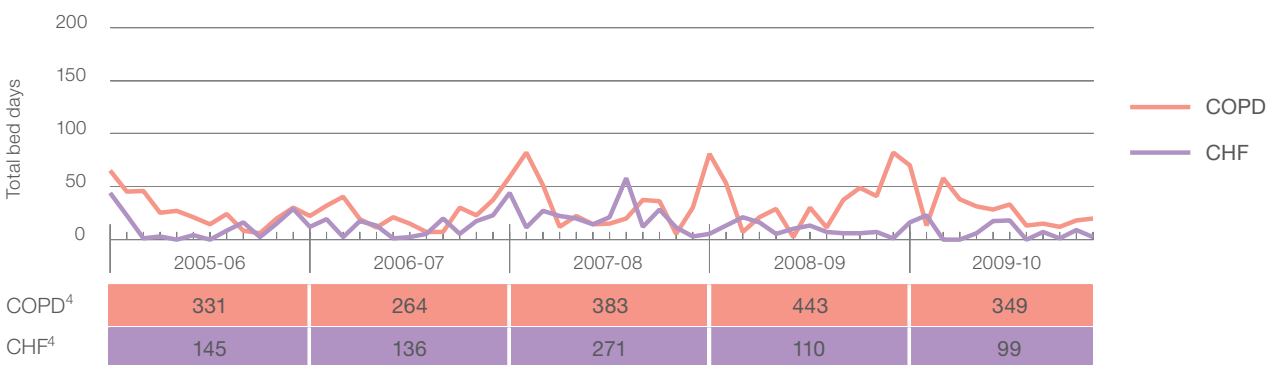
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	100%	99%		97%	% Unplanned <sup>10</sup>	100%
% from ED <sup>†</sup>	93%	85%	77%	% from ED <sup>†</sup>	65%	83%	70%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	6.4	6.5	5.8	Actual	5.8	5.0	6.7

### Length of stay profiles



## Parke 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.

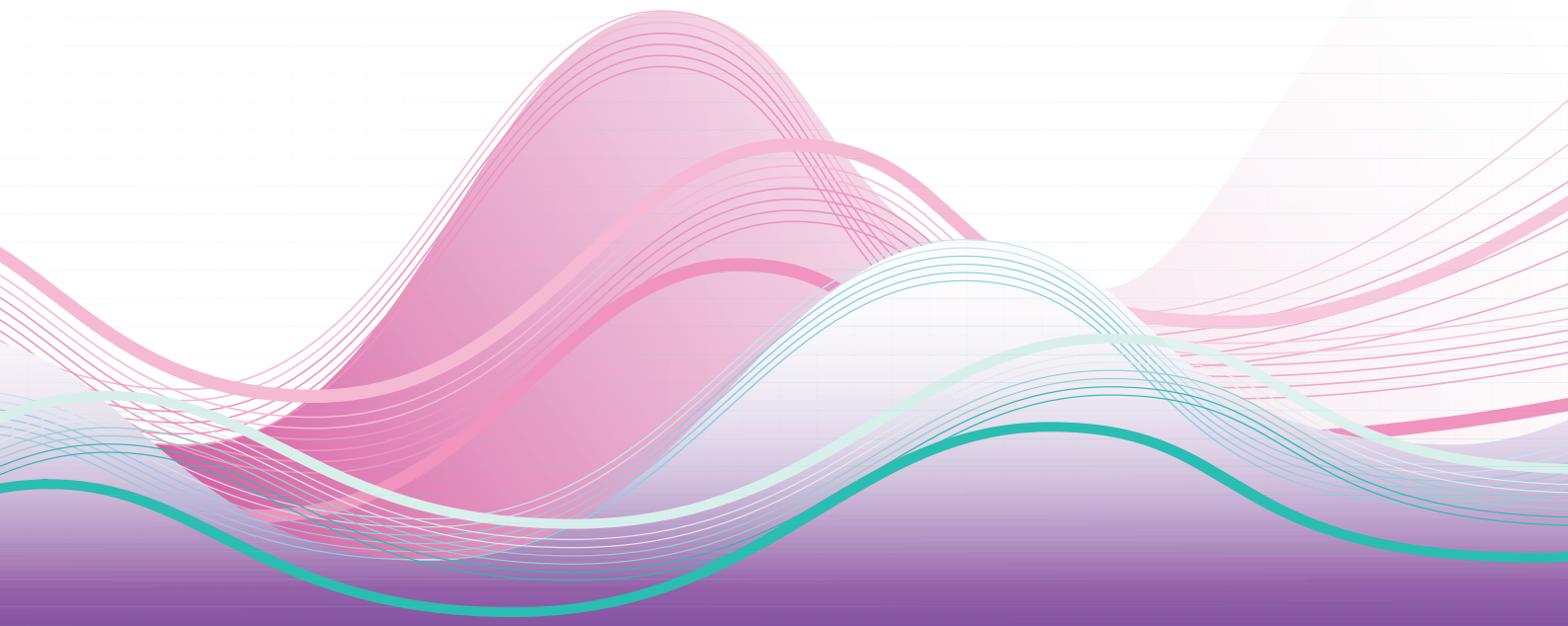


# Performance Profiles

Potentially avoidable admissions for  
COPD and CHF, July 2009 to June 2010

Western Sydney Local Health Network

The Insights Series  
Volume 2, PART 1



## Auburn 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>	17,931	16,963	6%
Select medical hospitalisations <sup>2</sup>	5,705	5,067	13%
Total potentially preventable hospitalisations <sup>3</sup>	2,132	2,061	3%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	196	186	5%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	180	181	-1%

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

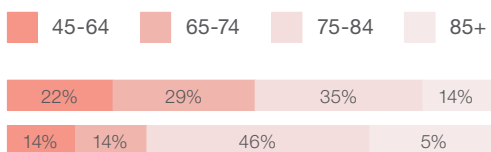
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	34.0	36.9	39.0	Actual	31.5	35.3	27.4
Standardised	24.7	25.7	40.6	Standardised	26.8	16.7	27.0
95% CI	(17.3 - 32.9)	(18.1 - 34.2)	(39.1 - 42.1)	95% CI	(18.0 - 36.5)	(11.6 - 22.5)	(25.8 - 28.2)

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

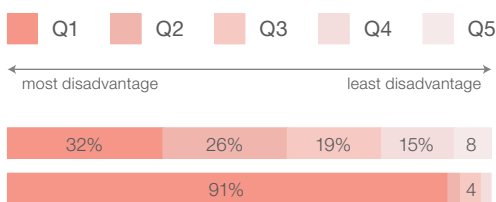
July 2009 to June 2010

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

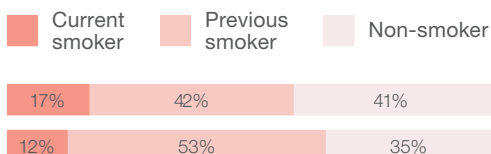
Age profile (years)



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



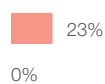
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

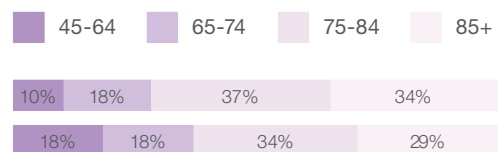


Rural postcode<sup>9</sup>

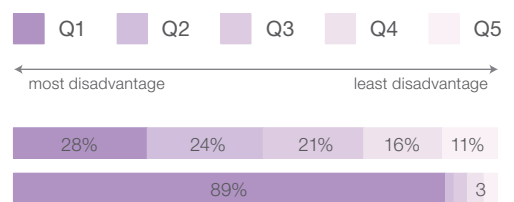


### Potentially avoidable CHF admissions<sup>1,4</sup>

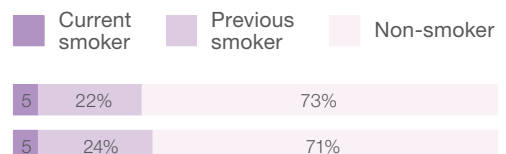
Age profile (years)



Socioeconomic status<sup>6</sup> (quintile of disadvantage)



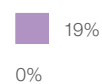
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

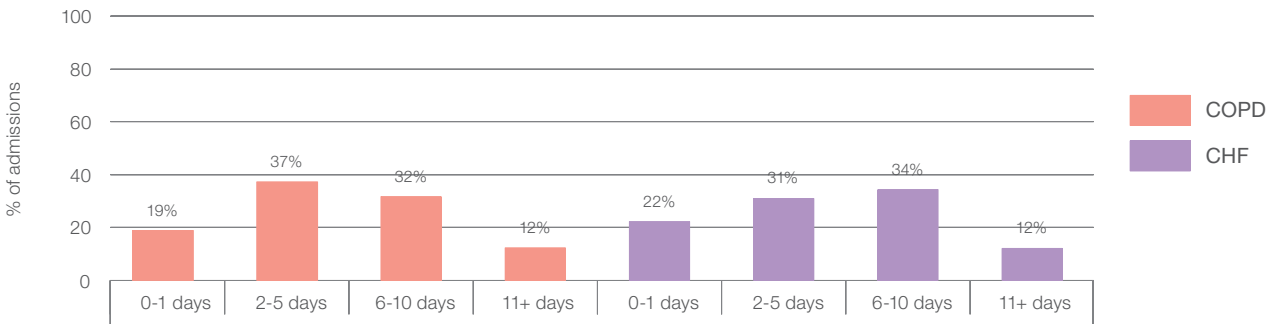


**Auburn Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

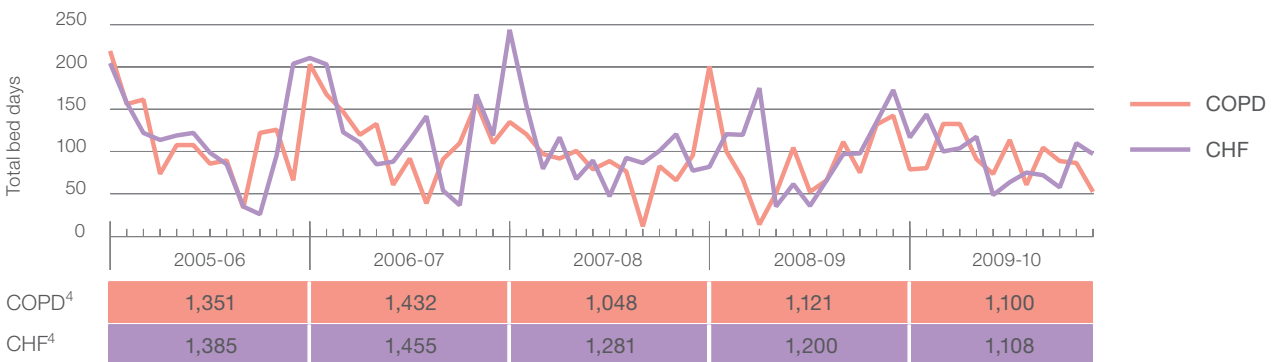
COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	99%	98%	% Unplanned <sup>10</sup>	99%	98%
% from ED <sup>†</sup>	83%	82%	83%	% from ED <sup>†</sup>	75%	87%
COPD average length of stay in days <sup>4</sup>			CHF average length of stay in days <sup>4</sup>			
Actual	5.7	6.2	6.1	Actual	6.3	6.5

**Length of stay profiles**



**Auburn 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.

## Blacktown 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>	28,962	24,656	17%
Select medical hospitalisations <sup>2</sup>	9,523	7,245	31%
Total potentially preventable hospitalisations <sup>3</sup>	3,293	2,699	22%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	582	601	-3%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	308	285	8%

### Rates per 1,000 select medical hospitalisations<sup>5</sup>

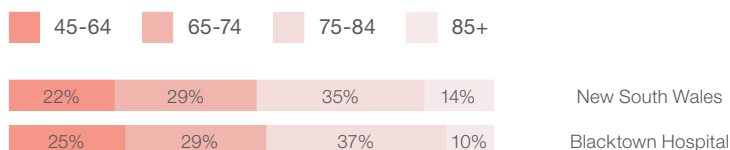
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	60.2	82.7	39.0	Actual	32.2	40.6	27.4
Standardised	70.4	87.3	40.6	Standardised	31.6	38.8	27.0
95% CI	(63.9 - 77.4)	(79.2 - 96.0)	(39.1 - 42.1)	95% CI	(27.5 - 36.2)	(33.4 - 44.7)	(25.8 - 28.2)

## Blacktown Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

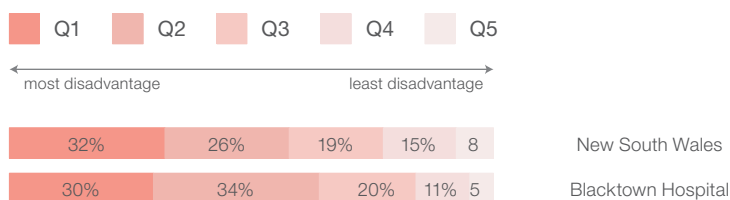
July 2009 to June 2010

### Potentially avoidable COPD admissions<sup>1,4</sup>

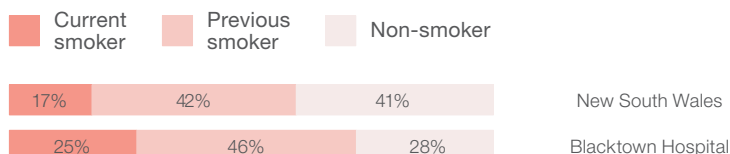
Age profile (years)



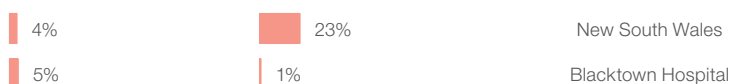
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



### Smoking status at admission<sup>7</sup>



### Aboriginal status<sup>8</sup>

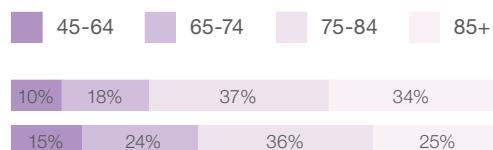


### Rural postcode<sup>9</sup>

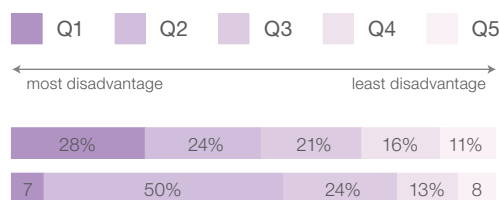


### Potentially avoidable CHF admissions<sup>1,4</sup>

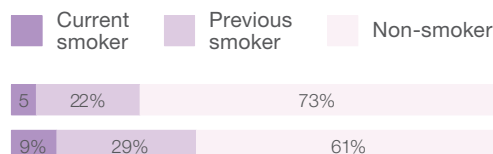
Age profile (years)



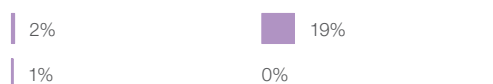
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



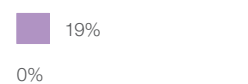
### Smoking status at admission<sup>7</sup>



### Aboriginal status<sup>8</sup>



### Rural postcode<sup>9</sup>

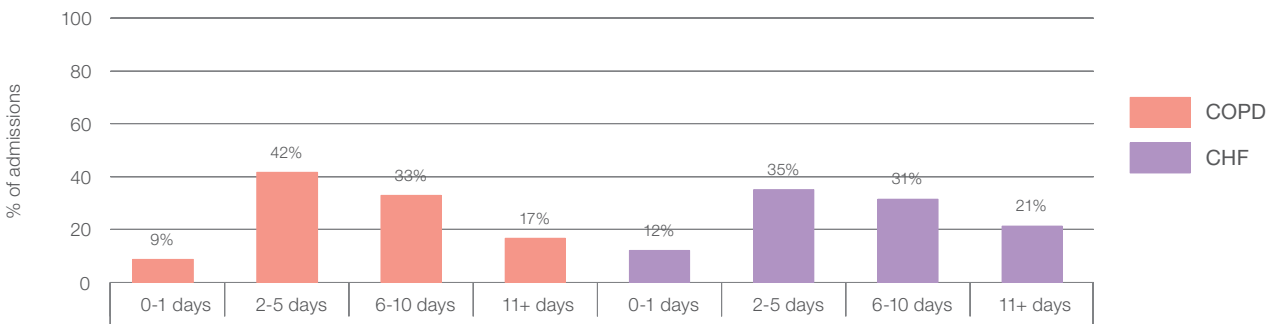


**Blacktown Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

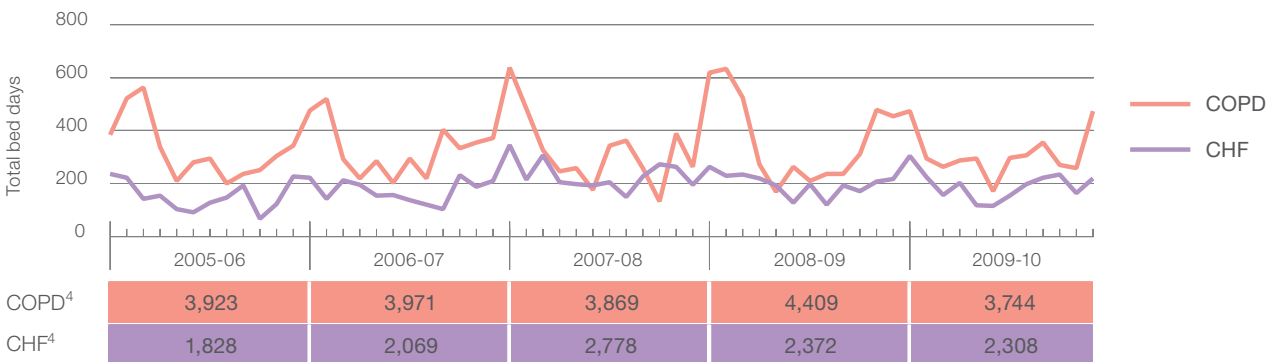
COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	98%	98%		98%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	54%	58%	83%	% from ED <sup>†</sup>	78%	82%	87%
COPD average length of stay in days <sup>4</sup>				CHF average length of stay in days <sup>4</sup>			
Actual	6.7	7.2	6.1	Actual	7.7	8.2	6.9

**Length of stay profiles**



**Blacktown 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.

## Mount Druitt 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>	14,380	11,485	25%
Select medical hospitalisations <sup>2</sup>	5,698	4,209	35%
Total potentially preventable hospitalisations <sup>3</sup>	2,817	2,315	22%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	237	254	-7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	169	138	22%

### Rates per 1,000 select medical hospitalisations<sup>5</sup>

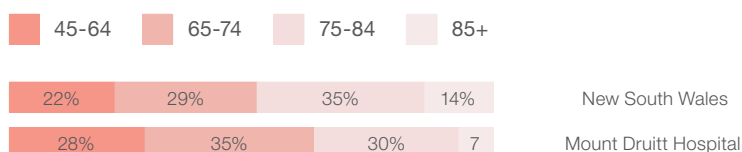
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	40.4	57.6	42.3	Actual	29.4	32.5	27.8
Standardised	31.6	46.3	41.0	Standardised	32.1	29.6	27.9
95% CI	(26.3 - 37.5)	(39.0 - 54.4)	(39.0 - 42.9)	95% CI	(25.0 - 39.9)	(23.4 - 36.5)	(26.3 - 29.6)

## Mount Druitt Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

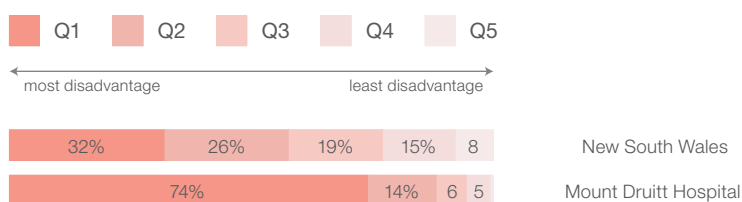
July 2009 to June 2010

### Potentially avoidable COPD admissions<sup>1,4</sup>

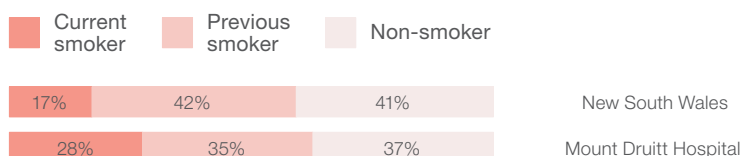
Age profile (years)



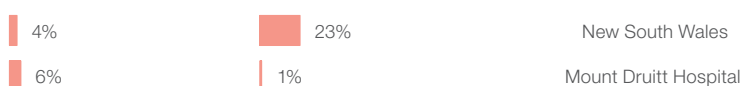
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>

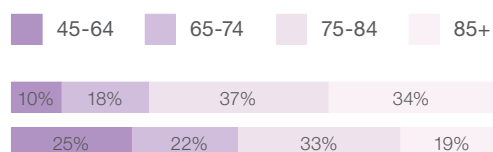


Rural postcode<sup>9</sup>

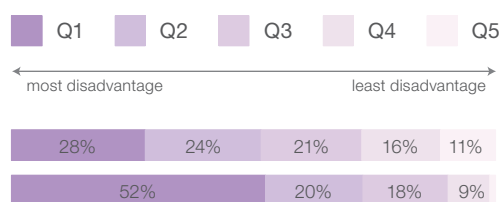


### Potentially avoidable CHF admissions<sup>1,4</sup>

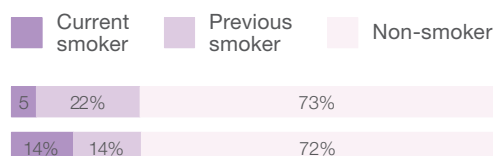
Age profile (years)



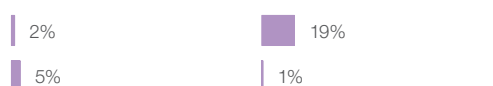
Socioeconomic status<sup>6</sup> (quintile of disadvantage)



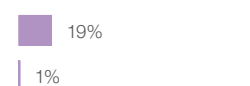
Smoking status at admission<sup>7</sup>



Aboriginal status<sup>8</sup>



Rural postcode<sup>9</sup>

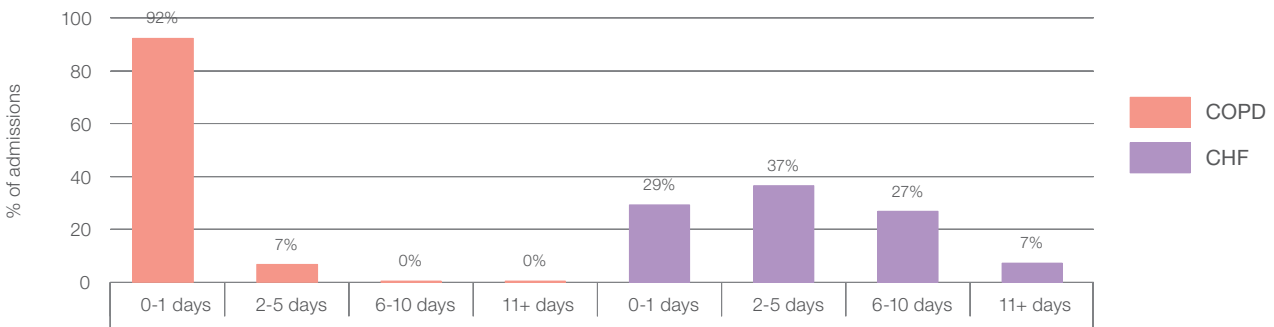


**Mount Druitt Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF**

July 2009 to June 2010

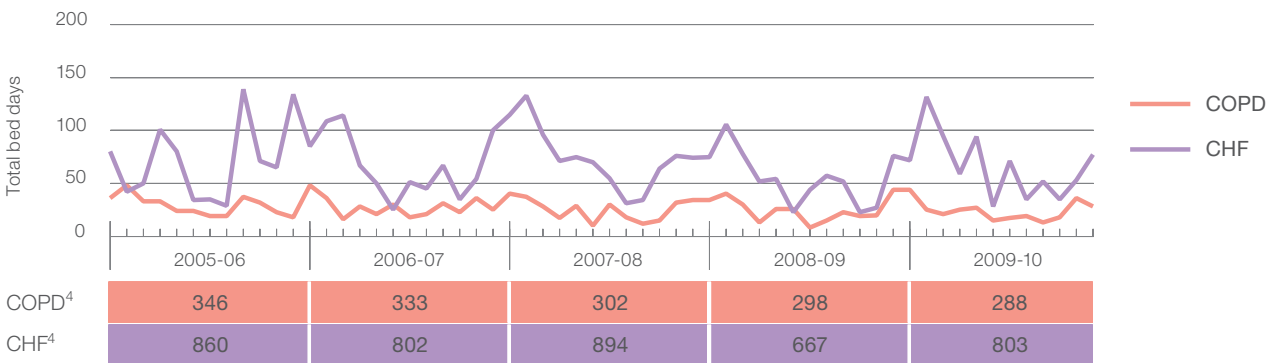
	COPD admissions <sup>4</sup>			CHF admissions <sup>4</sup>		
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned <sup>10</sup>	100%	100%	98%	93%	95%	98%
% from ED <sup>†</sup>	4%	4%	73%	67%	69%	80%
<b>COPD average length of stay in days<sup>4</sup></b>						
Actual	1.2	1.2	5.5	<b>CHF average length of stay in days<sup>4</sup></b>		
Actual				4.9	4.9	6.5

**Length of stay profiles**



**Mount Druitt 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.

## Westmead Hospital (all units): 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>	84,446	83,699	1%
Select medical hospitalisations <sup>2</sup>	21,629	22,627	-4%
Total potentially preventable hospitalisations <sup>3</sup>	6,109	6,350	-4%
Chronic Obstructive Pulmonary Disease (COPD) admissions <sup>4</sup>	431	462	-7%
Congestive Heart Failure (CHF) admissions <sup>4</sup>	456	521	-12%

### Rates per 1,000 select medical hospitalisations<sup>5</sup>

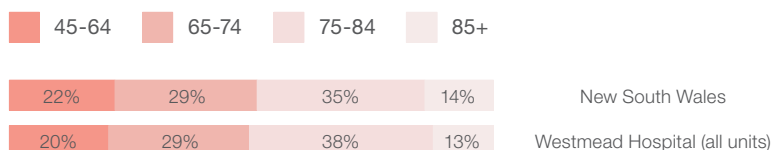
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
<b>COPD<sup>4</sup></b>				<b>CHF<sup>4</sup></b>			
Actual	20.1	20.4	27.1	Actual	21.1	23.2	23.4
Standardised	20.8	21.5	28.3	Standardised	24.1	26.6	24.4
95% CI	(18.7 - 23.0)	(19.4 - 23.7)	(27.4 - 29.2)	95% CI	(21.7 - 26.6)	(24.1 - 29.3)	(23.6 - 25.3)

## Westmead Hospital (all units): Patient profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

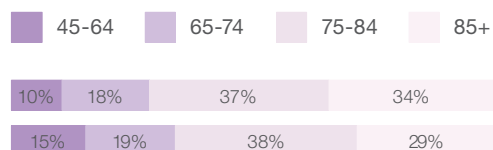
### Potentially avoidable COPD admissions<sup>1,4</sup>

Age profile (years)

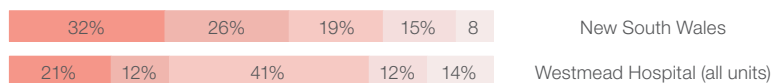
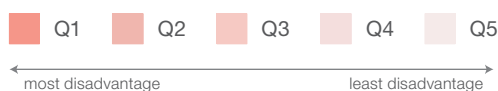


### Potentially avoidable CHF admissions<sup>1,4</sup>

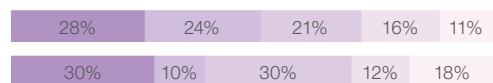
Age profile (years)



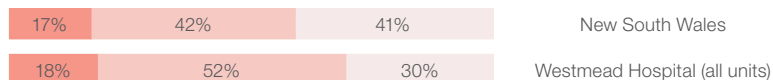
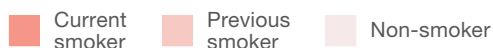
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



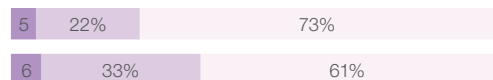
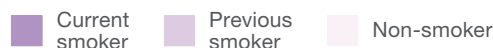
### Socioeconomic status<sup>6</sup> (quintile of disadvantage)



### Smoking status at admission<sup>7</sup>



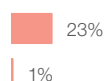
### Smoking status at admission<sup>7</sup>



### Aboriginal status<sup>8</sup>



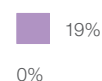
### Rural postcode<sup>9</sup>



### Aboriginal status<sup>8</sup>



### Rural postcode<sup>9</sup>

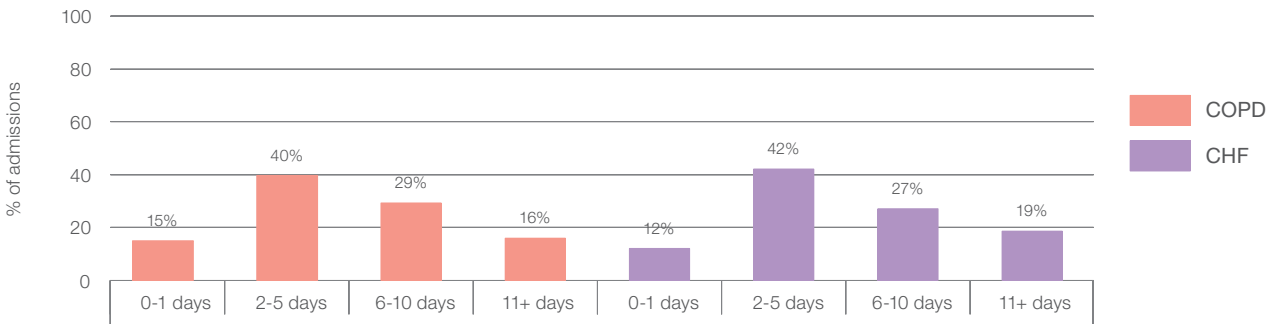




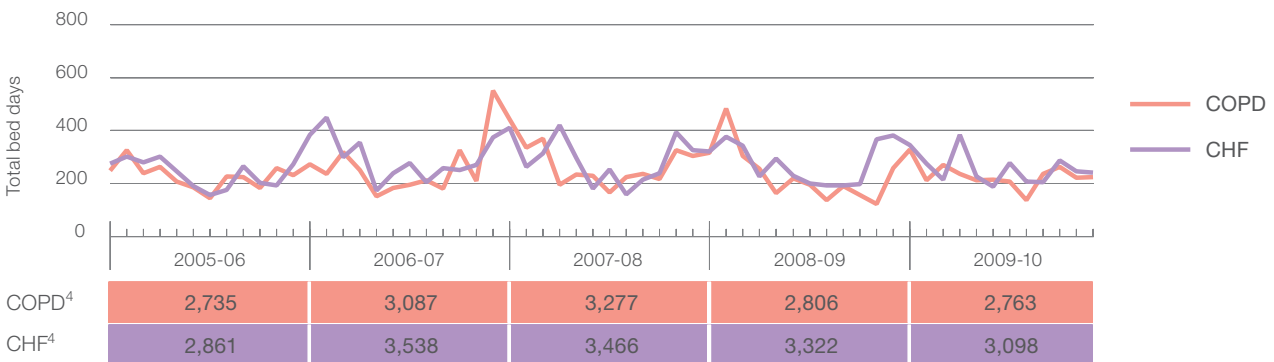
**Westmead Hospital (all units): Hospital stay profiles, potentially avoidable admissions for COPD and CHF**  
July 2009 to June 2010

COPD admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF admissions <sup>4</sup>	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
	% Unplanned <sup>10</sup>	99%	99%		97%	% Unplanned <sup>10</sup>	99%
% from ED <sup>†</sup>	81%	82%	87%	% from ED <sup>†</sup>	81%	83%	86%
<b>COPD average length of stay in days<sup>4</sup></b>				<b>CHF average length of stay in days<sup>4</sup></b>			
Actual	6.5	6.2	6.1	Actual	7.2	6.2	7.1

**Length of stay profiles**



**Westmead Hospital (all units): 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.

## Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010 and related reports are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

The suite of products includes:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



## About the Bureau

The Bureau of Health Information provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information on the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of the people of NSW.

The Bureau is an independent, board-governed statutory health corporation. The conclusions in this report are those of the Bureau and no official endorsement by the NSW Minister for Health, the NSW Department of Health or any other NSW statutory health corporation is intended or should be inferred.

### To contact the Bureau

**Telephone:** +61 2 8644 2100

**Fax:** +61 2 8644 2119

**Email:** [enquiries@bhi.nsw.gov.au](mailto:enquiries@bhi.nsw.gov.au)

**Postal address:**

PO Box 1770

Chatswood

New South Wales 2057

Australia

**Web:** [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Copyright Bureau of Health Information 2011

State Health Publication Number: (BHI) 110135  
ISSN 1839-1680 ISBN 978-1-74187-604-8

Suggested citation: Bureau of Health Information.  
*Chronic Disease Care Performance Profiles:  
A piece of the picture, July 2009 to June 2010.*  
Sydney (NSW); 2011.

Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au) for any amendments.