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

Total hospitalisations
- Select medical hospitalisations
- Total potentially preventable hospitalisations

Rates per 1,000 select medical hospitalisations

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

Potentially avoidable COPD admissions

Age profile (years)

Socioeconomic status (quintile of disadvantage)

Smoking status at admission

Aboriginal status

Rural postcode

Potentially avoidable CHF admissions

Age profile (years)

Socioeconomic status (quintile of disadvantage)

Smoking status at admission

Aboriginal status

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

COPD admissions\(^4\)  This period (2009-10)  Last period (2008-09)  Peer group
% Unplanned\(^{10}\)  100%  100%  97%  
% from ED\(^3\)  68%  70%  77%  

CHF admissions\(^4\)  This period (2009-10)  Last period (2008-09)  Peer group
% Unplanned\(^{10}\)  100%  100%  97%  
% from ED\(^3\)  64%  65%  70%  

COPD average length of stay in days\(^4\)

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Actual</th>
<th>5.4</th>
<th>5.7</th>
<th>5.8</th>
</tr>
</thead>
</table>

CHF average length of stay in days\(^4\)

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Actual</th>
<th>7.2</th>
<th>5.4</th>
<th>6.7</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>COPD(^4)</th>
<th>CHF(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>348</td>
<td>176</td>
</tr>
<tr>
<td>2006-07</td>
<td>458</td>
<td>453</td>
</tr>
<tr>
<td>2007-08</td>
<td>398</td>
<td>142</td>
</tr>
<tr>
<td>2008-09</td>
<td>279</td>
<td>166</td>
</tr>
<tr>
<td>2009-10</td>
<td>127</td>
<td>190</td>
</tr>
</tbody>
</table>

\(^1\) Suppressed: relative standard error ≥ 40%.
\(^2\) Interpret with caution: 30% ≤ relative standard error < 40%.
\(^3\) Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.
\(^4\) Potentially preventable hospitalisations as defined in: The health of the people of NSW – Report of the Chief Health Officer 2010.
\(^5\) For criteria used for COPD / CHF admissions, see Technical Supplement at www.bhi.nsw.gov.au.
\(^6\) 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’.

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

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

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

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