Hornsby and Ku-Ring-Gai Hospital
30-day mortality following hospitalisation for seven conditions

Risk-standardised mortality ratios (RSMRs) for seven conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of patients</th>
<th>RSRM July 2012 – June 2015</th>
<th>RSMRs for three-year periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>452</td>
<td>1.04</td>
<td></td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>295</td>
<td>1.02</td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>85</td>
<td>1.07</td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>400</td>
<td>0.62</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>705</td>
<td>0.90</td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>264</td>
<td>0.93</td>
<td></td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>415</td>
<td>1.36</td>
<td></td>
</tr>
</tbody>
</table>

Mortality this period
- Lower than expected
- No different than expected
- Higher than expected
- 95% control limits

Annual unadjusted mortality rates

Acute myocardial infarction

Ischaemic stroke

Haemorrhagic stroke

Congestive heart failure

Pneumonia

Chronic obstructive pulmonary disease

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It also provides supplementary information on the trajectory of unadjusted mortality, with an additional year’s data for July 2015 to June 2016.

If the number of index cases <10, the annual rate is supressed.
How to interpret RSMRs

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How to interpret the dashboard

If a hospital’s RSMR lies on the grey bar, its mortality is within the range of values expected for an in control NSW hospital of similar size.

Mortality is lower than expected

Mortality is higher than expected

The length of the bar for each condition reflects the tolerance for variation. It is wider for hospitals admitting a small number of patients.

How to interpret the rate charts

Unadjusted mortality (deaths per 100 patients). For every 100 patients admitted to this hospital, the number of deaths (in or out of hospital) within 30 days of hospitalisation.

Period used to calculate RSMR

Note

The impact of the provisional nature of private hospital data is likely to be minor. Data from 2009–12, which are final, show that across NSW the proportion of patients admitted to a private hospital for the conditions of interest ranged from 2% for AMI and haemorrhagic stroke to 7% for hip fracture surgery. Only a small number of patients admitted to a private hospital for the conditions of interest are subsequently transferred to a public hospital — and it is these cases where there is potential for misattribution to public hospitals. At an individual hospital level, the use of the provisional data should not substantively affect results.
On Board

Manly District Hospital

30-day mortality following hospitalisation for seven conditions

Risk-standardised mortality ratios (RSMRs) for seven conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of patients (index cases)</th>
<th>0.0</th>
<th>0.5</th>
<th>1.0</th>
<th>1.5</th>
<th>2.0</th>
<th>2.5</th>
<th>3.0</th>
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</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>275</td>
<td></td>
<td></td>
<td>1.23</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>218</td>
<td></td>
<td></td>
<td>0.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>50</td>
<td></td>
<td></td>
<td>0.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>266</td>
<td></td>
<td></td>
<td>1.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>639</td>
<td></td>
<td></td>
<td>0.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>261</td>
<td></td>
<td></td>
<td>0.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>221</td>
<td></td>
<td></td>
<td>0.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mortality this period:
- Lower than expected
- No different than expected
- Higher than expected
- 95% control limits

July 00 – June 03
July 03 – June 06
July 06 – June 09
July 09 – June 12
July 12 – June 15

- Statistically significant result
- Intermediate result
- No significant difference
- <50 cases

This hospital:
- Provisional data
- NSW
- This hospital

Annual unadjusted mortality rates

- Acute myocardial infarction
- Ischaemic stroke
- Haemorrhagic stroke
- Congestive heart failure
- Pneumonia
- Chronic obstructive pulmonary disease
- Hip fracture surgery

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How to interpret the dashboard

If a hospital’s RSMR lies on the grey bar, its mortality is within the range of values expected for an in control NSW hospital of similar size.

- Mortality is lower than expected
- Mortality is higher than expected

The length of the bar for each condition reflects the tolerance for variation. It is wider for hospitals admitting a small number of patients.

How to interpret the rate charts

Unadjusted mortality (deaths per 100 patients). For every 100 patients admitted to this hospital, the number of deaths (in or out of hospital) within 30 days of hospitalisation.

Annual unadjusted mortality rate for this hospital
Annual unadjusted mortality rate for NSW

Note

The impact of the provisional nature of private hospital data is likely to be minor. Data from 2009–12, which are final, show that across NSW the proportion of patients admitted to a private hospital for the conditions of interest ranged from 2% for AMI and haemorrhagic stroke to 7% for hip fracture surgery. Only a small number of patients admitted to a private hospital for the conditions of interest are subsequently transferred to a public hospital – and it is these cases where there is potential for misattribution to public hospitals. At an individual hospital level, the use of the provisional data should not substantively affect results.
Mona Vale and District Hospital

30-day mortality following hospitalisation for seven conditions

Risk-standardised mortality ratios (RSMRs) for seven conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of patients (index cases)</th>
<th>RSMR July 2012 – June 2015</th>
<th>RSMRs for three-year periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>299</td>
<td>0.70</td>
<td>0.70</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>82</td>
<td>0.83</td>
<td>0.83</td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td></td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>0.83</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>295</td>
<td>0.79</td>
<td>0.79</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>747</td>
<td>1.06</td>
<td>1.06</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>346</td>
<td>1.26</td>
<td>1.26</td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>379</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Mortality this period: Lower than expected, No different than expected, Higher than expected, 95% control limits

This hospital

Statistically significant result, Intermediate result, No significant difference, <50 cases

Annual unadjusted mortality rates

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How to interpret the dashboard

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How to interpret the rate charts

Unadjusted mortality (deaths per 100 patients). For every 100 patients admitted to this hospital, the number of deaths (in or out of hospital) within 30 days of hospitalisation.

Note

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On Board

Royal North Shore Hospital

30-day mortality following hospitalisation for seven conditions

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<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of patients (index cases)</th>
<th>RSMR July 2012 – June 2015</th>
<th>RSMRs for three-year periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>1,178</td>
<td>0.81</td>
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</tr>
<tr>
<td>Ischaemic stroke</td>
<td>790</td>
<td>0.89</td>
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</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>423</td>
<td>0.93</td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>834</td>
<td>0.89</td>
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</tr>
<tr>
<td>Pneumonia</td>
<td>1,337</td>
<td>0.77</td>
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</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>542</td>
<td>0.68</td>
<td></td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>628</td>
<td>0.98</td>
<td></td>
</tr>
</tbody>
</table>

Mortality this period:
- Lower than expected
- No different than expected
- Higher than expected
- 95% control limits

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Unadjusted mortality (deaths per 100 patients). For every 100 patients admitted to this hospital, the number of deaths (in or out of hospital) within 30 days of hospitalisation.

Period used to calculate RSMR

Note

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### Ryde Hospital

30-day mortality following hospitalisation for seven conditions

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**Risk-standardised mortality ratios (RSMRs) for seven conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of patients (index cases)</th>
<th>RSMR July 2012 – June 2015</th>
<th>RSMRs for three-year periods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>216</td>
<td>1.40</td>
<td></td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>89</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td></td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>300</td>
<td>0.70</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>678</td>
<td>0.94</td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>357</td>
<td>0.79</td>
<td></td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>244</td>
<td>1.29</td>
<td></td>
</tr>
</tbody>
</table>

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### Annual unadjusted mortality rates

#### Acute myocardial infarction

![Graph showing acute myocardial infarction rates]

**Ischaemic stroke**

![Graph showing ischaemic stroke rates]

**Haemorrhagic stroke**

![Graph showing haemorrhagic stroke rates]

**Congestive heart failure**

![Graph showing congestive heart failure rates]

**Pneumonia**

![Graph showing pneumonia rates]

**Chronic obstructive pulmonary disease**

![Graph showing chronic obstructive pulmonary disease rates]

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Mortality is lower than expected
Mortality is higher than expected

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