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

Total hospitalisations

Select medical hospitalisations

Total potentially preventable hospitalisations

Chronic Obstructive Pulmonary Disease (COPD) admissions

Congestive Heart Failure (CHF) admissions

Rates per 1,000 select medical hospitalisations

COPD

This period (2009-10) | Last period (2008-09) | Peer group (2009-10) | CHF

This period (2009-10) | Last period (2008-09) | Peer group (2009-10)

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

Age profile (years)

45-64

65-74

75-84

85+

22%

29%

35%

14%

17%

24%

39%

21%

New South Wales

Bankstown / Lidcombe Hospital

Socioeconomic status (quintile of disadvantage)

Q1

Q2

Q3

Q4

Q5

32%

26%

19%

15%

8%

New South Wales

Bankstown / Lidcombe Hospital

Smoking status at admission

Current smoker

Previous smoker

Non-smoker

17%

42%

41%

New South Wales

Bankstown / Lidcombe Hospital

Aboriginal status

Rural postcode

4%

0%

23%

0%

New South Wales

Bankstown / Lidcombe Hospital

Potentially avoidable CHF admissions

Age profile (years)

45-64

65-74

75-84

85+

10%

18%

37%

34%

7%

23%

42%

28%

New South Wales

Bankstown / Lidcombe Hospital

Socioeconomic status (quintile of disadvantage)

Q1

Q2

Q3

Q4

Q5

28%

24%

21%

16%

11%

New South Wales

Bankstown / Lidcombe Hospital

Smoking status at admission

Current smoker

Previous smoker

Non-smoker

5%

22%

73%

6%

23%

70%

New South Wales

Bankstown / Lidcombe Hospital

Aboriginal status

Rural postcode

2%

19%

1%

1%

New South Wales

Bankstown / Lidcombe Hospital
Bankstown / Lidcombe Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

<table>
<thead>
<tr>
<th>COPD admissions</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
<th>CHF admissions</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned(^1)</td>
<td>96%</td>
<td>98%</td>
<td>% Unplanned(^1)</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>% from ED(^4)</td>
<td>83%</td>
<td>88%</td>
<td>% from ED(^4)</td>
<td>86%</td>
<td>84%</td>
</tr>
</tbody>
</table>

COPD average length of stay in days\(^4\)  
| Actual | 5.5 | 6.1 | CHF average length of stay in days\(^4\)  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Length of stay profiles

<table>
<thead>
<tr>
<th>% of admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 days</td>
</tr>
<tr>
<td>2-5 days</td>
</tr>
<tr>
<td>6-10 days</td>
</tr>
<tr>
<td>11+ days</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Total bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
</tr>
<tr>
<td>2006-07</td>
</tr>
<tr>
<td>2007-08</td>
</tr>
<tr>
<td>2008-09</td>
</tr>
<tr>
<td>2009-10</td>
</tr>
</tbody>
</table>

\(^\) Suppressed: relative standard error ≥ 40%.  
\(^1\) Interpret with caution: 30% ≤ relative standard error < 40%.  
\(^2\) A hospitalisation corresponds to one ‘episode of care’. A single patient can have multiple hospitalisations in the time period.  
\(^3\) 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  
\(^6\) Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.  
\(^7\) Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.  
\(^8\) 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.  
\(^9\) 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.  
\(^10\) Postcode of usual residence at time of admission classified as outer regional or remote.  
\(^11\) 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  
\(^\) Source: Admitted Patient Data Collection, Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

PERFORMANCE PROFILES: Chronic disease care, admissions for COPD and CHF  
July 2009 to June 2010  
www.bhi.nsw.gov.au
**Bowral and District Hospital**: Activity profiles, potentially avoidable admissions for COPD and CHF

**July 2009 to June 2010**

**Total hospitalisations**¹
- Select medical hospitalisations²
- Total potentially preventable hospitalisations³
  - Chronic Obstructive Pulmonary Disease (COPD) admissions⁴
  - Congestive Heart Failure (CHF) admissions⁴

**Rates per 1,000 select medical hospitalisations⁵**

<table>
<thead>
<tr>
<th></th>
<th>COPD⁴</th>
<th>CHF⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actual</strong></td>
<td>38.7</td>
<td>19.5</td>
</tr>
<tr>
<td><strong>Standardised</strong></td>
<td></td>
<td>6.5†</td>
</tr>
<tr>
<td><strong>95% CI</strong></td>
<td>(7.5 - 23.4)</td>
<td>(2.3 - 11.6)</td>
</tr>
</tbody>
</table>

**Bowral and District Hospital**: Patient profiles, potentially avoidable admissions for COPD and CHF

**July 2009 to June 2010**

**Potentially avoidable COPD admissions¹,⁴**

<table>
<thead>
<tr>
<th>Age profile (years)</th>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-64</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>65-74</td>
<td>29%</td>
<td>42%</td>
</tr>
<tr>
<td>75-84</td>
<td>35%</td>
<td>41%</td>
</tr>
<tr>
<td>85+</td>
<td>14%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**Socioeconomic status⁶ (quintile of disadvantage)**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>most disadvantage</td>
<td>least disadvantage</td>
<td>32%</td>
<td>26%</td>
<td>19%</td>
<td>15%</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>96%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Smoking status at admission⁷**

<table>
<thead>
<tr>
<th>Current smoker</th>
<th>Previous smoker</th>
<th>Non-smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>42%</td>
<td>41%</td>
</tr>
<tr>
<td>20%</td>
<td>30%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Aboriginal status⁸**

<table>
<thead>
<tr>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
<td>23%</td>
</tr>
<tr>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Potentially avoidable CHF admissions¹,⁴**

<table>
<thead>
<tr>
<th>Age profile (years)</th>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-64</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>65-74</td>
<td>18%</td>
<td>14%</td>
</tr>
<tr>
<td>75-84</td>
<td>37%</td>
<td>33%</td>
</tr>
<tr>
<td>85+</td>
<td>34%</td>
<td>43%</td>
</tr>
</tbody>
</table>

**Socioeconomic status⁶ (quintile of disadvantage)**

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>most disadvantage</td>
<td>least disadvantage</td>
<td>28%</td>
<td>24%</td>
<td>21%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>6</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Smoking status at admission⁷**

<table>
<thead>
<tr>
<th>Current smoker</th>
<th>Previous smoker</th>
<th>Non-smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>12%</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>

**Aboriginal status⁸**

<table>
<thead>
<tr>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Rural postcode⁹**

<table>
<thead>
<tr>
<th>New South Wales</th>
<th>Bowral and District Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Bowral and District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

COPD admissions

This period (2009-10)  
% Unplanned 98%  
% from ED 78%

Last period (2008-09)  
% Unplanned 98%  
% from ED 73%

Peer group (2009-10)  
% Unplanned 100%  
% from ED 69%

CHF admissions

This period (2009-10)  
% Unplanned 98%  
% from ED 80%

Last period (2008-09)  
% Unplanned 98%  
% from ED 80%

Peer group (2009-10)  
% Unplanned 69%  
% from ED 69%

COPD average length of stay in days

Actual 4.3 5.8 5.5

CHF average length of stay in days

Actual 5.2 6.7 6.5

Length of stay profiles

((*) Suppressed: relative standard error ≥ 40%.
Interpret with caution: 30% ≤ 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.
4. For criteria used for COPD / CHF admissions, see Technical Supplement at 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).

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.

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

COPD

CHF


773 817 830 651 554

385 463 382 457 330

PERFORMANCE PROFILES: Chronic disease care, admissions for COPD and CHF July 2009 to June 2010 www.bhi.nsw.gov.au
## Camden Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

<table>
<thead>
<tr>
<th></th>
<th>This period</th>
<th>Last period</th>
<th>Peer group (2009–10)</th>
<th>Change since one year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hospitalisations</td>
<td>2,714</td>
<td>2,542</td>
<td>-</td>
<td>7%</td>
</tr>
<tr>
<td>Select medical hospitalisations</td>
<td>1,970</td>
<td>1,875</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td>Total potentially preventable hospitalisations</td>
<td>304</td>
<td>313</td>
<td>-</td>
<td>-3%</td>
</tr>
</tbody>
</table>

### Chronic Obstructive Pulmonary Disease (COPD) admissions
- **This period**: 22 admissions
- **Last period**: 25 admissions
- **Peer group (2009–10)**: 25 admissions
- **Change since one year ago**: -12%

### Congestive Heart Failure (CHF) admissions
- **This period**: 14 admissions
- **Last period**: 15 admissions
- **Peer group (2009–10)**: 15 admissions
- **Change since one year ago**: -7%

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

### Potentially avoidable COPD admissions

#### Age profile (years)

- **45-64**: 22%
- **65-74**: 29%
- **75-84**: 35%
- **85+**: 14%

#### Socioeconomic status (quintile of disadvantage)

- **Q1 (most disadvantage)**: 32%
- **Q2**: 26%
- **Q3**: 19%
- **Q4**: 15%
- **Q5 (least disadvantage)**: 8%

#### Smoking status at admission

- **Current smoker**: 17%
- **Previous smoker**: 42%
- **Non-smoker**: 41%

#### Aboriginal status

- **Aboriginal**: 4%
- **Non-Aboriginal**: 96%

### Potentially avoidable CHF admissions

#### Age profile (years)

- **45-64**: 10%
- **65-74**: 18%
- **75-84**: 37%
- **85+**: 34%

#### Socioeconomic status (quintile of disadvantage)

- **Q1 (most disadvantage)**: 28%
- **Q2**: 24%
- **Q3**: 21%
- **Q4**: 16%
- **Q5 (least disadvantage)**: 11%

#### Smoking status at admission

- **Current smoker**: 5%
- **Previous smoker**: 22%
- **Non-smoker**: 73%

#### Aboriginal status

- **Aboriginal**: 2%
- **Non-Aboriginal**: 98%
Camden Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

**COPD admissions**

- This period (2009-10)
- Last period (2008-09)
- Peer group (2009-10)

% Unplanned: 100% 84% 97%
% from ED: 0% 0% 77%

**CHF admissions**

- This period (2009-10)
- Last period (2008-09)
- Peer group (2009-10)

% Unplanned: 79% 100% 97%
% from ED: 0% 0% 70%

**COPD average length of stay in days**

| Actual | 5.5 | 7.5 | 5.8 |

**CHF average length of stay in days**

| Actual | 15.5 | 9.9 | 6.7 |

Length of stay profiles

- COPD
- CHF

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

| COPD | 258 | 285 | 315 | 173 | 104 |
| CHF | 171 | 147 | 124 | 138 | 155 |

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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.
- 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.
Campbelltown Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Total hospitalisations

- Select medical hospitalisations

- Total potentially preventable hospitalisations

- Chronic Obstructive Pulmonary Disease (COPD) admissions

- Congestive Heart Failure (CHF) admissions

Rates per 1,000 select medical hospitalisations

<table>
<thead>
<tr>
<th>COPD</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
<th>CHF</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>46.0</td>
<td>54.6</td>
<td>39.0</td>
<td>Actual</td>
<td>24.6</td>
<td>26.5</td>
<td>27.4</td>
</tr>
<tr>
<td>Standardised</td>
<td>38.0</td>
<td>49.0</td>
<td>40.6</td>
<td>Standardised</td>
<td>27.9</td>
<td>26.1</td>
<td>27.0</td>
</tr>
<tr>
<td>95% CI</td>
<td>(32.2 - 44.2)</td>
<td>(41.0 - 57.6)</td>
<td>(39.1 - 42.1)</td>
<td>95% CI</td>
<td>(21.3 - 35.2)</td>
<td>(19.3 - 33.6)</td>
<td>(25.8 - 28.2)</td>
</tr>
</tbody>
</table>

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

COPD admissions

<table>
<thead>
<tr>
<th></th>
<th>This period</th>
<th>Last period</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>% from ED</td>
<td>98%</td>
<td>88%</td>
<td>83%</td>
</tr>
</tbody>
</table>

CHF admissions

<table>
<thead>
<tr>
<th></th>
<th>This period</th>
<th>Last period</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned</td>
<td>99%</td>
<td>97%</td>
<td>98%</td>
</tr>
<tr>
<td>% from ED</td>
<td>93%</td>
<td>88%</td>
<td>87%</td>
</tr>
</tbody>
</table>

COPD average length of stay in days

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 days</td>
<td>6.1</td>
</tr>
<tr>
<td>2-5 days</td>
<td>6.5</td>
</tr>
<tr>
<td>6-10 days</td>
<td>6.1</td>
</tr>
<tr>
<td>0-11+ days</td>
<td>6.1</td>
</tr>
</tbody>
</table>

CHF average length of stay in days

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 days</td>
<td>5.9</td>
</tr>
<tr>
<td>2-5 days</td>
<td>7.1</td>
</tr>
<tr>
<td>6-10 days</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Length of stay profiles

<table>
<thead>
<tr>
<th></th>
<th>COPD</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 days</td>
<td>8%</td>
<td>50%</td>
</tr>
<tr>
<td>2-5 days</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>6-10 days</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>0-11+ days</td>
<td>45%</td>
<td>29%</td>
</tr>
<tr>
<td>11+ days</td>
<td>12%</td>
<td>12%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>2,268</td>
<td>2,343</td>
<td>2,808</td>
<td>2,560</td>
<td>1,930</td>
</tr>
<tr>
<td>CHF</td>
<td>1,372</td>
<td>1,374</td>
<td>1,337</td>
<td>1,279</td>
<td>1,017</td>
</tr>
</tbody>
</table>

(*) Suppressed: relative standard error ≥ 40%.
(‡) Interpret with caution: 30% ≤ 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.
4. For criteria used for COPD / CHF admissions, see Technical Supplement at 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
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

Total hospitalisations¹ 16,328
Select medical hospitalisations² 5,270
Total potentially preventable hospitalisations³ 1,833
Chronic Obstructive Pulmonary Disease (COPD) admissions⁴ 260
Congestive Heart Failure (CHF) admissions⁴ 208

Rates per 1,000 select medical hospitalisations⁵

<table>
<thead>
<tr>
<th>COPD⁴</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
<th>CHF⁴</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>49.4</td>
<td>53.4</td>
<td>39.0</td>
<td>Actual</td>
<td>39.4</td>
<td>49.2</td>
<td>27.4</td>
</tr>
<tr>
<td>Standardised</td>
<td>45.1</td>
<td>44.6</td>
<td>40.6</td>
<td>Standardised</td>
<td>30.8</td>
<td>43.6</td>
<td>27.0</td>
</tr>
<tr>
<td>95% CI</td>
<td>(33.9 - 57.5)</td>
<td>(32.6 - 57.8)</td>
<td>(39.1 - 42.1)</td>
<td>95% CI</td>
<td>(23.2 - 39.1)</td>
<td>(32.2 - 56.1)</td>
<td>(25.8 - 28.2)</td>
</tr>
</tbody>
</table>

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

Potentially avoidable COPD admissions¹,⁴

Age profile (years)

- 45-64: 22%
- 65-74: 29%
- 75-84: 35%
- 85+: 14%

Socioeconomic status⁶ (quintile of disadvantage)

Q1: Most disadvantaged
Q2
Q3
Q4
Q5: Least disadvantaged

Smoking status at admission⁷

- Current smoker: 17%
- Previous smoker: 42%
- Non-smoker: 41%

Aboriginal status⁸

- 4%
- 23%

Rural postcode⁹

- 0%
- 0%
Fairfield Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

COPD admissions

This period
(2009-10)

Last period
(2008-09)

Peer group
(2009-10)

% Unplanned(*)
100%
100%
98%

% from ED†
93%
94%
83%

CHF admissions

This period
(2009-10)

Last period
(2008-09)

Peer group
(2009-10)

% Unplanned(*)
100%
99%
98%

% from ED†
90%
91%
87%

COPD average length of stay in days‡

Actual
5.7
6.2
6.1

CHF average length of stay in days‡

Actual
6.1
7.3
6.9

Length of stay profiles

Fairfield Hospital: Total bed days, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010 (monthly)

COPD‡

CHF‡

2005-06
2006-07
2007-08
2008-09
2009-10

2,509
1,407

2,253
1,314

2,562
2,029

1,670
1,817

1,423
1,214

(*) Suppressed: relative standard error ≥ 40%.
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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: 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.
Liverpool Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Total hospitalisations

- Selected medical hospitalisations
- Total potentially preventable hospitalisations
- Chronic Obstructive Pulmonary Disease (COPD) admissions
- Congestive Heart Failure (CHF) admissions

Rates per 1,000 select medical hospitalisations

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

Potentially avoidable COPD admissions

Age profile (years)

- 45-64
- 65-74
- 75-84
- 85+

Socioeconomic status (quintile of disadvantage)

Smoking status at admission

Aboriginal status

Rural postcode

Potential avoidable CHF admissions

Age profile (years)

Socioeconomic status (quintile of disadvantage)

Smoking status at admission

Aboriginal status

Rural postcode
Liverpool 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\(^5\)  100%  99%  97%
\% from ED\(^6\)  96%  96%  87%

CHF admissions\(^4\)  This period (2009-10)  Last period (2008-09)  Peer group
\% Unplanned\(^5\)  99%  99%  98%
\% from ED\(^6\)  91%  90%  86%

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

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Actual</th>
<th>5.9</th>
<th>6.4</th>
<th>6.1</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Actual</th>
<th>6.5</th>
<th>7.9</th>
<th>7.1</th>
</tr>
</thead>
</table>

Length of stay profiles

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

COPD\(^4\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>3,870</td>
</tr>
<tr>
<td>2006-07</td>
<td>3,406</td>
</tr>
<tr>
<td>2007-08</td>
<td>3,833</td>
</tr>
<tr>
<td>2008-09</td>
<td>3,492</td>
</tr>
<tr>
<td>2009-10</td>
<td>2,979</td>
</tr>
</tbody>
</table>

CHF\(^5\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total bed days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>3,022</td>
</tr>
<tr>
<td>2006-07</td>
<td>2,914</td>
</tr>
<tr>
<td>2007-08</td>
<td>2,424</td>
</tr>
<tr>
<td>2008-09</td>
<td>2,834</td>
</tr>
<tr>
<td>2009-10</td>
<td>2,531</td>
</tr>
</tbody>
</table>

\(^1\) Suppressed: relative standard error ≥ 40%.
\(^2\) Interpret with caution: 30% ≤ relative standard error < 40%.
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\(^12\) Admissions with emergency status of ‘non-emergency / planned’.
\(^13\) Emergency Department

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PERFORMANCE PROFILES: Chronic disease care, admissions for COPD and CHF
July 2009 to June 2010  www.bhi.nsw.gov.au
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.

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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

The suite of products includes:

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

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