Coffs Harbour Base 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>520</td>
<td>1.02</td>
<td></td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>343</td>
<td>0.90</td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>98</td>
<td>1.22</td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>379</td>
<td>0.73</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>866</td>
<td>0.96</td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>504</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>365</td>
<td>0.94</td>
<td></td>
</tr>
</tbody>
</table>

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

Annual unadjusted mortality rates

Acute myocardial infarction

Ischaemic stroke

Haemorrhagic stroke

Congestive heart failure

Pneumonia

Chronic obstructive pulmonary disease

Hip fracture surgery

About this dashboard

This edition of On Board provides an overview of hospital results for 30-day mortality. It summarises the findings of the risk-standardised mortality analysis published in Exploring clinical variation in mortality, seven conditions, NSW, July 2012 – June 2015.

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 suppressed.
How to interpret RSMRs

The risk-standardised mortality ratio (RSMR) compares deaths in or out of hospital within 30 days of admission with the ‘expected’ number of deaths. The ‘expected’ number of deaths is generated by a statistical model that takes into account patient characteristics that affect the likelihood of dying following hospitalisation.

RSMRs less than 1.0 indicate lower than expected mortality, and RSMRs greater than 1.0, indicate higher than expected mortality. Small deviations from 1.0 are not meaningful and do not indicate significant variation in performance at the hospital level.

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.

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

Mortality is lower than expected

Mortality is higher than expected

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.

Provisional data

NSW

This hospital

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.
Kempsey 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>199</td>
<td>0.50</td>
<td>No result available</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td></td>
<td>&lt;50 index hospitalisations, results not shown</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>163</td>
<td>1.23</td>
<td>No result available</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>370</td>
<td>1.24</td>
<td>No result available</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>300</td>
<td>1.37</td>
<td>No result available</td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td></td>
<td>&lt;50 index hospitalisations, results not shown</td>
<td></td>
</tr>
</tbody>
</table>

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

About this dashboard

This edition of On Board provides an overview of hospital results for 30-day mortality. It summarises the findings of the risk-standardised mortality analysis published in Exploring clinical variation in mortality, seven conditions, NSW, July 2012 – June 2015.

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 suppressed.
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.

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

Mortality is lower than expected

Mortality is higher than expected

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

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.
Macksville 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>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>97</td>
<td>0.81</td>
<td>Statistically significant result</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>145</td>
<td>0.93</td>
<td>No different than expected</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>181</td>
<td>1.17</td>
<td>Intermediate result</td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
</tr>
</tbody>
</table>

Mortality this period:
- Lower than expected
- 95% control limits
- Higher than expected

Annual unadjusted mortality rates

About this dashboard

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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.

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

Mortality is lower than expected

Mortality is higher than expected

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

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.
Port Macquarie Base 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>492</td>
<td>0.95</td>
<td>0</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>286</td>
<td>1.33</td>
<td>0</td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>73</td>
<td>0.87</td>
<td>0</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>402</td>
<td>0.91</td>
<td>0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>829</td>
<td>1.21</td>
<td>0</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>497</td>
<td>1.29</td>
<td>0</td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>340</td>
<td>1.54</td>
<td>0</td>
</tr>
</tbody>
</table>

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

This hospital: NSW

Provisional data

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- 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

Provisional data  ••• NSW  •••• This hospital

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

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.