# Auburn 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>272</td>
<td>1.15</td>
<td></td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>62</td>
<td>1.90</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>282</td>
<td>0.71</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>428</td>
<td>1.24</td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>273</td>
<td>0.95</td>
<td></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
- Statistically significant result
- Intermediate result
- No significant difference
- <50 cases

## Annual unadjusted mortality rates

### Acute myocardial infarction

![Graph showing acute myocardial infarction mortality rates]

### Ischaemic stroke

![Graph showing ischaemic stroke mortality rates]

### Haemorrhagic stroke

![Graph showing haemorrhagic stroke mortality rates]

### Congestive heart failure

![Graph showing congestive heart failure mortality rates]

### Pneumonia

![Graph showing pneumonia mortality rates]

### Chronic obstructive pulmonary disease

![Graph showing chronic obstructive pulmonary disease mortality rates]

### Hip fracture surgery

![Graph showing hip fracture surgery mortality rates]

No result available

---

## 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 supressed.
**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.
- 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.

**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

Blacktown 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>777</td>
<td>0.95</td>
<td>&lt;50 cases</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>555</td>
<td>1.15</td>
<td>No significant difference</td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>117</td>
<td>1.17</td>
<td>No different than expected</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>591</td>
<td>0.70</td>
<td>Higher than expected</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1,140</td>
<td>0.77</td>
<td>Lower than expected</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>823</td>
<td>0.83</td>
<td>No different than expected</td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>355</td>
<td>0.78</td>
<td>No different than expected</td>
</tr>
</tbody>
</table>

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

Annual unadjusted mortality rates

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.

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.

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.
Mount Druitt 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>382</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>269</td>
<td>0.82</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>614</td>
<td>0.94</td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>411</td>
<td>0.98</td>
<td></td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>&lt; 50 index hospitalisations, results not shown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

If the number of index cases <10, the annual rate is suppressed.

Annual unadjusted mortality rates

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.

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.
Westmead 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>July 00 – June 03</th>
<th>July 03 – June 06</th>
<th>July 06 – June 09</th>
<th>July 09 – June 12</th>
<th>July 12 – June 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myocardial infarction</td>
<td>1,711</td>
<td>0.85</td>
<td>0.95</td>
<td>1.00</td>
<td>0.85</td>
<td>0.75</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
<td>662</td>
<td>1.30</td>
<td>1.10</td>
<td>1.00</td>
<td>1.00</td>
<td>0.85</td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
<td>343</td>
<td>1.10</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>0.85</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>1,048</td>
<td>0.87</td>
<td>0.95</td>
<td>1.00</td>
<td>0.95</td>
<td>1.00</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>1,601</td>
<td>1.11</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>0.85</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>919</td>
<td>0.95</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>0.85</td>
</tr>
<tr>
<td>Hip fracture surgery</td>
<td>595</td>
<td>0.91</td>
<td>0.95</td>
<td>1.00</td>
<td>0.95</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Mortality this period: Lower than expected 95% control limits

This hospital NSW Provisional data

Annual unadjusted mortality rates

Acute myocardial infarction

Ischaemic stroke

Haemorrhagic stroke

Congestive heart failure

Pneumonia

Chronic obstructive pulmonary disease

Preliminary data for the most recent period.

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

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 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.

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.

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.