Performance Profiles

Potentially avoidable admissions for COPD and CHF, July 2009 to June 2010

New South Wales

The Insights Series
Volume 2, PART 1
**New South Wales**: Activity profiles, potentially avoidable admissions for COPD and CHF

*July 2009 to June 2010*

**Total hospitalisations**

- 1,592,992 admissions
- 1,545,171 admissions (last year)
- 3% change

**Select medical hospitalisations**

- 479,757 admissions
- 457,095 admissions (last year)
- 5% change

**Total potentially preventable hospitalisations**

- 149,266 admissions
- 147,013 admissions (last year)
- 2% change

**Chronic Obstructive Pulmonary Disease (COPD) admissions**

- 16,774 admissions
- 17,072 admissions (last year)
- -2% change

**Congestive Heart Failure (CHF) admissions**

- 11,390 admissions
- 12,125 admissions (last year)
- -6% change

**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>35.0</td>
<td>37.3</td>
<td>.</td>
<td>Actual</td>
<td>23.8</td>
<td>26.6</td>
<td>.</td>
</tr>
<tr>
<td>Standardised</td>
<td>35.0</td>
<td>37.2</td>
<td>.</td>
<td>Standardised</td>
<td>23.8</td>
<td>26.5</td>
<td>.</td>
</tr>
<tr>
<td>95% CI</td>
<td>(34.4 - 35.5)</td>
<td>(36.6 - 37.7)</td>
<td>.</td>
<td>95% CI</td>
<td>(23.4 - 24.2)</td>
<td>(26.1 - 27.0)</td>
<td>.</td>
</tr>
</tbody>
</table>

**New South Wales**: 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
  - 4%

- Rural postcode
  - 23%

**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
  - 2%

- Rural postcode
  - 19%
New South Wales: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

<table>
<thead>
<tr>
<th>COPD admissions^4</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
<th>CHF admissions^4</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned^6</td>
<td>96%</td>
<td>96%</td>
<td></td>
<td>% Unplanned^6</td>
<td>97%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>% from ED^4</td>
<td>77%</td>
<td>78%</td>
<td></td>
<td>% from ED^4</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>

COPD average length of stay in days^4

| Actual | 5.9 | 6.2 |

CHF average length of stay in days^4

| Actual | 6.7 | 6.9 |

Length of stay profiles

![Graph showing length of stay profiles for COPD and CHF](image)

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

![Graph showing total bed days](image)

(^) Suppressed: relative standard error ≥ 40%

(†) Interpret with caution: relative standard error ≥30% and <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.
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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Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.