Prince of Wales Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Total hospitalisations¹
- Select medical hospitalisations²
- Total potentially preventable hospitalisations ³
- Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴
- Congestive Heart Failure (CHF) admissions ⁴

Prince of Wales 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
- 65-74
- 75-84
- 85+

Socioeconomic status ⁶ (quintile of disadvantage)
- Q1
- Q2
- Q3
- Q4
- Q5

Smoking status at admission ⁷
- Current smoker
- Previous smoker
- Non-smoker

Aboriginal status ⁸

Potentially avoidable CHF admissions¹,⁴

Age profile (years)
- 45-64
- 65-74
- 75-84
- 85+

Socioeconomic status ⁶ (quintile of disadvantage)
- Q1
- Q2
- Q3
- Q4
- Q5

Smoking status at admission ⁷
- Current smoker
- Previous smoker
- Non-smoker

Aboriginal status ⁸

Rural postcode ⁹
Prince of Wales 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  CHF admissions\(^4\)  This period (2009-10)  Last period (2008-09)  Peer group

% Unplanned\(^1\)  97%  93%  97%  % Unplanned\(^1\)  95%  95%  98%
% from ED\(^2\)  92%  88%  87%  % from ED\(^2\)  88%  90%  86%

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

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

Length of stay profiles

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

COPD\(^4\)  2,733  2,587  2,915  2,500  2,007
CHF\(^4\)  2,206  2,394  2,156  1,662  1,703

\(^1\) Suppressed: relative standard error ≥ 40%.
\(^2\) Interpreted with caution: 30% ≤ relative standard error < 40%.
\(^3\) A hospitalisation corresponds to one ‘episode of care’. A single patient can have multiple hospitalisations in the time period.
\(^4\) Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.
\(^6\) For criteria used for COPD / CHF admissions, see Technical Supplement at www.bhi.nsw.gov.au
\(^7\) Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.
\(^8\) Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.
\(^9\) 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.
\(^10\) 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.
\(^11\) Postcode of usual residence at time of admission classified as outer regional or remote.
\(^12\) Admissions with emergency status of ‘non-emergency / planned’.
\(^13\) Emergency Department Note: Only records with valid and non-missing data are included in each analysis.
\(^14\) Note: Length of stay and total bed days calculated on ‘acute’ episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).
\(^15\) 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