Performance Profiles

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

Mid North Coast Local Health Network

The Insights Series
Volume 2, PART 1
Bellinger River District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Total hospitalisations¹ 1,551
   Select medical hospitalisations² 986
   Total potentially preventable hospitalisations³ 227
   Chronic Obstructive Pulmonary Disease (COPD) admissions⁴ 54
   Congestive Heart Failure (CHF) admissions⁴ 13

Rates per 1,000 select medical hospitalisations⁵

<table>
<thead>
<tr>
<th></th>
<th>COPD⁴</th>
<th></th>
<th>CHF⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This period (2009-10)</td>
<td>Last period (2008-09)</td>
<td>Peer group (2009-10)</td>
</tr>
<tr>
<td>Actual</td>
<td>54.9</td>
<td>52.4</td>
<td>41.4</td>
</tr>
<tr>
<td>Standardised</td>
<td>36.0</td>
<td>31.3</td>
<td>38.8</td>
</tr>
<tr>
<td>95% CI</td>
<td>(25.4 - 49.0)</td>
<td>(22.7 - 41.8)</td>
<td>(36.4 - 41.3)</td>
</tr>
</tbody>
</table>

Bellinger River District 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%, New South Wales: 22%, Bellinger River District Hospital: 13%
- 65-74: 29%, New South Wales: 29%, Bellinger River District Hospital: 35%
- 75-84: 35%, New South Wales: 35%, Bellinger River District Hospital: 46%
- 85+: 14%, New South Wales: 14%, Bellinger River District Hospital: 6%

Socioeconomic status⁶ (quintile of disadvantage)

- Q1: most disadvantage, New South Wales: 32%, Bellinger River District Hospital: 43%
- Q2: New South Wales: 26%, Bellinger River District Hospital: 43%
- Q3: New South Wales: 19%, Bellinger River District Hospital: 19%
- Q4: New South Wales: 15%, Bellinger River District Hospital: 15%
- Q5: least disadvantage, New South Wales: 8%, Bellinger River District Hospital: 8%

Smoking status at admission⁷

- Current smoker: 17%, New South Wales: 17%, Bellinger River District Hospital: 19%
- Previous smoker: 42%, New South Wales: 42%, Bellinger River District Hospital: 9%
- Non-smoker: 41%, New South Wales: 41%, Bellinger River District Hospital: 72%

Aboriginal status⁸

- 4%, New South Wales: 4%, Bellinger River District Hospital: 4%

Rural postcode⁹

- 23%, New South Wales: 23%, Bellinger River District Hospital: 93%

Potentially avoidable CHF admissions¹,⁴

Age profile (years)

- 45-64: 10%, New South Wales: 10%, Bellinger River District Hospital: 15%
- 65-74: 18%, New South Wales: 18%, Bellinger River District Hospital: 31%
- 75-84: 37%, New South Wales: 37%, Bellinger River District Hospital: 54%
- 85+: 34%, New South Wales: 34%, Bellinger River District Hospital: 54%

Socioeconomic status⁶ (quintile of disadvantage)

- Q1: most disadvantage, New South Wales: 28%, Bellinger River District Hospital: 31%
- Q2: New South Wales: 24%, Bellinger River District Hospital: 31%
- Q3: New South Wales: 21%, Bellinger River District Hospital: 62%
- Q4: New South Wales: 16%, Bellinger River District Hospital: 16%
- Q5: least disadvantage, New South Wales: 11%, Bellinger River District Hospital: 8%

Smoking status at admission⁷

- Current smoker: 5%, New South Wales: 22%, Bellinger River District Hospital: 22%
- Previous smoker: New South Wales: 73%, Bellinger River District Hospital: 73%
- Non-smoker: 8%, New South Wales: 8%, Bellinger River District Hospital: 92%

Aboriginal status⁸

- 2%, New South Wales: 2%, Bellinger River District Hospital: 2%

Rural postcode⁹

- 19%, New South Wales: 19%, Bellinger River District Hospital: 85%
Bellinger River District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

COPD admissions^4

<table>
<thead>
<tr>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned^10</td>
<td>96%</td>
<td>89%</td>
</tr>
<tr>
<td>% from ED^4</td>
<td>43%</td>
<td>65%</td>
</tr>
</tbody>
</table>

CHF admissions^4

<table>
<thead>
<tr>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned^10</td>
<td>100%</td>
<td>82%</td>
</tr>
<tr>
<td>% from ED^4</td>
<td>46%</td>
<td>41%</td>
</tr>
</tbody>
</table>

COPD average length of stay in days^4

<table>
<thead>
<tr>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.8</td>
</tr>
<tr>
<td>8.2</td>
</tr>
<tr>
<td>5.8</td>
</tr>
</tbody>
</table>

CHF average length of stay in days^4

<table>
<thead>
<tr>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3</td>
</tr>
<tr>
<td>9.7</td>
</tr>
<tr>
<td>6.7</td>
</tr>
</tbody>
</table>

Performance Profiles:

Chronic disease care, admissions for COPD and CHF
July 2009 to June 2010

Source:
Admitted Patient Data Collection, Health Information Exchange, NSW Health. Data extracted on 28 February 2011.

Note:
Length of stay and total bed days calculated on ‘acute’ episodes only (comprising 98.7% COPD and 97.4% CHF PAAs).

Technical Supplement
www.bhi.nsw.gov.au

(*) 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’.
11. Emergency Department

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.
Coffs Harbour Base Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Total hospitalisations
26,061
25,900
1%

Select medical hospitalisations
7,051
6,779
4%

Total potentially preventable hospitalisations
2,705
2,576
5%

Chronic Obstructive Pulmonary Disease (COPD) admissions
281
269
4%

Congestive Heart Failure (CHF) admissions
132
92
43%

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>39.8</td>
<td>39.8</td>
<td>38.6</td>
<td>Actual</td>
<td>18.8</td>
<td>13.6</td>
<td>24.2</td>
</tr>
<tr>
<td>Standardised</td>
<td>28.8</td>
<td>45.4</td>
<td>34.8</td>
<td>Standardised</td>
<td>10.6</td>
<td>7.0</td>
<td>25.1</td>
</tr>
<tr>
<td>95% CI</td>
<td>(17.3 - 41.4)</td>
<td>(21.2 - 71.9)</td>
<td>(32.4 - 37.3)</td>
<td>95% CI</td>
<td>(8.8 - 12.7)</td>
<td>(5.5 - 8.7)</td>
<td>(22.3 - 28.1)</td>
</tr>
</tbody>
</table>

Coffs Harbour Base 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+

New South Wales

- 22%
- 29%
- 35%
- 14%

Coffs Harbour Base Hospital

- 26%
- 31%
- 34%
- 8%

Socioeconomic status (quintile of disadvantage)

- Q1
- Q2
- Q3
- Q4
- Q5

New South Wales

- 32%
- 26%
- 19%
- 15%
- 8%

Coffs Harbour Base Hospital

- 28%
- 71%

Smoking status at admission

- Current smoker
- Previous smoker
- Non-smoker

New South Wales

- 17%
- 42%
- 41%

Coffs Harbour Base Hospital

- 10%
- 43%
- 47%

Aboriginal status

- 4%
- 8%

New South Wales

- 23%
- 63%

Coffs Harbour Base Hospital

- 2%
- 5%

Rural postcode

- 23%
- 71%
Coffs Harbour Base Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

**COPD admissions**

<table>
<thead>
<tr>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Unplanned</strong></td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>% from ED</strong></td>
<td>78%</td>
<td>49%</td>
</tr>
</tbody>
</table>

**CHF admissions**

<table>
<thead>
<tr>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Unplanned</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>% from ED</strong></td>
<td>84%</td>
<td>53%</td>
</tr>
</tbody>
</table>

**COPD average length of stay in days**

<table>
<thead>
<tr>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.8</td>
</tr>
<tr>
<td>5.4</td>
</tr>
<tr>
<td>5.6</td>
</tr>
</tbody>
</table>

**CHF average length of stay in days**

<table>
<thead>
<tr>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0</td>
</tr>
<tr>
<td>6.4</td>
</tr>
<tr>
<td>6.2</td>
</tr>
</tbody>
</table>

**Coffs Harbour Base Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**

July 2005 to June 2010 (monthly)

<table>
<thead>
<tr>
<th>COPD</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,310</td>
<td>1,543</td>
</tr>
<tr>
<td>411</td>
<td>599</td>
</tr>
</tbody>
</table>

(* suppressed: 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.
- 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.
**Kempsey Hospital:** Activity profiles, potentially avoidable admissions for COPD and CHF  
July 2009 to June 2010

<table>
<thead>
<tr>
<th>Activity profiles</th>
<th>July 2009 to June 2010</th>
<th>Same period last year</th>
<th>Change since one year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hospitalisations (^1)</td>
<td>10,558</td>
<td>10,240</td>
<td>3%</td>
</tr>
<tr>
<td>Select medical hospitalisations (^2)</td>
<td>4,056</td>
<td>3,867</td>
<td>5%</td>
</tr>
<tr>
<td>Total potentially preventable hospitalisations (^3)</td>
<td>1,218</td>
<td>1,125</td>
<td>8%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD) admissions (^4)</td>
<td>155</td>
<td>156</td>
<td>-1%</td>
</tr>
<tr>
<td>Congestive Heart Failure (CHF) admissions (^4)</td>
<td>74</td>
<td>111</td>
<td>-33%</td>
</tr>
</tbody>
</table>

Rates per 1,000 select medical hospitalisations \(^5\)

<table>
<thead>
<tr>
<th>COPD(^4)</th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
<th>CHF(^4)</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>38.3</td>
<td>40.4</td>
<td>41.4</td>
<td>Actual</td>
<td>18.3</td>
<td>28.7</td>
<td>22.5</td>
</tr>
<tr>
<td>Standardised</td>
<td>20.8†</td>
<td>(12.4 - 31.7)</td>
<td>(36.4 - 41.3)</td>
<td>Standardised</td>
<td>*</td>
<td>*</td>
<td>(7.3 - 12.7)</td>
</tr>
<tr>
<td>95% CI</td>
<td>(8.1 - 35.1)</td>
<td>(12.4 - 31.7)</td>
<td>(36.4 - 41.3)</td>
<td>95% CI</td>
<td>*</td>
<td>*</td>
<td>(7.3 - 12.7)</td>
</tr>
</tbody>
</table>

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

Potentially avoidable COPD admissions \(^1,4\)

<table>
<thead>
<tr>
<th>Age profile (years)</th>
<th>45-64</th>
<th>65-74</th>
<th>75-84</th>
<th>85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kempsey Hospital</td>
<td>22%</td>
<td>35%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>35%</td>
<td>32%</td>
<td>27%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Socioeconomic status \(^6\) (quintile of disadvantage)

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>32%</td>
<td>26%</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Kempsey Hospital</td>
<td>98%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Smoking status at admission \(^7\)

<table>
<thead>
<tr>
<th>Current smoker</th>
<th>Previous smoker</th>
<th>Non-smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kempsey Hospital</td>
<td>17%</td>
<td>42%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>18%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Aboriginal status \(^8\)

<table>
<thead>
<tr>
<th>Aboriginal status</th>
<th>Rural postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kempsey Hospital</td>
<td>4%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>23%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aboriginal status</th>
<th>Rural postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>2%</td>
</tr>
<tr>
<td>Kempsey Hospital</td>
<td>4%</td>
</tr>
</tbody>
</table>
Kempsey Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

COPD admissions

<table>
<thead>
<tr>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned*(i)</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>% from ED†</td>
<td>86%</td>
<td>84%</td>
</tr>
</tbody>
</table>

COPD average length of stay in days‡

| Actual | 5.2 |

Length of stay profiles

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

<table>
<thead>
<tr>
<th>COPD</th>
<th>CHF</th>
</tr>
</thead>
<tbody>
<tr>
<td>745</td>
<td>581</td>
</tr>
<tr>
<td>671</td>
<td>706</td>
</tr>
<tr>
<td>827</td>
<td>605</td>
</tr>
<tr>
<td>698</td>
<td>796</td>
</tr>
<tr>
<td>805</td>
<td>457</td>
</tr>
</tbody>
</table>

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

July 2009 to June 2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hospitalisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select medical hospitalisations</td>
<td></td>
<td>56.3</td>
<td>62.8</td>
<td>41.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total potentially preventable hospitalisations</td>
<td></td>
<td>26.2†</td>
<td>38.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD) admissions</td>
<td></td>
<td>(7.8 - 47.8)</td>
<td>(36.4 - 41.3)</td>
<td>95% CI</td>
<td>(3.6 - 7.5)</td>
<td>(21.8 - 26.4)</td>
<td></td>
</tr>
<tr>
<td>Congestive Heart Failure (CHF) admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Macksville District 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%, 24%
  - 65-74: 29%, 29%
  - 75-84: 35%, 26%
  - 85+: 14%, 21%

- **Socioeconomic status (quintile of disadvantage)**
  - Q1: 32%, 26%
  - Q2: 26%, 19%
  - Q3: 19%, 15%
  - Q4: 15%, 8%
  - Q5: 99%

- **Smoking status at admission**
  - Current smoker: 17%, 9%
  - Previous smoker: 42%, 82%
  - Non-smoker: 41%

- **Aboriginal status**
  - 4%
  - Rural postcode
    - 23%, 98%

**Potentially avoidable CHF admissions**

- **Age profile (years)**
  - 45-64: 10%, 6%
  - 65-74: 18%, 15%
  - 75-84: 37%, 35%
  - 85+: 34%, 44%

- **Socioeconomic status (quintile of disadvantage)**
  - Q1: 28%, 26%
  - Q2: 24%, 24%
  - Q3: 21%, 21%
  - Q4: 16%, 16%
  - Q5: 100%

- **Smoking status at admission**
  - Current smoker: 5%
  - Previous smoker: 22%
  - Non-smoker: 73%

- **Aboriginal status**
  - 2%
  - Rural postcode
    - 19%, 100%
Macksville District 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 (2009-10) CHF admissions\(^4\) This period (2009-10) Last period (2008-09) Peer group (2009-10)
% Unplanned\(^{10}\) 95% 97% 97% % Unplanned\(^{10}\) 100% 98% 97%
% from ED\(^3\) 92% 94% 77% % from ED\(^3\) 97% 93% 70%

COPD average length of stay in days\(^6\)

| Length of stay | Actual | 7.3 | 7.1 | 5.8 |

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

| Length of stay | Actual | 8.1 | 5.6 | 6.7 |

Length of stay profiles

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

<table>
<thead>
<tr>
<th>Year</th>
<th>COPD(^4)</th>
<th>CHF(^5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>765</td>
<td>390</td>
</tr>
<tr>
<td>2006-07</td>
<td>589</td>
<td>223</td>
</tr>
<tr>
<td>2007-08</td>
<td>668</td>
<td>468</td>
</tr>
<tr>
<td>2008-09</td>
<td>752</td>
<td>242</td>
</tr>
<tr>
<td>2009-10</td>
<td>594</td>
<td>265</td>
</tr>
</tbody>
</table>

Note:

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

Port Macquarie Base 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

<table>
<thead>
<tr>
<th>COPD</th>
<th>This period</th>
<th>Last period</th>
<th>Peer group</th>
<th>CHF</th>
<th>This period</th>
<th>Last period</th>
<th>Peer group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>46.2</td>
<td>44.8</td>
<td>38.6</td>
<td>Actual</td>
<td>22.3</td>
<td>27.1</td>
<td>24.2</td>
</tr>
<tr>
<td>Standardised</td>
<td>28.8</td>
<td>36.9</td>
<td>34.8</td>
<td>Standardised</td>
<td>39.1†</td>
<td>20.5</td>
<td>25.1</td>
</tr>
<tr>
<td>95% CI</td>
<td>(21.2 - 37.1)</td>
<td>(24.8 - 50.1)</td>
<td>(32.4 - 37.3)</td>
<td>95% CI</td>
<td>(11.6 - 70.5)</td>
<td>(11.6 - 30.5)</td>
<td>(22.3 - 28.1)</td>
</tr>
</tbody>
</table>

Port Macquarie Base 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

Port Macquarie Base 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

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</tbody>
</table>
**Port Macquarie Base 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 (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned&lt;sup&gt;a&lt;/sup&gt;</td>
<td>99%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>% from ED&lt;sup&gt;b&lt;/sup&gt;</td>
<td>90%</td>
<td>91%</td>
<td>85%</td>
</tr>
</tbody>
</table>

### CHF admissions

<table>
<thead>
<tr>
<th></th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unplanned&lt;sup&gt;a&lt;/sup&gt;</td>
<td>99%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>% from ED&lt;sup&gt;b&lt;/sup&gt;</td>
<td>92%</td>
<td>91%</td>
<td>88%</td>
</tr>
</tbody>
</table>

### COPD average length of stay in days<sup>c</sup>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>0-1 days</td>
<td>5.7</td>
<td>6.4</td>
<td>5.6</td>
<td>6.7</td>
<td>6.6</td>
<td>6.5</td>
</tr>
<tr>
<td>2-5 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-10 days</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11+ days</td>
<td></td>
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</tbody>
</table>

### CHF average length of stay in days<sup>c</sup>

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

### Length of stay profiles

(1) Suppressed: relative standard error ≥ 40%.

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10. Admissions with emergency status of ‘non-emergency / planned’.

(*) Interpret with caution: 30% ≤ relative standard error < 40%.

(†) Emergency Department

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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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