Shoalhaven and District Memorial Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

Same period Change since

	last year	one year ago
21,193	20,567	3%
6,862	6,624	4%
2,148	2,261	-5%
245	220	11%
189	227	-17%
	6,862 2,148 245	21,193 20,567 6,862 6,624 2,148 2,261 245 220

Rates per 1,000 select medical hospitalisations⁵

COPD ⁴	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	CHF ⁴	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
Actual	35.5	33.1	38.6	Actual	27.7	34.4	24.2
Standardised	32.5	26.5	34.8	Standardised	28.9	23.7	25.1
95% CI	(24.5 - 41.2)	(20.0 - 33.8)	(32.4 - 37.3)	95% CI	(19.1 - 39.8)	(20.3 - 27.5)	(22.3 - 28.1)

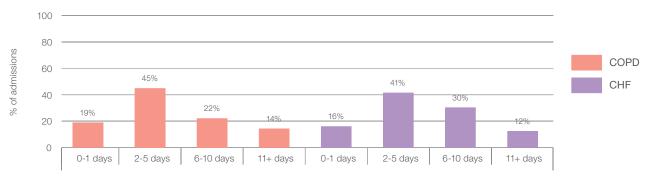
Shoalhaven and District Memorial Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010



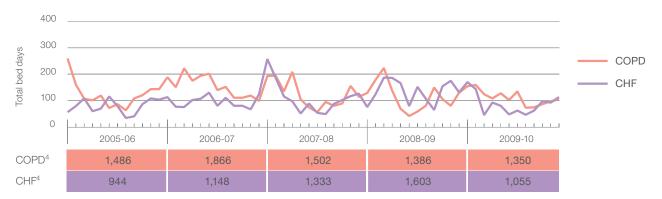
Shoalhaven and District Memorial Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF July 2009 to June 2010

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	94%	96%	97%	% Unplanned ¹⁰	99%	96%	99%
% from ED‡	82%	80%	85%	% from ED‡	86%	85%	88%
COPD average length of stay in days ⁴				CHF average length of stay in days ⁴			
Actual	5.6	6.2	5.6	Actual	5.8	7.2	6.2

Length of stay profiles



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



- (*) Suppressed: relative standard error ≥ 40%.
- (†) Interpret with caution: $30\% \le \text{relative standard error} < 40\%$.
- 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.
- 3. Potentially preventable hospitalisations as defined in: The health of the people of NSW Report of the Chief Health Officer 2010.
- $\textbf{4.} \quad \text{For criteria used for COPD / CHF admissions, see} \ \textit{Technical Supplement} \ \text{at www.bhi.nsw.gov.au}$
- 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.