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## Two new reports shed light on hospital mortality and readmissions in NSW

The Bureau of Health Information (BHI) today released two reports with new data on patient deaths within 30 days of hospitalisation, and levels of readmission to hospital for up to nine clinical conditions in NSW.

The *Exploring clinical variation in mortality* report covers heart attack, ischaemic stroke, haemorrhagic stroke, congestive heart failure, pneumonia, chronic obstructive pulmonary disease and hip fracture surgery. Together, these conditions comprise 10% of all hospitalisations and 30% of all deaths in NSW public hospitals.

BHI Chief Executive, Dr Jean-Frederic Levesque, said the report analyses mortality rates and assesses if they are lower, higher or as expected given the age and health conditions of patients in 75 hospitals.

"There has been substantial improvement in 30-day mortality rates for all conditions in NSW over 15 years, but in particular, a 41 percent decrease in mortality rates for patients hospitalised for a heart attack," Dr Levesque said.

"Most recently, there has been a marked 11 percent decrease in mortality rates among patients hospitalised for ischaemic stroke."

The report found that in 2012–15 across seven conditions, the number of hospitals with higher than expected mortality ranged from one hospital for haemorrhagic stroke to 11 hospitals for chronic obstructive pulmonary disease.

"BHI released its first report on 30-day mortality in 2013. Many hospitals that had higher than expected mortality rates at that time have shown improvements in this latest report, particularly those that were outliers for more than one condition," Dr Levesque said.

The reports also show rates of unplanned readmission of patients to NSW public hospitals. *Exploring clinical variation in readmission* covers eight conditions that account for 13% of all hospital readmissions in NSW. These conditions include heart attack, ischaemic stroke, congestive heart failure, pneumonia, chronic obstructive pulmonary disease, hip fracture surgery, total hip replacement and total knee replacement.

The report found that in 2012–15 across 79 hospitals and eight conditions, the number with higher than expected readmissions ranged from one hospital each for total hip and total knee replacement to seven hospitals for congestive heart failure.

The report provides insight into the reasons why patients are readmitted to a hospital following treatment, and the relationship between length of stay in hospital and readmission.

"Over the past 15 years, changes in NSW ranged from an eight percent increase in readmission rates for ischaemic stroke to an 11 percent decrease for heart attack and total hip replacement," Dr Levesque said.

"Most recently, there has been a nine percent increase in readmission rates for pneumonia since 2009–12.

"In general, patients who had longer stays in hospital were more likely to be readmitted, particularly those treated for pneumonia and total knee replacement."

The **reports** and **hospital profiles** for the 79 public hospitals in NSW are available at [bhi.nsw.gov.au](http://bhi.nsw.gov.au)