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Mortality rates lower for seven clinical conditions in NSW

The Bureau of Health Information (BHI) has today released a report providing information about patient deaths in the 30 days following admission for seven clinical conditions in NSW from July 2015 to June 2018.

The conditions included in the report are heart attack, ischaemic stroke, haemorrhagic stroke, congestive heart failure, pneumonia, chronic obstructive pulmonary disease and hip fracture surgery. Together, these seven conditions account for 11% of acute emergency hospitalisations and 28% of deaths in NSW hospitals.

To provide a more complete picture of patient mortality, the report includes all deaths across these conditions that occurred with 30 days of admission, not just in-hospital deaths.

BHI Chief Executive, Dr Diane Watson, said the report looks at mortality rates at NSW level over time and assesses if mortality was lower, higher or within the expected range, taking into account the characteristics of their patients, such as age and health status.

“This report shows that 30-day mortality rates in NSW were lower for all seven conditions in 2015 to 2018 when compared with the previous three-year period. The largest decrease was for pneumonia, but we have also seen notable decreases in the mortality rates for patients hospitalised for hip fracture surgery and heart attack,” Dr Watson said.

A majority of the 73 NSW public hospitals assessed had mortality that was within the expected range or lower than expected across all conditions.

“It is positive that so many public hospitals had mortality within the expected range, or lower, as it shows hospitals are providing consistent care for these patients,” Dr Watson said.

The number of public hospitals with lower than expected mortality for a given condition ranged from zero (ischaemic stroke) to five (congestive heart failure and chronic obstructive pulmonary disease).

The number of public hospitals with higher than expected mortality for a given condition ranged from two (haemorrhagic stroke) to seven (congestive heart failure).

While the analyses take into account key patient risk factors beyond hospitals’ control, measuring mortality is not straightforward and not all risk factors can be captured. Dr Watson cautioned against using the results to make definitive judgements on the quality of care hospitals provide.

“For hospitals with higher than expected mortality for one or more conditions, health professionals can use these results, alongside other measures, as a screening tool to indicate where further assessment is needed and to inform local efforts to improve care,” Dr Watson said.

The report, *Mortality following hospitalisation for seven clinical conditions, July 2015 – June 2018*, and detailed, individual profiles for 73 public hospitals are available at bhi.nsw.gov.au

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