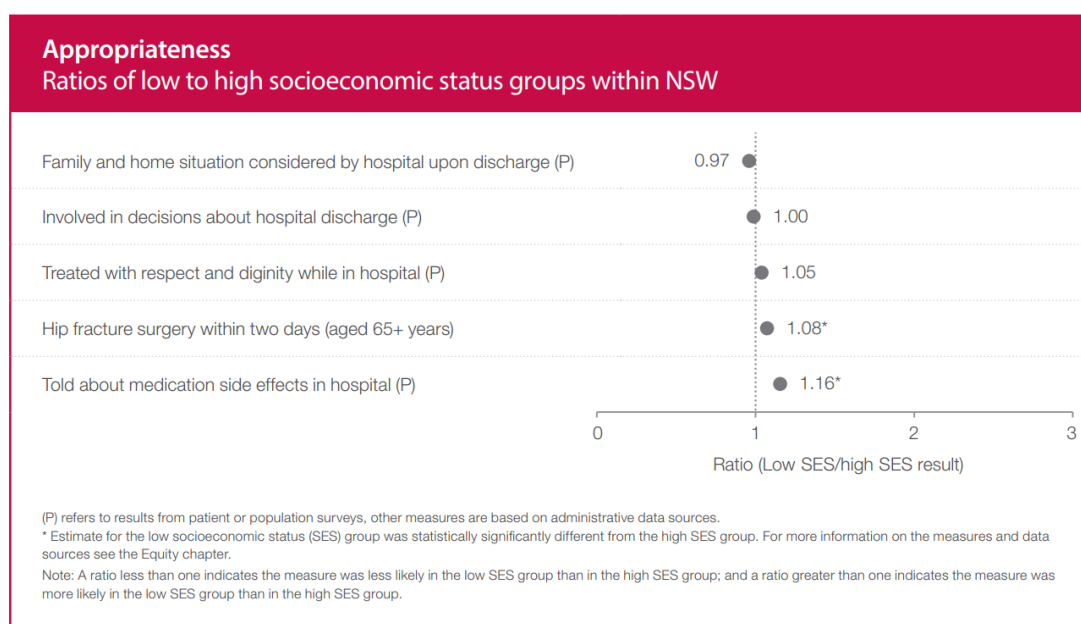


# Errata

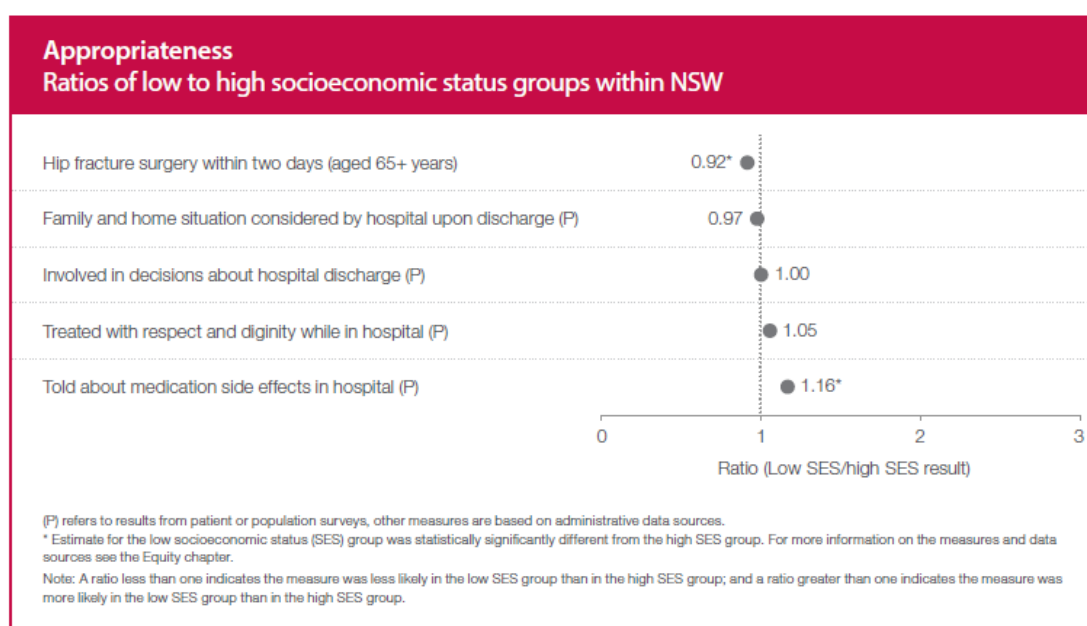
## Healthcare in Focus 2015: How does NSW compare?

The Bureau of Health Information has made corrections to the report *Healthcare in Focus 2015: How does NSW compare?* report, the summary *At a Glance* document, and a data table.

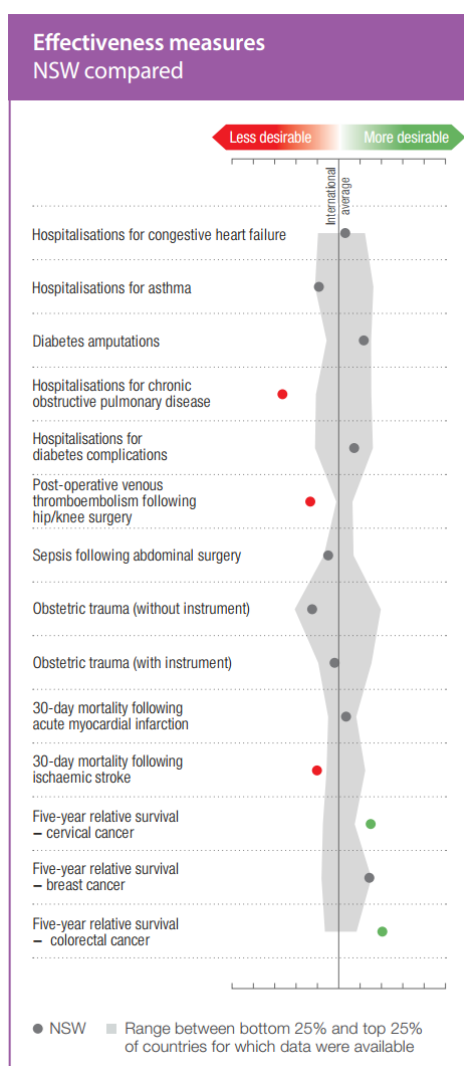
1. On page 42 of the report, the ratio of low socioeconomic status groups (SES) to high SES results for hip fracture surgery within two days (aged 66+ years) was incorrectly shown as 1.08\*. The correct result is 0.92\*.



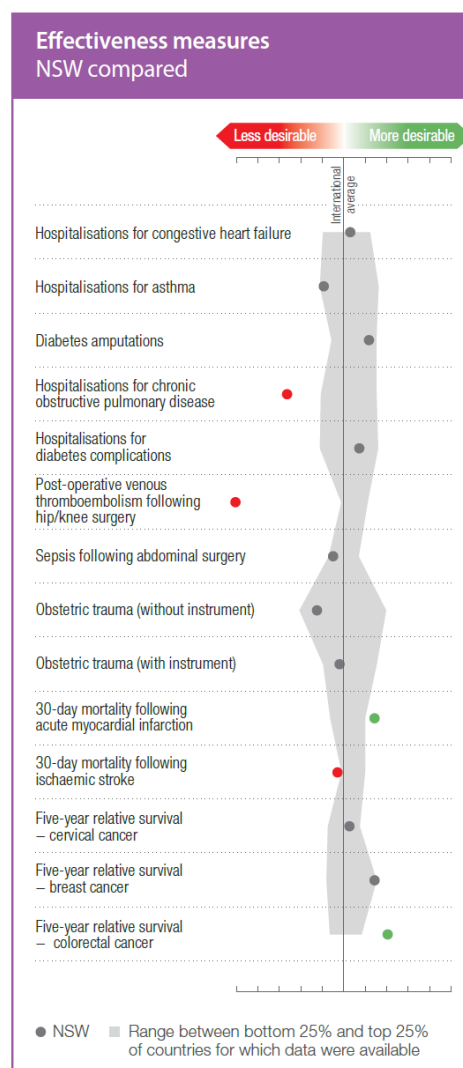
The graph should have shown the following results:



2. On page 67 of the report, the graph incorrectly stated that five-year relative survival for cervical cancer was more desirable for NSW, and that 30-day mortality for acute myocardial infarction was within the middle range. The value for post-operative venous thromboembolism following hip/knee surgery was also placed incorrectly, too close to the international average. The graph with the incorrect placements was presented as follows:

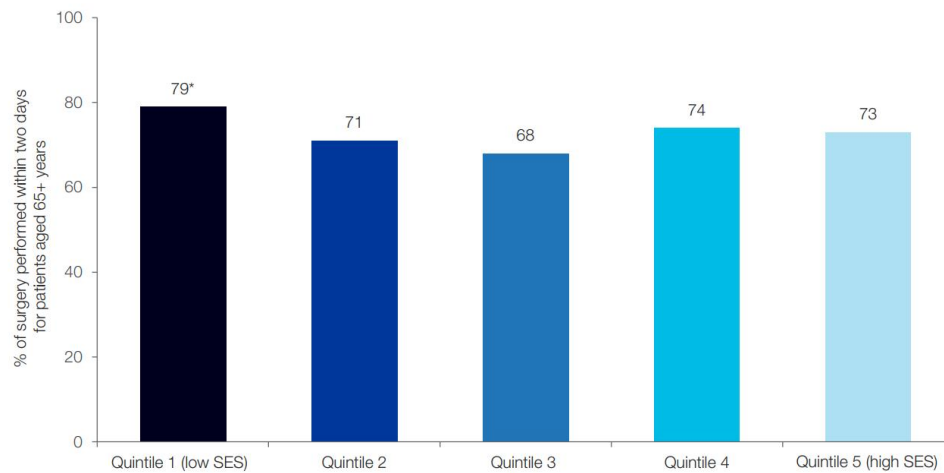


The graph should have shown the following results, with the correct placements for the values for the five-year relative survival for cervical cancer, 30-day mortality for acute myocardial infarction, and post-operative venous thromboembolism following hip/knee surgery:



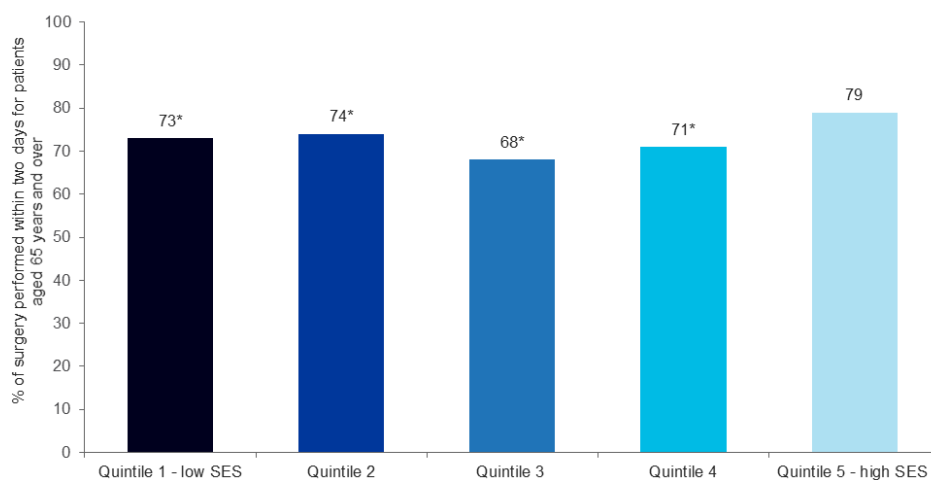
3. On page 109 of the report, Figure 5.7 incorrectly stated the SES in the reverse order.

Figure 5.7 Percentage of patients receiving hip fracture surgery within two days, by SES, public and private hospitals, NSW, 2014



Source: NSW Ministry of Health, extracted from SAPHaRI, Centre for Epidemiology and Evidence (BHI analysis).  
\* Estimate is statistically significantly different to quintile 5 (high SES).

This correct figure is:



Source: NSW Ministry of health, extracted from SAPHaRI, Centre for Epidemiology and Evidence, NSW (BHI Analysis). \*Estimate is statistically significantly different than Quintile 5 - High SES.

The accompanying text has been updated to say:

In 2014 in NSW, 73% of hip fracture procedures for people aged 65+ years were performed within two days. Across SES groups, this percentage ranged from 68% to 79% – with the highest percentage among the ~~low~~ high SES group (Figure 5.7).

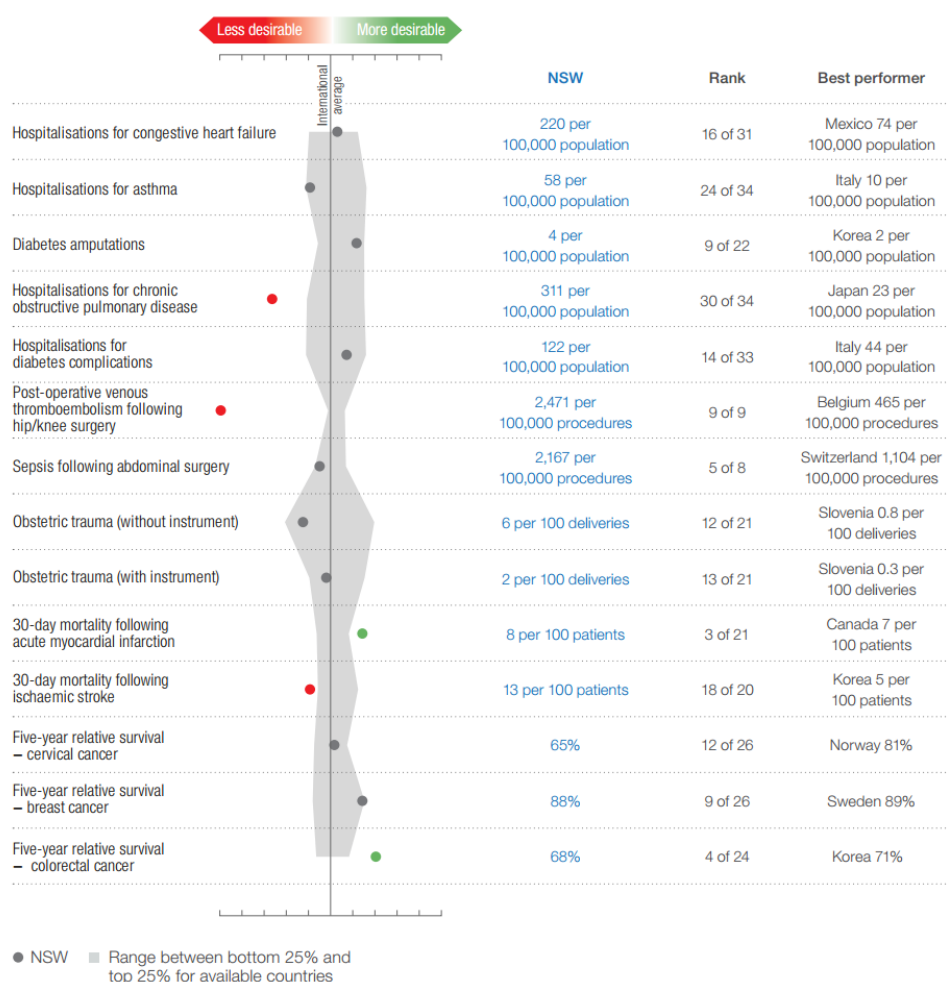
4. On page 120 of the report, the third row of the Overview of results table incorrectly stated:

Patients receive too much care (all providers)	21	20	18	30	55	49	3	32	25	49	17	36
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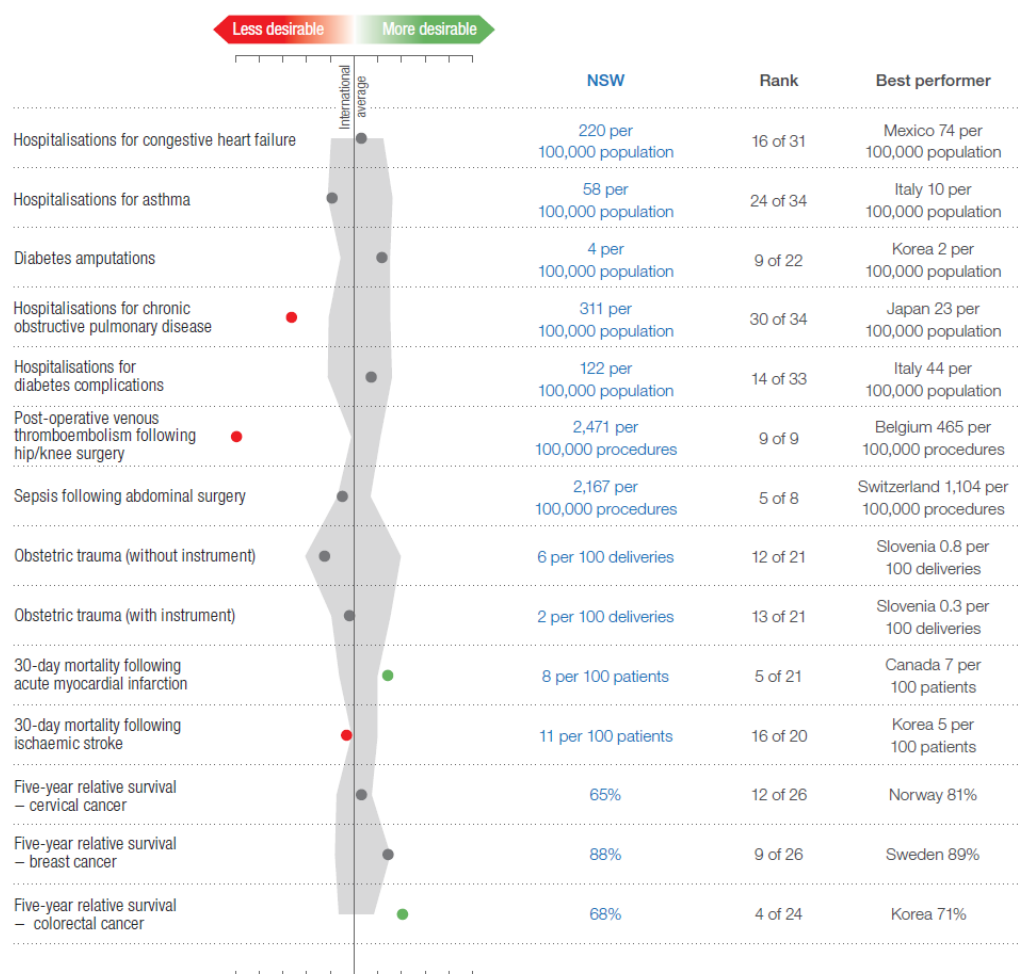
This row should have stated:

Patients receive too much care (all providers)	23	21	19	34	64	52	4	33	27	53	19	40
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5. Page 14 of the *At a Glance* summary incorrectly stated rates for 30-day mortality following ischaemic stroke. Values have been recalculated to apply age and sex standardisation based on published international population values. For ischaemic stroke the new value is 11 per 100 patients and ranking of 16 out of 20. For acute myocardial infarction 30-day mortality, the rounded rate did not change, but ranking changed from 3 to 5 out of 21. The incorrect graph was:



The correct graph, with values recalculated to apply age and sex standardisation based on published international population values, is:



6. The data table of selected results of the 2015 Commonwealth Fund International Health Policy Survey had the legend incorrectly labelled:

Country results relative to **NSW**: **Significantly better** **Significantly worse**

The legend should have been labelled:

Country results relative to **NSW**: **Significantly worse** **Significantly better**

These corrections were made and new versions of the *Healthcare in Focus 2015: How does NSW compare?* report, the *At a Glance* summary and data tables (first published on 19 May 2016) were published on the BHI website on **27 May 2016**, **20 January 2017** and **8 August 2017**.