

Performance Profiles

Chronic Disease Care: Another piece of the picture

Hunter New England Local Health District

Hospitalisations and unplanned readmissions for
Chronic Obstructive Pulmonary Disease (COPD)
and Congestive Heart Failure (CHF)

July 2009 to June 2010

The Insights Series

Volume 2, PART 2



Hunter New England LHD: Hospitalisation patterns for adults living in the LHD

July 2009 to June 2010

	Number
Adults with COPD alive at start of 2009–10 ¹	7,884
Those who died from any cause during 2009–10	927
Adults with COPD alive at end of 2009–10	6,957

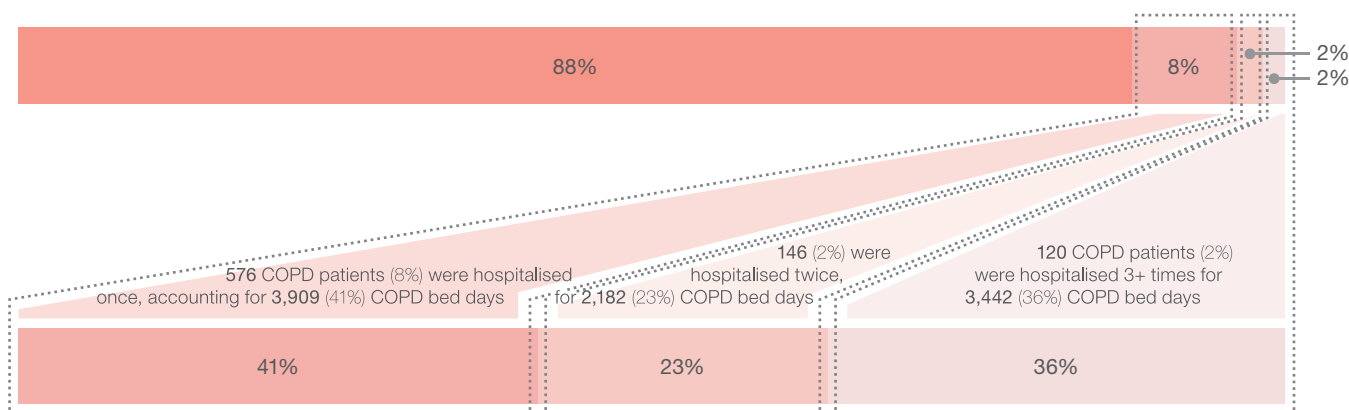
Adults with COPD alive at end of 2009–10 ² had:	All-cause		COPD-principal diagnosis	
	Number (%)	Bed days (%)	Number (%)	Bed days (%)
0 hospitalisations	3,391 (49%)		6,115 (88%)	
1 hospitalisation	1,674 (24%)	10,351 (20%)	576 (8%)	3,909 (41%)
2 hospitalisations	868 (12%)	11,627 (23%)	146 (2%)	2,182 (23%)
3+ hospitalisations	1,024 (15%)	28,629 (57%)	120 (2%)	3,442 (36%)

Hunter New England LHD: COPD hospitalisations and associated bed days among adults with COPD

July 2009 to June 2010

No COPD hospitalisations
 1 COPD hospitalisation
 2 COPD hospitalisations
 3+ COPD hospitalisations

Percentage of adults with COPD by number of hospitalisations (6,957 adults)



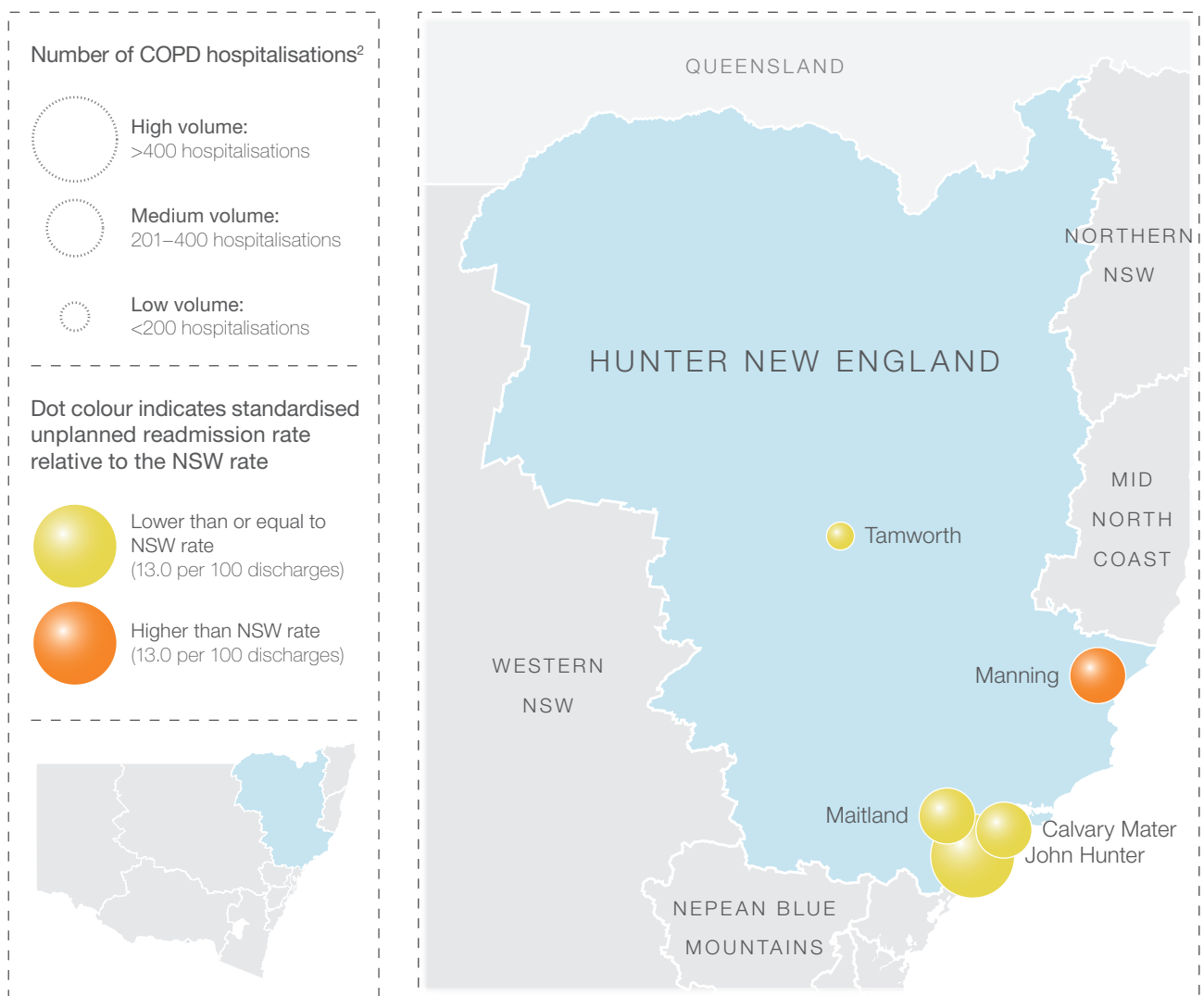
Percentage of COPD bed days used by adults with COPD (9,533 bed days)

- Adults resident in the LHD admitted into any NSW hospital (excluding Albury Base Hospital) between July 2005 and June 2009, with COPD listed in the first 20 diagnostic codes were analysed for hospitalisations in 2009–10.
 - Episodes of care for which COPD was coded as the principal diagnosis (ICD codes are listed on page 26). If two episodes of care with primary diagnosis of COPD were separated only by a type change separation or a transfer, then these two episodes were treated as one hospitalisation. Excludes hospitalisations for dialysis.
 - Only Referral, B Metropolitan and B Non-Metropolitan hospital results are tabulated. All other public hospitals in the LHD are included in 'Other'. For private hospital data, see *Chronic Disease Care: Another piece of the picture*.
 - Discharges followed by unplanned readmissions for COPD to any NSW hospital within 28 days, per 100 total COPD principal diagnosis hospitalisations.
 - Rate per 100 discharges standardised for age and sex.
 - Percentage of hospitalisations with DRG code catastrophic or severe comorbidities or complications.
 - Percentage of hospitalisations that were for adults living in the most socioeconomically disadvantaged quintile.
- (*) Suppressed due to small numbers or relative standard error $\geq 40\%$.
- (†) Interpret with caution: relative standard error $\geq 30\%$ and $< 40\%$.
- Note: 1,472 of the adults alive at the end of 2009–10 had both COPD and CHF.
- Source: HOIST, Centre for Epidemiology and Evidence, NSW Ministry of Health. Data extracted 8 August, 2011.

Hunter New England LHD hospitals³: COPD hospitalisations, readmissions within 28 days and context July 2009 to June 2010

	Number of COPD hospitalisations ²	Crude readmission rate ⁴	Standardised readmission rate ⁵	Percent coded as severe ⁶	Percent most disadvantaged quintile ⁷
Hunter New England Local Health District (HNELHD)					
Calvary Mater Newcastle	326	10.7	10.4	48	52
John Hunter Hospital	434	13.8	13.0	34	14
Maitland Hospital	270	12.2	10.2	46	18
Manning Base Hospital	205	18.0	16.9	41	95
Tamworth Base Hospital	197	10.7	8.9	30	12
Other HNELHD	937	12.9	12.6	27	44
Total HNELHD	2,369	13.0	13.1	35	38
Total NSW	17,469	13.0	13.0	34	31

Hunter New England LHD hospitals: Unplanned readmissions within 28 days relative to NSW rate July 2009 to June 2010



Hunter New England LHD: Hospitalisation patterns for adults living in the LHD

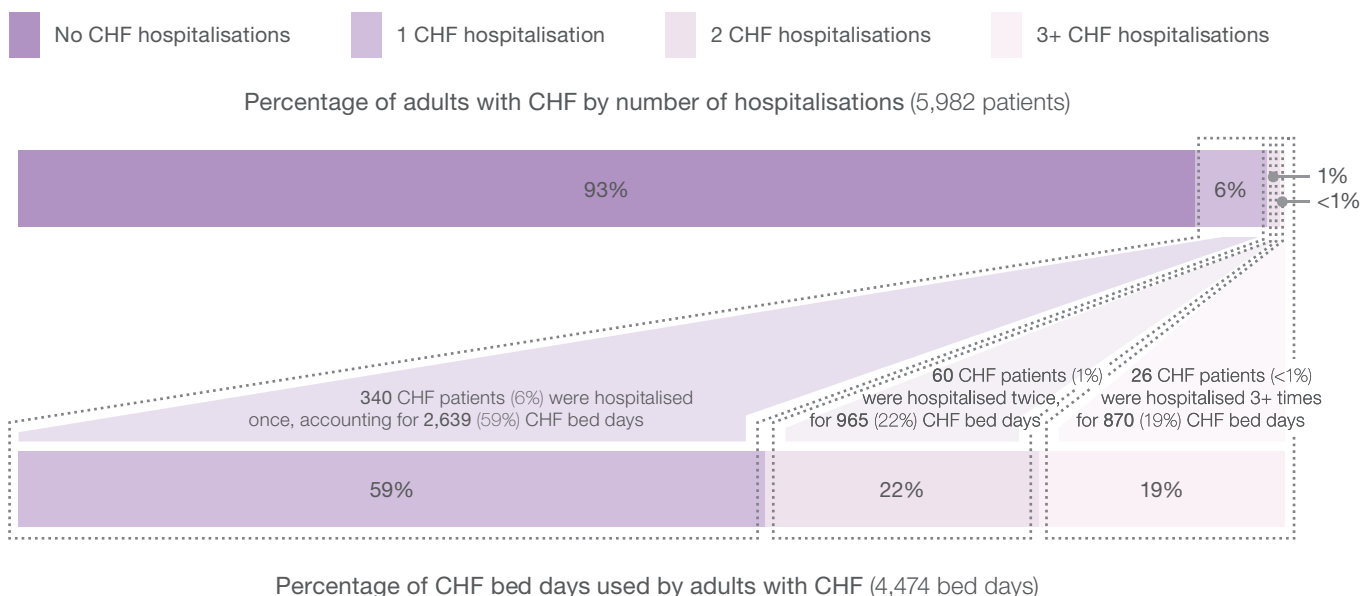
July 2009 to June 2010

	Number
Adults with CHF alive at start of 2009–10 ¹	7,126
Those who died from any cause during 2009–10	1,144
Adults with CHF alive at end of 2009–10	5,982

Adults with CHF alive at end of 2009–10 ² had:	All-cause		CHF-principal diagnosis	
	Number (%)	Bed days (%)	Number (%)	Bed days (%)
0 hospitalisations	2,862 (48%)		5,556 (93%)	
1 hospitalisation	1,368 (23%)	10,086 (20%)	340 (6%)	2,639 (59%)
2 hospitalisations	797 (13%)	13,008 (26%)	60 (1%)	965 (22%)
3+ hospitalisations	955 (16%)	27,708 (55%)	26 (<1%)	870 (19%)

Hunter New England LHD: CHF hospitalisations and associated bed days among adults with CHF

July 2009 to June 2010



- Adults resident in the LHD admitted into any NSW hospital (excluding Albury Base Hospital) between July 2005 and June 2009, with CHF listed in the first 20 diagnostic codes were analysed for hospitalisations in 2009–10.
- Episodes of care for which CHF was coded as the principal diagnosis (ICD codes are listed on page 26). If two episodes of care with primary diagnosis of CHF were separated only by a type change separation or a transfer, then these two episodes were treated as one hospitalisation. Excludes hospitalisations for dialysis.
- Only Referral, B Metropolitan and B Non-Metropolitan hospital results are tabulated. All other public hospitals in the LHD are included in 'Other'. For private hospital data, see *Chronic Disease Care: Another piece of the picture*.
- Discharges followed by unplanned readmissions for CHF to any NSW hospital within 28 days, per 100 total CHF principal diagnosis hospitalisations.
- Rate per 100 discharges standardised for age and sex.
- Percentage of hospitalisations with DRG code catastrophic or severe comorbidities or complications.
- Percentage of hospitalisations that were for adults living in the most socioeconomically disadvantaged quintile.

(*) Suppressed due to small numbers or relative standard error $\geq 40\%$.

(†) Interpret with caution: relative standard error $\geq 30\%$ and $< 40\%$.

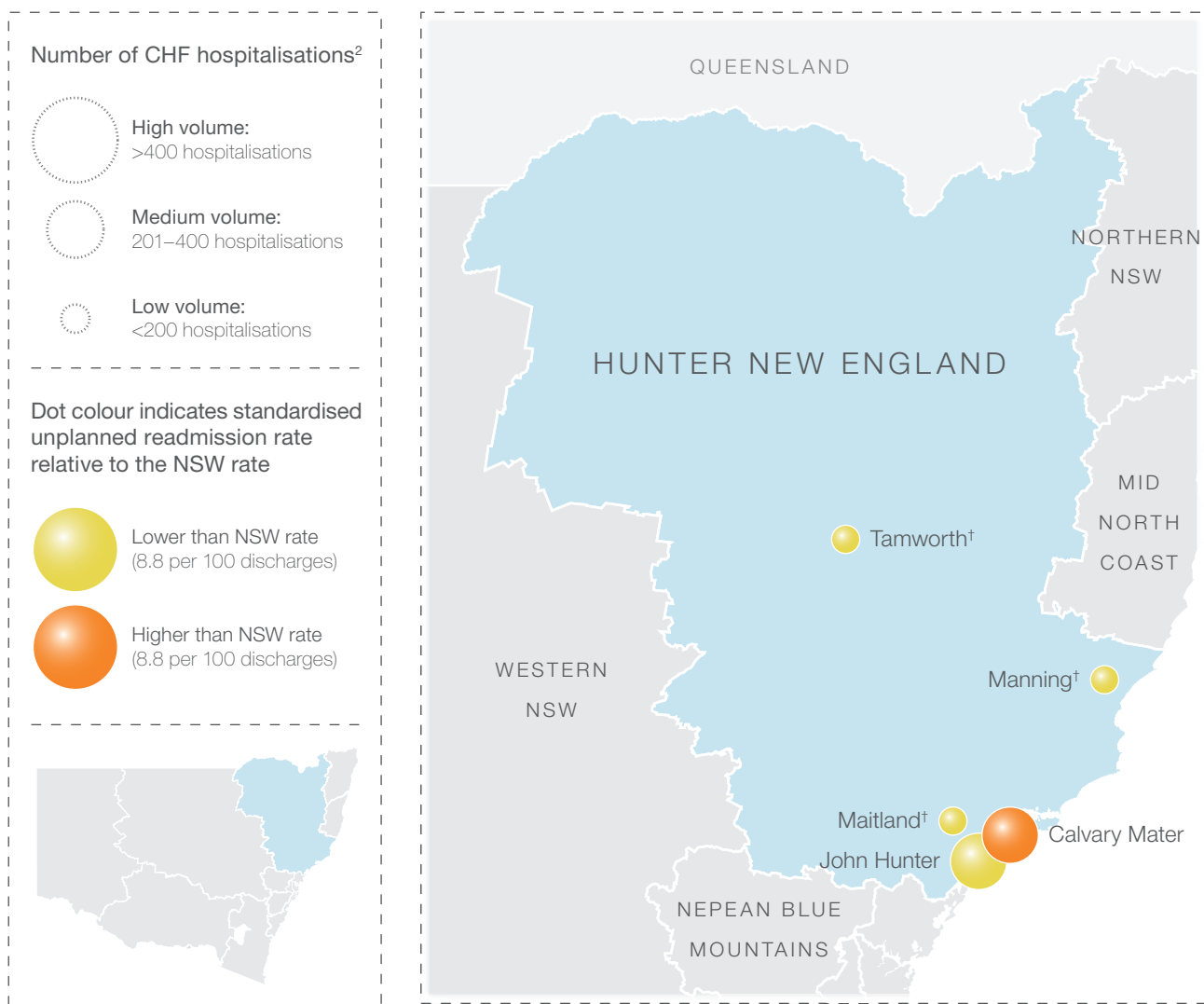
Note: 1,472 of the adults alive at the end of 2009–10 had both COPD and CHF.

Source: HOIST, Centre for Epidemiology and Evidence, NSW Ministry of Health. Data extracted 8 August, 2011.

Hunter New England LHD hospitals³: CHF hospitalisations, readmissions within 28 days and context July 2009 to June 2010

	Number of CHF hospitalisations ²	Crude readmission rate ⁴	Standardised readmission rate ⁵	Percent coded as severe ⁶	Percent most disadvantaged quintile ⁷
Hunter New England Local Health District (HNELHD)					
Calvary Mater Newcastle	207	9.7	9.1	41	58
John Hunter Hospital	337	5.9	5.6	38	12
Maitland Hospital	157	5.1	4.3 [†]	34	20
Manning Base Hospital	134	6.7	5.7 [†]	35	97
Tamworth Base Hospital	132	8.3	7.8 [†]	17	14
Other HNELHD	546	8.4	8.5	16	35
Total HNELHD	1,513	7.5	7.5	28	35
Total NSW	11,088	8.8	8.8	26	27

Hunter New England LHD hospitals: Unplanned readmissions within 28 days relative to NSW rate July 2009 to June 2010



Download our reports

The report, *Chronic Disease Care: Another piece of the picture - hospitalisations and unplanned readmissions for chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), July 2009 to June 2010*, and related reports are available at www.bhi.nsw.gov.au

The suite of products includes:

- The *main report* presenting new insights into care for adults with COPD and CHF
- *Performance Profiles* (hospitalisation patterns, and readmissions for 16 Local Health Districts)
- *Technical Supplement* (presenting research methods and statistical analyses)
- The preceding report, *Chronic Disease Care* (PART 1), presenting information about the number of potentially avoidable admissions for COPD and CHF.



About the Bureau

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 Ministry of Health or any other NSW statutory health corporation is intended or should be inferred.

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