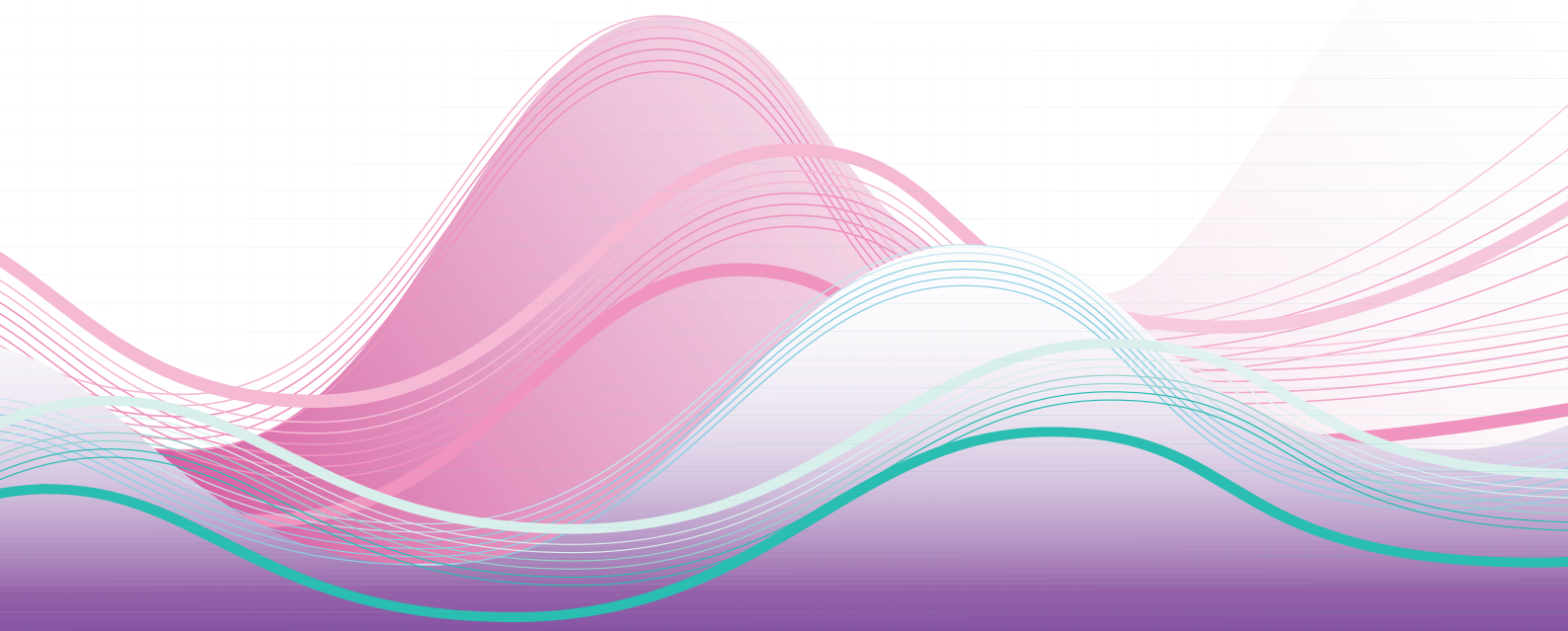


Performance Profiles

Potentially avoidable admissions for
COPD and CHF, July 2009 to June 2010

Northern Sydney Local Health Network

The Insights Series
Volume 2, PART 1



Hornsby and Ku-Ring-Gai Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	15,918	15,786	1%
Select medical hospitalisations ²	5,028	5,149	-2%
Total potentially preventable hospitalisations ³	1,846	1,903	-3%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	137	147	-7%
Congestive Heart Failure (CHF) admissions ⁴	149	142	5%

Rates per 1,000 select medical hospitalisations⁵

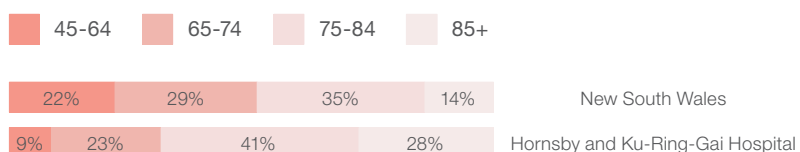
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	27.3	28.2	39.0	Actual	29.7	27.6	27.4
Standardised	21.0†	26.1	40.6	Standardised	24.0†	23.3	27.0
95% CI	(5.9 - 38.0)	(13.5 - 40.3)	(39.1 - 42.1)	95% CI	(8.8 - 41.1)	(10.9 - 37.3)	(25.8 - 28.2)

Hornsby and Ku-Ring-Gai Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

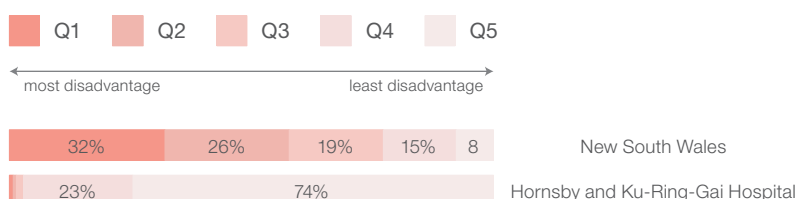
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

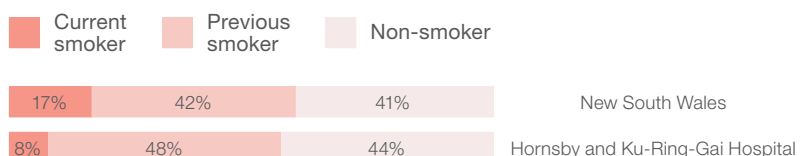
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



Smoking status at admission⁷



Aboriginal status⁸

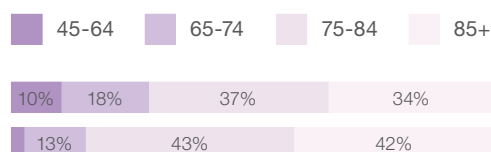


Rural postcode⁹

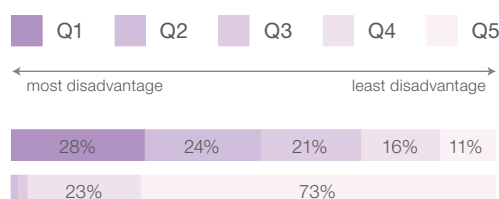


Potentially avoidable CHF admissions^{1,4}

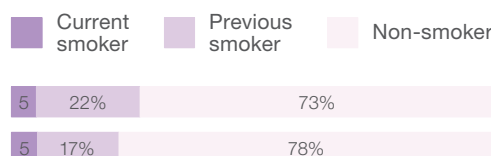
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



Smoking status at admission⁷



Aboriginal status⁸



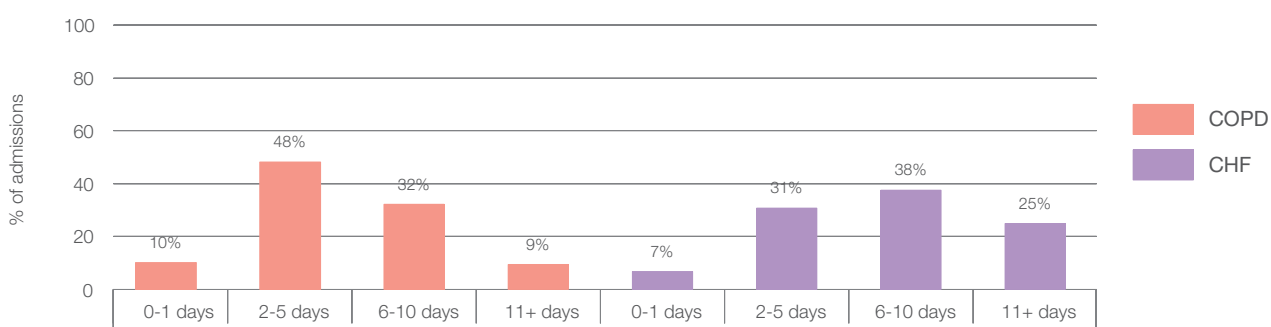
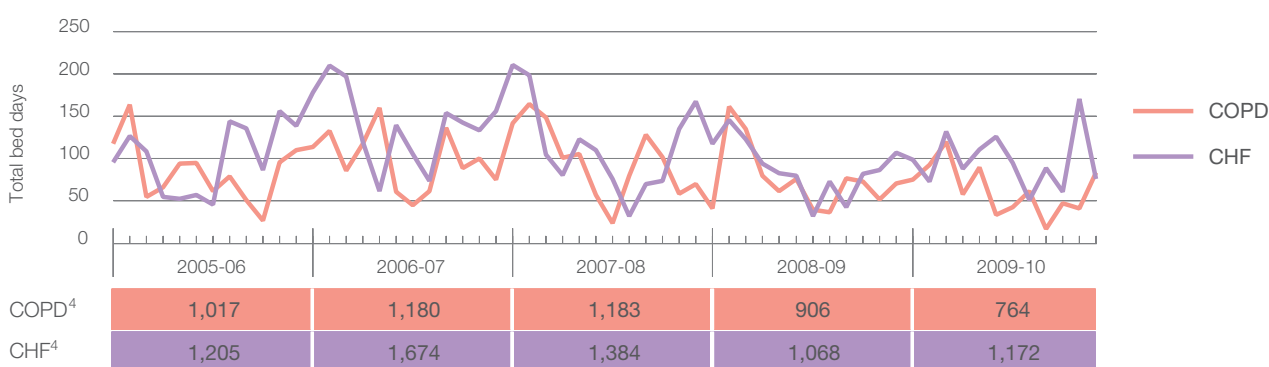
Rural postcode⁹



Hornsby and Ku-Ring-Gai Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	96%	97%	98%	% Unplanned ¹⁰	99%	99%	98%
% from ED [†]	89%	95%	83%	% from ED [†]	94%	92%	87%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	5.8	6.1	6.1	Actual	8.3	7.2	6.9

Length of stay profiles**Hornsby and Ku-Ring-Gai Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**
July 2005 to June 2010 (monthly)(*) Suppressed: relative standard error $\geq 40\%$.(*) Interpret with caution: $30\% \leq$ 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*.4. For criteria used for COPD / CHF admissions, see *Technical Supplement* 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.

Manly District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	13,937	13,161	6%
Select medical hospitalisations ²	5,525	5,585	-1%
Total potentially preventable hospitalisations ³	1,287	1,288	0%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	167	134	25%
Congestive Heart Failure (CHF) admissions ⁴	119	120	-1%

Rates per 1,000 select medical hospitalisations⁵

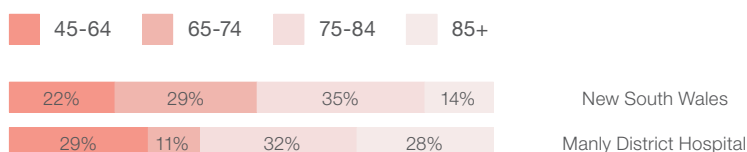
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	30.4	24.1	39.0	Actual	21.6	21.6	27.4
Standardised	*	*	40.6	Standardised	*	12.0	27.0
95% CI	*	*	(39.1 - 42.1)	95% CI	*	(5.9 - 19.1)	(25.8 - 28.2)

Manly District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

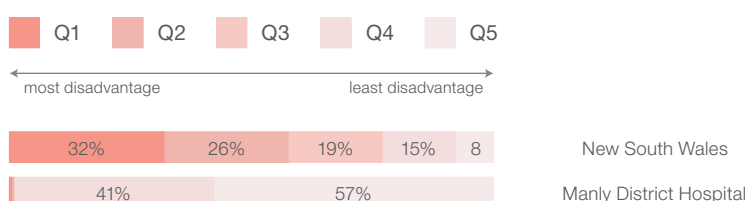
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

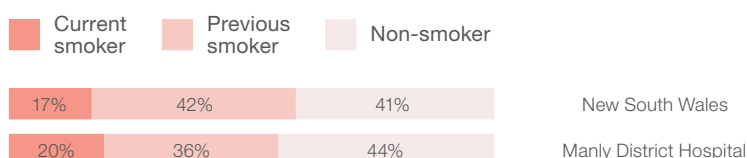
Age profile (years)



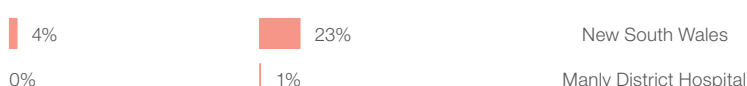
Socioeconomic status⁶ (quintile of disadvantage)



Smoking status at admission⁷



Aboriginal status⁸

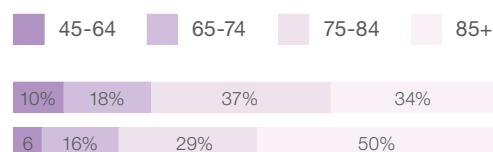


Rural postcode⁹

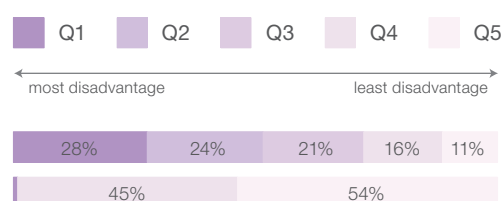


Potentially avoidable CHF admissions^{1,4}

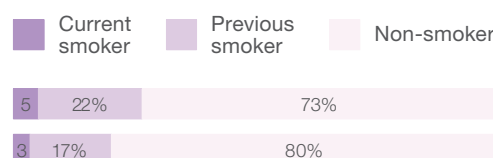
Age profile (years)



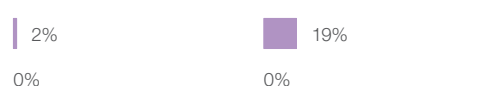
Socioeconomic status⁶ (quintile of disadvantage)



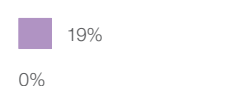
Smoking status at admission⁷



Aboriginal status⁸



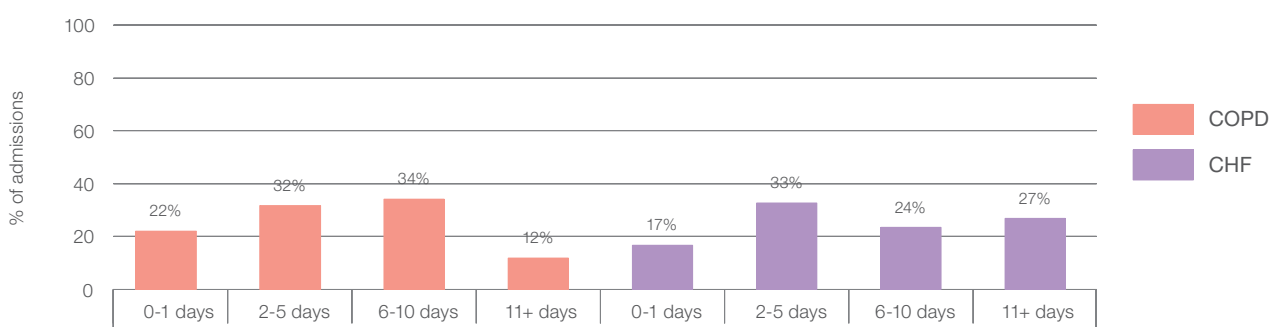
Rural postcode⁹



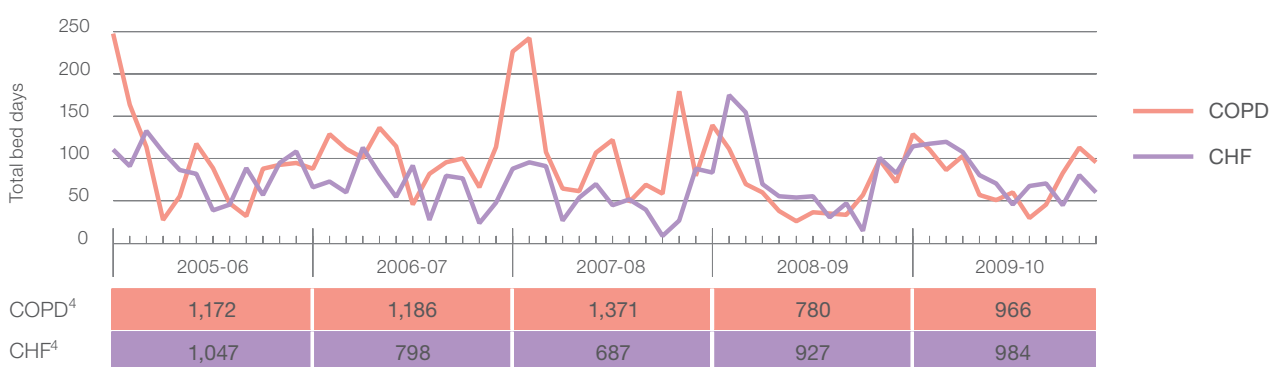
Manly District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

COPD admissions ⁴			CHF admissions ⁴			
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	96%	96%	98%	98%	100%	98%
% from ED [†]	86%	82%	83%	83%	89%	87%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴			
Actual	6.0	5.8	6.1	Actual	8.3	6.9

Length of stay profiles**Manly District Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**

July 2005 to June 2010 (monthly)

(*) Suppressed: relative standard error $\geq 40\%$.(*) Interpret with caution: $30\% \leq$ 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*.4. For criteria used for COPD / CHF admissions, see *Technical Supplement* 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.

Mona Vale and District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	13,531	12,144	11%
Select medical hospitalisations ²	5,479	5,085	8%
Total potentially preventable hospitalisations ³	1,623	1,608	1%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	149	129	16%
Congestive Heart Failure (CHF) admissions ⁴	144	139	4%

Rates per 1,000 select medical hospitalisations⁵

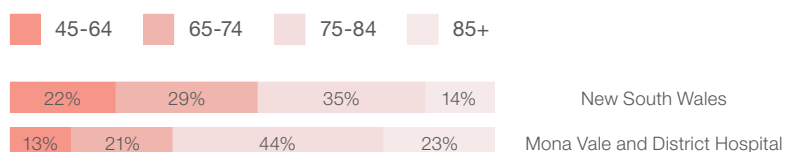
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	27.2	25.4	39.0	Actual	26.3	27.4	27.4
Standardised	*	*	40.6	Standardised	6.7	7.2	27.0
95% CI	*	*	(39.1 - 42.1)	95% CI	(5.1 - 8.6)	(5.5 - 9.2)	(25.8 - 28.2)

Mona Vale and District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

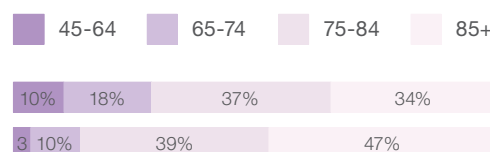
Potentially avoidable COPD admissions^{1,4}

Age profile (years)



Potentially avoidable CHF admissions^{1,4}

Age profile (years)



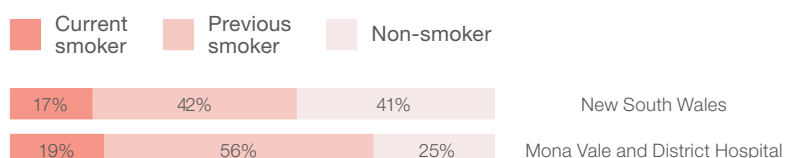
Socioeconomic status⁶ (quintile of disadvantage)



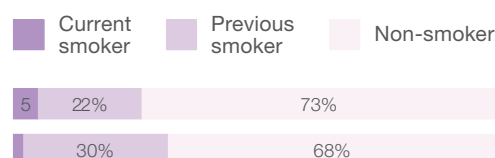
Socioeconomic status⁶ (quintile of disadvantage)



Smoking status at admission⁷



Smoking status at admission⁷



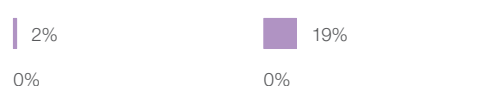
Aboriginal status⁸



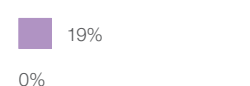
Rural postcode⁹



Aboriginal status⁸



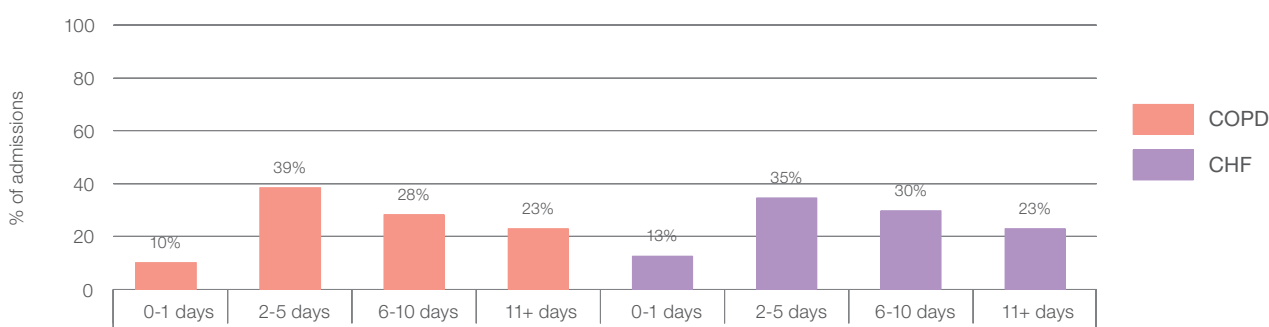
Rural postcode⁹



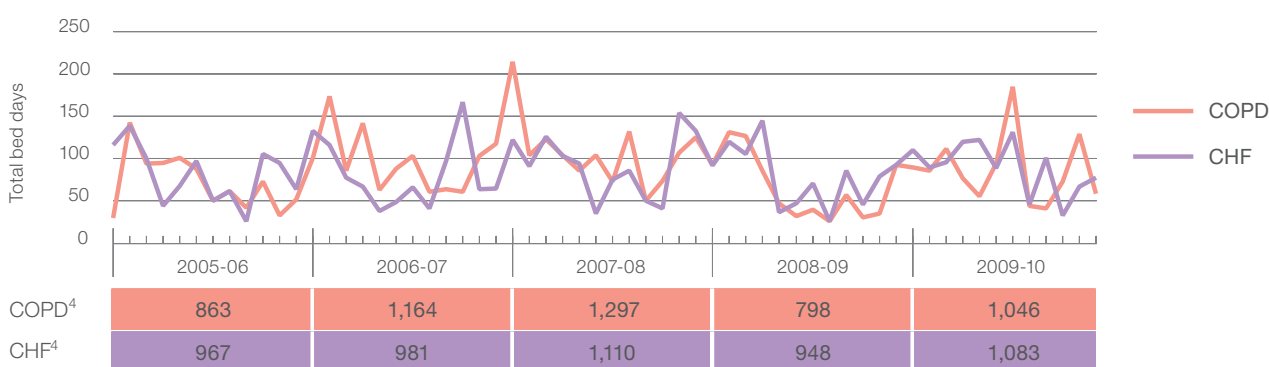
Mona Vale and District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	99%	98%	98%	% Unplanned ¹⁰	99%	100%	98%
% from ED [†]	92%	84%	83%	% from ED [†]	86%	88%	87%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	7.2	6.4	6.1	Actual	7.6	6.7	6.9

Length of stay profiles**Mona Vale and District Hospital: Total bed days, potentially avoidable admissions for COPD and CHF**

July 2005 to June 2010 (monthly)

(*) Suppressed: relative standard error $\geq 40\%$.(*) Interpret with caution: $30\% \leq$ 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*.4. For criteria used for COPD / CHF admissions, see *Technical Supplement* 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.

Royal North Shore Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	49,668	48,703	2%
Select medical hospitalisations ²	12,659	11,851	7%
Total potentially preventable hospitalisations ³	3,745	3,775	-1%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	231	190	22%
Congestive Heart Failure (CHF) admissions ⁴	296	309	-4%

Rates per 1,000 select medical hospitalisations⁵

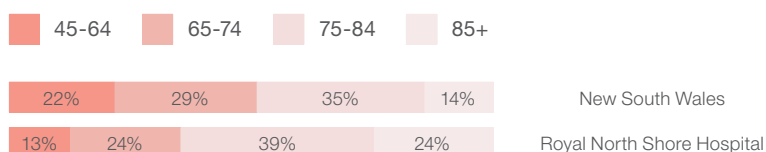
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	18.0	16.1	27.1	Actual	23.4	26.1	23.4
Standardised	9.1	7.9	28.3	Standardised	15.7	11.5	24.4
95% CI	(5.0 - 13.6)	(4.6 - 11.6)	(27.4 - 29.2)	95% CI	(6.9 - 25.4)	(5.7 - 17.8)	(23.6 - 25.3)

Royal North Shore Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

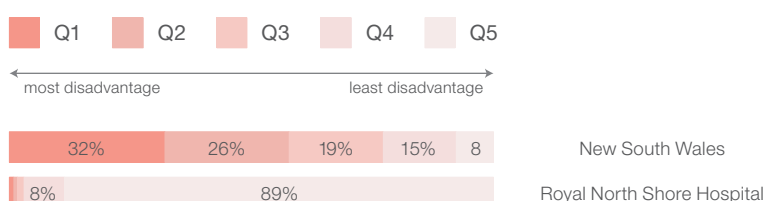
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

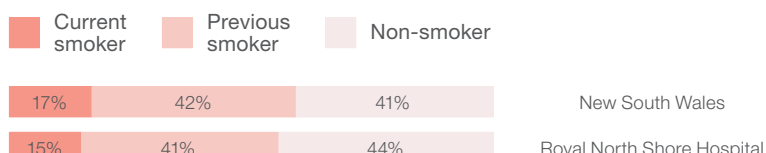
Age profile (years)



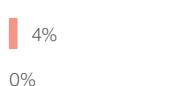
Socioeconomic status⁶ (quintile of disadvantage)



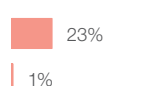
Smoking status at admission⁷



Aboriginal status⁸

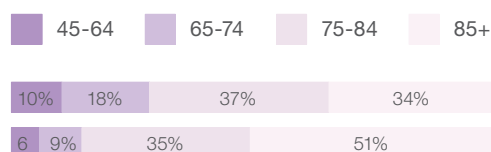


Rural postcode⁹

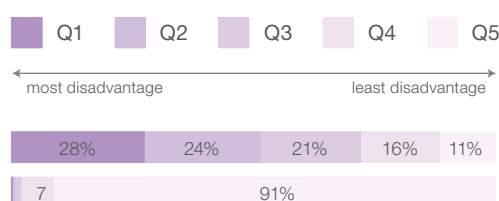


Potentially avoidable CHF admissions^{1,4}

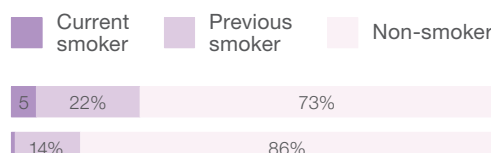
Age profile (years)



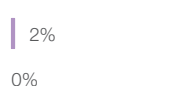
Socioeconomic status⁶ (quintile of disadvantage)



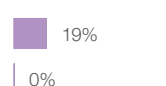
Smoking status at admission⁷



Aboriginal status⁸



Rural postcode⁹

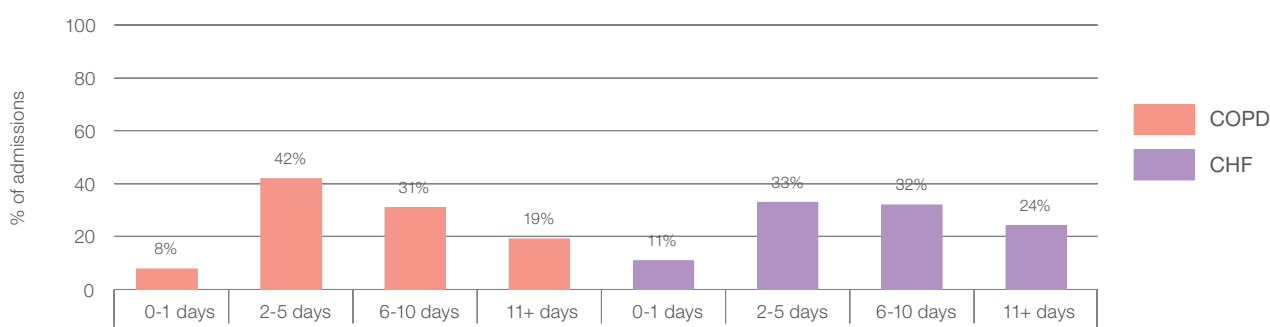


Royal North Shore Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

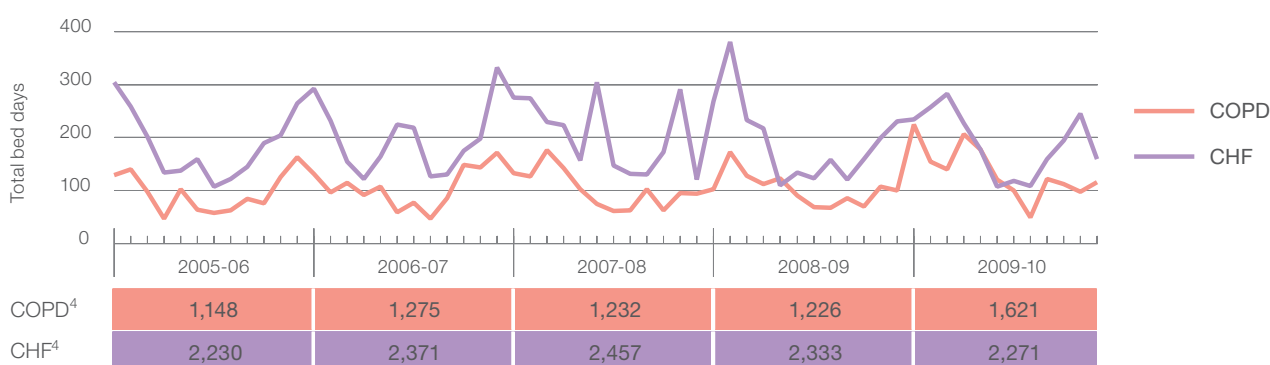
COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	98%	98%	97%	% Unplanned ¹⁰	100%	100%	98%
% from ED [†]	91%	94%	87%	% from ED [†]	90%	93%	86%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	7.2	6.5	6.1	Actual	7.9	7.5	7.1

Length of stay profiles



Royal North Shore Hospital: Total bed days, potentially avoidable admissions for COPD and CHF

July 2005 to June 2010 (monthly)



(*) Suppressed: relative standard error $\geq 40\%$. (†) Interpret with caution: $30\% \leq$ 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*.
4. For criteria used for COPD / CHF admissions, see *Technical Supplement* 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.

Ryde Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

		Same period last year	Change since one year ago
Total hospitalisations ¹	10,173	9,190	11%
Select medical hospitalisations ²	5,587	5,145	9%
Total potentially preventable hospitalisations ³	1,451	1,260	15%
Chronic Obstructive Pulmonary Disease (COPD) admissions ⁴	205	197	4%
Congestive Heart Failure (CHF) admissions ⁴	162	136	19%

Rates per 1,000 select medical hospitalisations⁵

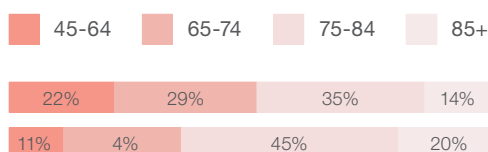
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
COPD⁴				CHF⁴			
Actual	36.7	38.3	42.3	Actual	29.0	26.5	27.8
Standardised	43.9	60.4	41.0	Standardised	16.5	32.7†	27.9
95% CI	(32.7 - 56.2)	(33.0 - 90.9)	(39.0 - 42.9)	95% CI	(12.9 - 20.5)	(13.4 - 54.6)	(26.3 - 29.6)

Ryde Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF

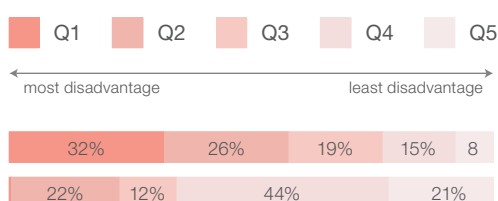
July 2009 to June 2010

Potentially avoidable COPD admissions^{1,4}

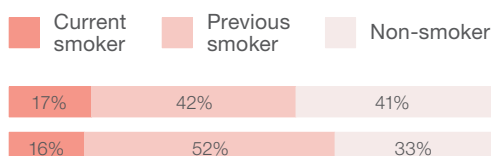
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



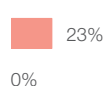
Smoking status at admission⁷



Aboriginal status⁸

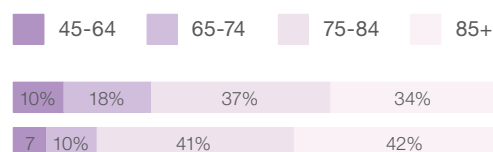


Rural postcode⁹

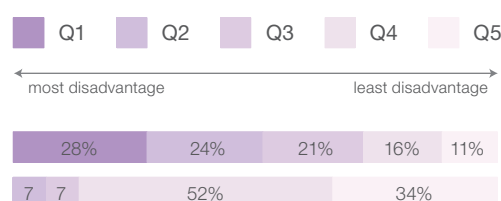


Potentially avoidable CHF admissions^{1,4}

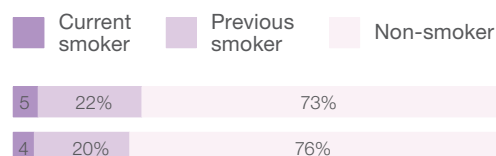
Age profile (years)



Socioeconomic status⁶ (quintile of disadvantage)



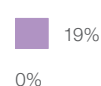
Smoking status at admission⁷



Aboriginal status⁸



Rural postcode⁹

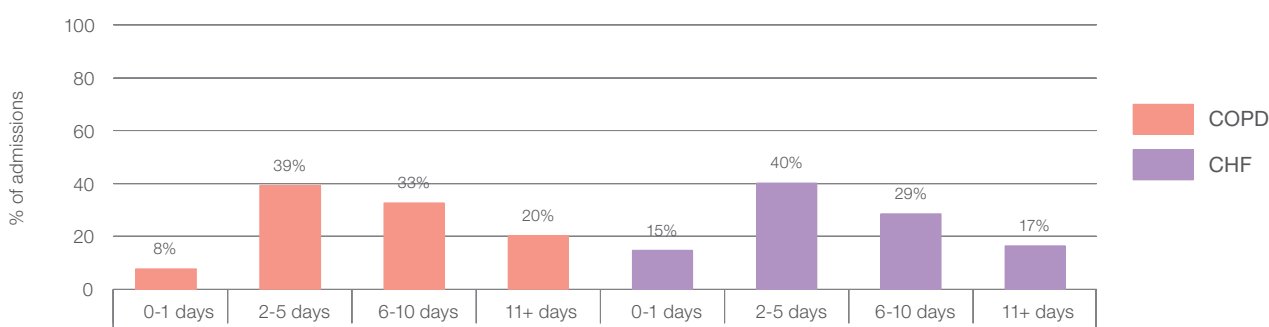


Ryde Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF

July 2009 to June 2010

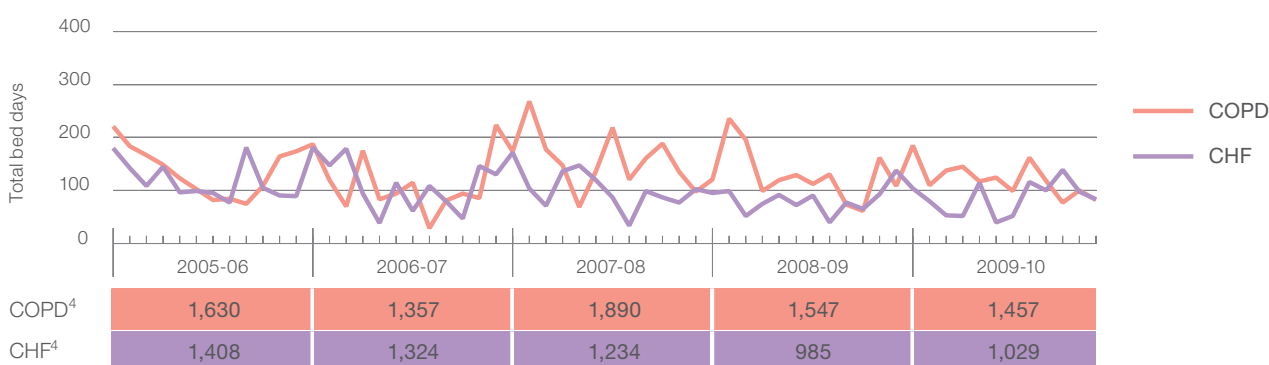
COPD admissions ⁴			CHF admissions ⁴				
	This period (2009-10)	Last period (2008-09)	Peer group (2009-10)		This period (2009-10)	Last period (2008-09)	Peer group (2009-10)
% Unplanned ¹⁰	99%	100%	98%	% Unplanned ¹⁰	99%	99%	98%
% from ED [†]	91%	89%	73%	% from ED [†]	86%	87%	80%
COPD average length of stay in days ⁴			CHF average length of stay in days ⁴				
Actual	7.6	7.9	5.5	Actual	6.7	7.9	6.5

Length of stay profiles



Ryde Hospital: Total bed days, potentially avoidable admissions for COPD and CHF

July 2005 to June 2010 (monthly)



(*) Suppressed: relative standard error $\geq 40\%$.

(†) Interpret with caution: $30\% \leq$ 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*.

4. For criteria used for COPD / CHF admissions, see *Technical Supplement* 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.

Download our reports

The report, Chronic Disease Care: A piece of the picture - admissions 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:

- *Main report*
- *Performance Profiles* (reports for 79 hospitals and NSW as a whole)
- *Technical Supplement*



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

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Published June 2011

Please note that there is the potential for minor revisions of data in this report. Please check the online version at www.bhi.nsw.gov.au for any amendments.