

Performance Profiles

Chronic Disease Care: Another piece of the picture

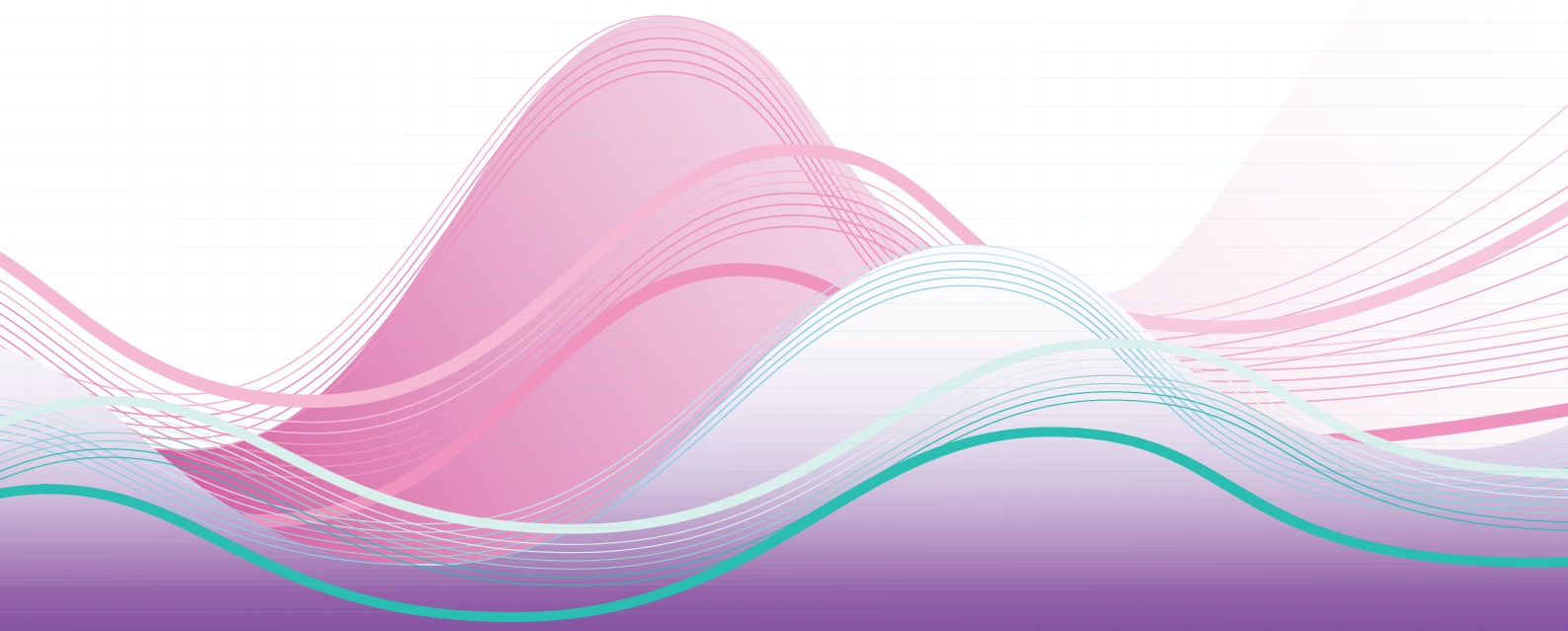
Murrumbidgee Local Health District

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



Murrumbidgee LHD: Hospitalisation patterns for adults living in the LHD

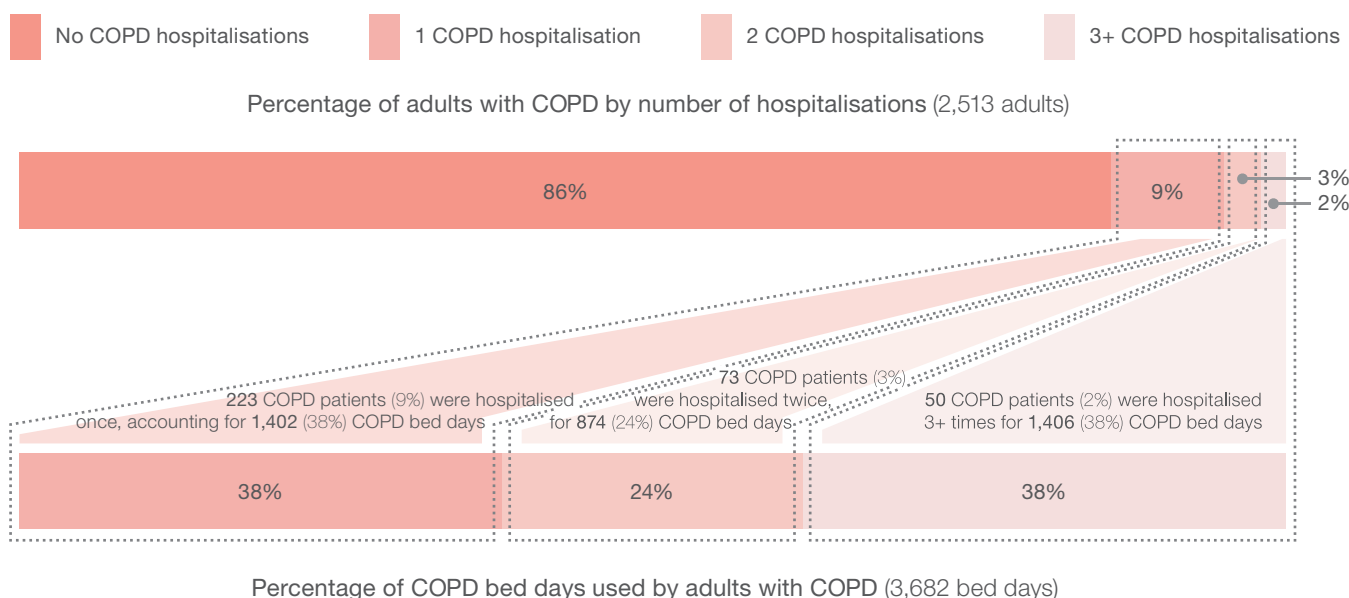
July 2009 to June 2010

	Number
Adults with COPD alive at start of 2009–10 ¹	2,788
Those who died from any cause during 2009–10	275
Adults with COPD alive at end of 2009–10	2,513

Adults with COPD alive at end of 2009–10 ² had:	All-cause		COPD-principal diagnosis	
	Number (%)	Bed days (%)	Number (%)	Bed days (%)
0 hospitalisations	1,155 (46%)		2,167 (86%)	
1 hospitalisation	562 (22%)	3,665 (19%)	223 (9%)	1,402 (38%)
2 hospitalisations	324 (13%)	3,897 (20%)	73 (3%)	874 (24%)
3+ hospitalisations	472 (19%)	12,215 (62%)	50 (2%)	1,406 (38%)

Murrumbidgee LHD: COPD hospitalisations and associated bed days among adults with COPD

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 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 Principal 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: 575 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.

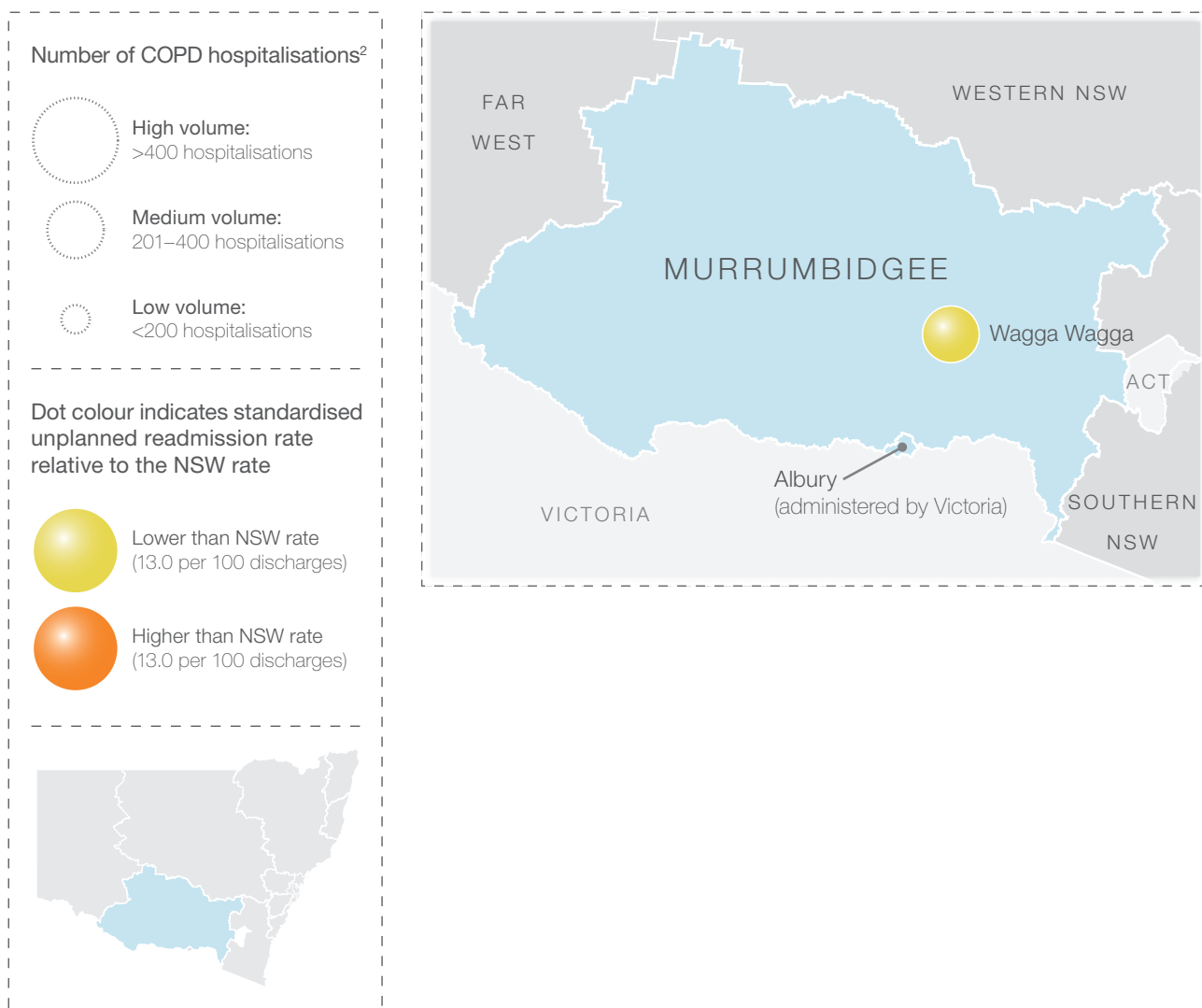
Murrumbidgee LHD hospitals³: COPD hospitalisations, readmissions within 28 days and context

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
Murrumbidgee Local Health District (MLHD)					
Wagga Wagga Base Hospital	226	8.8	8.5	23	11
Other MLHD	803	16.6	15.9	38	22
Total MLHD	1,029	14.9	14.6	35	20
Total NSW	17,469	13.0	13.0	34	31

Murrumbidgee LHD hospitals: Unplanned readmissions within 28 days relative to NSW rate

July 2009 to June 2010



Murrumbidgee LHD: Hospitalisation patterns for adults living in the LHD

July 2009 to June 2010

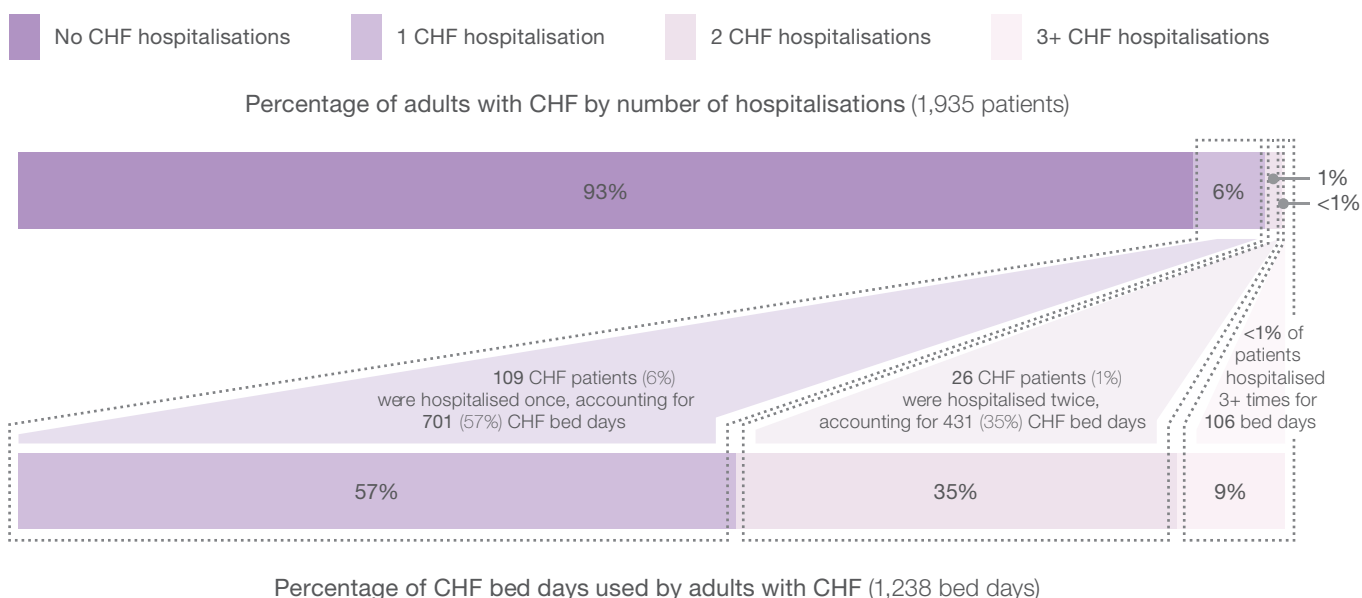
Number

Adults with CHF alive at start of 2009–10 ¹	2,252
Those who died from any cause during 2009–10	317
Adults with CHF alive at end of 2009–10	1,935

Adults with CHF alive at end of 2009–10 ² had:	All-cause		CHF-principal diagnosis	
	Number (%)	Bed days (%)	Number (%)	Bed days (%)
0 hospitalisations	882 (46%)		1,795 (93%)	
1 hospitalisation	441 (23%)	2,999 (18%)	109 (6%)	701 (57%)
2 hospitalisations	230 (12%)	3,607 (21%)	26 (1%)	431 (35%)
3+ hospitalisations	382 (20%)	10,517 (61%)	* (<1%)	106 (9%)

Murrumbidgee 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 Principal 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.

5. Rate per 100 discharges standardised for age and sex.

6. Percentage of hospitalisations with DRG code catastrophic or severe comorbidities or complications.

7. 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: 575 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.

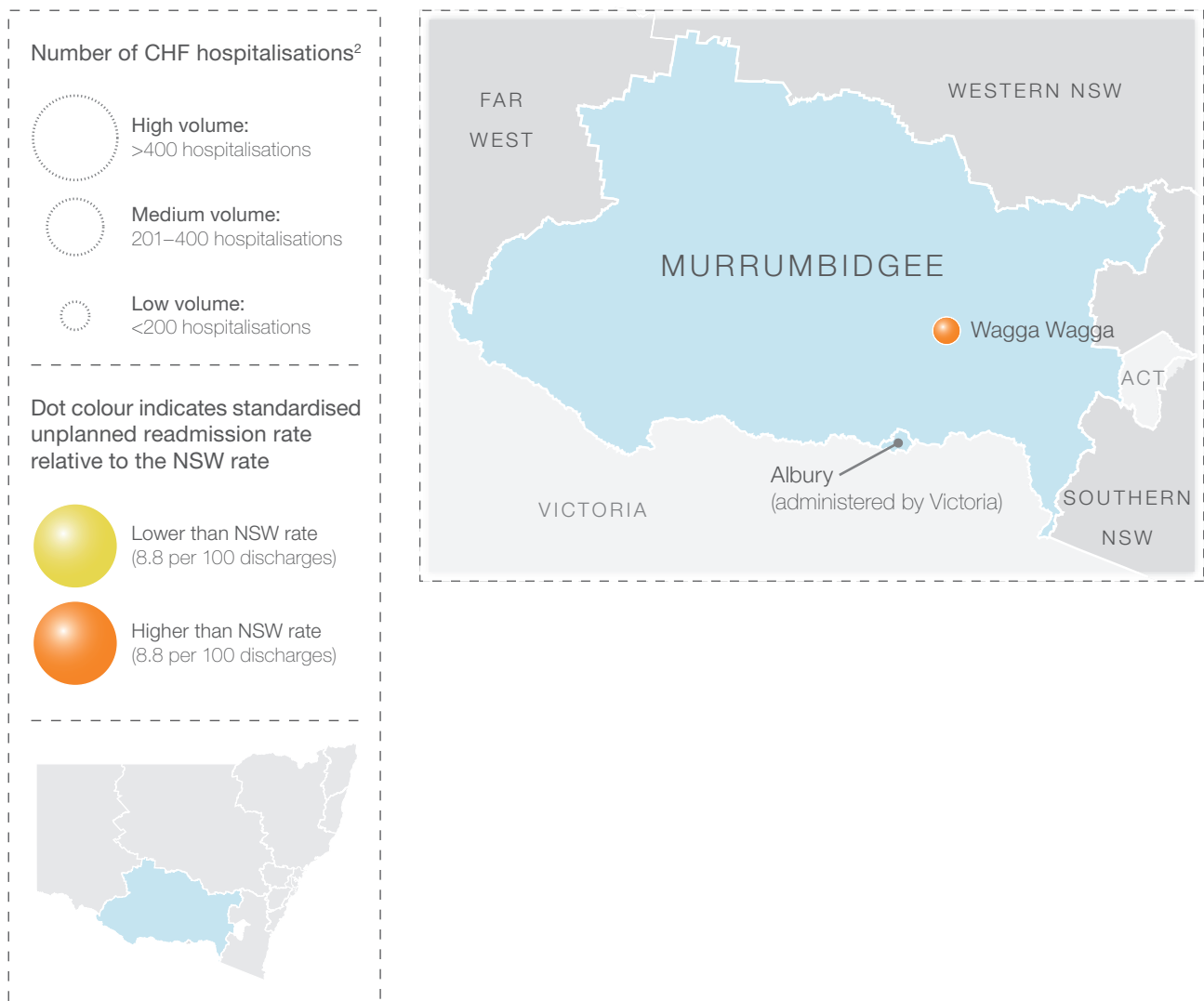
Murrumbidgee LHD hospitals³: CHF hospitalisations, readmissions within 28 days and context

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
Murrumbidgee Local Health District (MLHD)					
Wagga Wagga Base Hospital	158	11.4	10.9	16	7
Other MLHD	430	10.2	9.9	13	24
Total MLHD	588	10.5	10.3	14	19
Total NSW	11,088	8.8	8.8	26	27

Murrumbidgee 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.

To contact the Bureau of Health Information

Telephone: +61 2 8644 2100

Fax: +61 2 8644 2119

Email: enquiries@bhi.nsw.gov.au

Web: www.bhi.nsw.gov.au

Postal address:

PO Box 1770
Chatswood
New South Wales 2057
Australia

Business address:

Zenith Centre Tower A
821 Pacific Highway
Chatswood
New South Wales 2067
Australia