

References

- ABS (Australian Bureau of Statistics) 2004. Census of population and housing: socio-economic indexes for areas (SEIFA), Australia – technical paper, 2001. ABS cat. no. 2039.0.55.001. Canberra: ABS.
- AIHW (Australian Institute of Health and Welfare) 2005. METeOR (Metadata Online Registry). AIHW, Australian Government. Viewed July 2008 <<http://meteor.aihw.gov.au>>.
- AIHW 2007. Australian hospital statistics 2005–06. Number 30. Cat. no. HSE 50. Canberra: Australian Institute of Health and Welfare.
- Ansari MZ, Ackland MJ, Jolley DJ, Carson N & McDonald IG 1999. Inter-hospital comparison of mortality rates. *International Journal for Quality in Health Care* 11(1):29–35.
- Auerbach AD, Landefeld CS & Shojania KG 2007. The tension between needing to improve care and knowing how to do it. *The New England Journal of Medicine* 357(6):608–13.
- Austin PC 2008. Bayes rules for optimally using Bayesian hierarchical regression models in provider profiling to identify high-mortality hospitals. *BMC Medical Research Methodology* 8(1):30–40.
- Austin PC, Naylor CD & Tu JV 2001. A comparison of a Bayesian vs. a frequentist method for profiling hospital performance. *Journal of Evaluation in Clinical Practice* 7(1):35–45.
- Aylin P, Bottle A & Majeed A 2007. Use of administrative data or clinical databases as predictors of risk of death in hospital: comparison of models. *British Medical Journal* 334(7602):1044–51.
- Berwick DM 2008. The science of improvement. *Journal of the American Medical Association* 299(10):1182–4.
- Berwick DM & Wald DL 1990. Hospital leaders' opinions of the HCFA mortality data. *Journal of the American Medical Association* 263(2):247–9.
- Best WR & Cowper DC 1994. The ratio of observed-to-expected mortality as a quality of care indicator in non-surgical VA patients. *Medical Care* 32(4):390–400.
- Birkmeyer JD, Dimick JB & Staiger DO 2006. Operative mortality and procedure volume as predictors of subsequent hospital performance. *Annals of Surgery* 243(3):411–7.
- Birkmeyer JD, Siewers AE, Finlayson EVA, Stukel TA, Lucas FL, Batista I, Welch HG & Wennberg DE 2002. Hospital volume and surgical mortality in the United States. *The New England Journal of Medicine* 346(15):1128–37.
- Bradbury RC, Stearns FE, Jr. & Steen PM 1991. Inter-hospital variations in admission severity-adjusted hospital mortality and morbidity. *Health Services Research* 26(4):407–24.
- Campbell SM, Roland MO & Buetow SA 2000. Defining quality of care. *Social Science & Medicine* 51(11):1611–25.
- Charlson ME, Pompei P, Ales KL & MacKenzie CR 1987. A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *Journal of Chronic Diseases* 40(5):373–83.
- Chassin MR, Hannan EL & DeBuono BA 1996. Benefits and hazards of reporting medical outcomes publicly. *New England Journal of Medicine* 334 (6):394–8.

- Chassin MR, Park RE, Lohr KN, Keesey J & Brook RH 1989. Differences among hospitals in Medicare patient mortality. *Health Services Research* 24(1):1-31.
- CIHI (Canadian Institute for Health Information) 2007. HSMR: A new approach for measuring hospital mortality trends in Canada. Ottawa: CIHI.
- Coory M & Scott I 2007. Analysing low-risk patient populations allows better discrimination between high-performing and low-performing hospitals: A case study using in-hospital mortality from acute myocardial infarction. *Quality and Safety in Health Care* 16(5):324-8.
- Corben P, Fung CS & Lyle D 1994. Hospital-related mortality in NSW – preliminary risk-adjustment. *New South Wales Public Health Bulletin* 5(7):71-8.
- Daley J, Iezzoni LI & Shwartz M 2003. Conceptual and practical issues in developing risk-adjustment methods. In: Iezzoni LI. *Risk adjustment for measuring health care outcomes*, 3rd edn. Chicago: Health Administration Press, 179-206.
- Daley J, Khuri SF, Henderson W, Hur K, Gibbs JO, Barbour G, Demakis J, Irvin G 3rd, Stremple JF, Grover F, McDonald G, Passaro E Jr, Fabri PJ, Spencer J, Hammermeister K, Aust JB & Oprian C 1997. Risk adjustment of the postoperative morbidity rate for the comparative assessment of the quality of surgical care: results of the National Veterans Affairs Surgical Risk Study. *Journal of the American College of Surgeons* 185(4):328-40.
- DeLong ER, Peterson ED, DeLong DM, Muhlbaier LH, Hackett S & Mark DB 1997. Comparing risk-adjustment methods for provider profiling. *Statistics in Medicine* 16(23):2645-64.
- Devereaux PJ, Choi PTL, Lacchetti C, Weaver B, Schunemann HJ, Haines T, Lavis JN, Grant BJB, Haslam DRS, Bhandari M, Sullivan T, Cook DJ, Walter SD, Meade M, Khan H, Bhatnagar N & Guyatt GH 2002. A systematic review and meta-analysis of studies comparing mortality rates of private for-profit and private not-for-profit hospitals. *Canadian Medical Association Journal* 166(11):1399-406.
- DoHA (Department of Health and Ageing) 2007. National Hospital Cost Data Collection (NHCDC) Peer Group Report Round 10 (2005-2006) AR-DRGv5.0. P3-2277. Canberra: Commonwealth of Australia.
- Donabedian A 1966. Evaluating the quality of medical care. *The Milbank Memorial Fund Quarterly* 44(3, Part 2):166-203.
- Dr Foster Intelligence 2007. How healthy is your hospital? Special Edition Hospital Guide. Dr Foster Research Limited. Viewed 1 May 2008. <<http://www.drfooster.co.uk/hospitalguide>>.
- Dubois RW, Rogers WH, Moxley JH, Draper D & Brook RH 1987. Hospital inpatient mortality. Is it a predictor of quality? *New England Journal of Medicine* 317(26):1674-80.
- Duckett SJ & Kristofferson SM 1978. An index of hospital performance. *Medical Care* XVI(5):400-7.
- Duckett SJ, Coory M & Sketcher-Baker K 2007. Identifying variations in quality of care in Queensland hospitals. *Medical Journal of Australia* 187(10):571-5.
- Ehsani JP, Jackson T & Duckett SJ 2006. The incidence and cost of adverse events in Victorian hospitals 2003-04. *Medical Journal of Australia* 184(11):551-5.
- Fink A, Yano EM & Brook RH 1989. The condition of the literature on differences in hospital mortality. *Medical Care* 27(4):315-36.

- Fleming ST, McMahon LF Jr, DesHarnais SI, Chesney JD & Wroblewski RT 1991. The measurement of mortality: a risk-adjusted variable time window approach. *Medical Care* 29(9):815-28.
- Fung CH, Lim Y-W, Mattke S, Damberg C & Shekelle PG 2008. Systematic review: the evidence that publishing patient care performance data improves quality of care. *Annals of Internal Medicine* 148(2):111-23.
- Garnick DW, DeLong ER & Luft HS 1995. Measuring hospital mortality rates: are 30-day data enough? *Health Services Research* 29(6):679-95.
- Geraci JM, Johnson ML, Gordon HS, Petersen NJ, Shroyer AL, Grover FL & Wray NP 2005. Mortality after cardiac bypass surgery: prediction from administrative versus clinical data. *Medical Care* 43(2):149-58.
- Gibbs J, Clark K, Khuri S, Henderson W, Hur K & Daley J 2001. Validating risk-adjusted surgical outcomes: Chart review of process of care. *International Journal for Quality in Health Care* 13(3):187-96.
- Gilligan S. & Walters M 2008. Quality improvements in hospital flow may lead to a reduction in mortality. *Clinical Governance: An International Journal* 13 (1):26-34.
- Glance LG, Osler TM, Mukamel DB & Dick AW 2008. Impact of the present-on-admission indicator on hospital quality measurement: experience with the Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators. *Medical Care* 46(2):112-9.
- Goldman RL & Thomas TL 1994. Using mortality rates as a screening tool: the experience of the Department of Veterans Affairs. *Joint Commission Journal on Quality Improvement* 20(9):511-22.
- Goldstein H & Spiegelhalter DJ 1996. League tables and their limitations: statistical issues in comparisons of institutional performance. *Journal of the Royal Statistical Society: Series A (Statistics in Society)* 159(3):385-443.
- Gordon HS, Johnson ML, Wray NP, Petersen NJ, Henderson WG, Khuri SF & Geraci JM 2005. Mortality after noncardiac surgery: Prediction from administrative versus clinical data. *Medical Care* 43(2):159-67.
- Green J & Wintfeld N 1995. Report cards on cardiac surgeons – assessing New York State's approach. *New England Journal of Medicine* 332(18):1229-33.
- Green J, Passman LJ & Wintfeld N 1991. Analysing hospital mortality. The consequences of diversity in patient mix. *Journal of the American Medical Association* 265 (14):1849-53.
- Guy WA 1867. On the mortality of London hospitals: and incidentally on the deaths in the prisons and public institutions of the Metropolis. *Journal of the Statistical Society of London* 30(2):293-322.
- Hadorn DC, Keeler EB, Rogers WH & Brook RH 1993. Assessing performance of mortality prediction models. Final report for HCFA Severity Project. MR-181-HCFA: Santa Monica, CA: RAND Corporation.
- Hannan EL, Kilburn H Jr, Racz M, Shields E & Chassin MR 1994. Improving the outcomes of coronary artery bypass surgery in New York State. *Journal of the American Medical Association* 271(10):761-6.
- Hartz AJ, Gottlieb MS, Kuhn EM & Rimm AA 1993. The relationship between adjusted hospital mortality and the results of peer review. *Health Services Research* 27 (6):765-77.

- HDSC (Health Data Standards Committee) 2006. National Health Data Dictionary. Version 13. Cat. no. HWI 101. Canberra: AIHW.
- Heijink R, Koolman X, Pieter D, van der Veen A, Jarman B & Westert G 2008. Measuring and explaining mortality in Dutch hospitals; the Hospital Standardised Mortality Rate between 2003 and 2005. *BMC Health Services Research* 8(1):73–80.
- Hibbard JH, Stockard J & Tusler M 2005. Hospital performance reports: impact on quality, market share, and reputation. *Health Affairs* 24(4):1150–60.
- Hofer TP & Hayward RA 1996. Identifying poor-quality hospitals: Can hospital mortality rates detect quality problems for medical diagnoses? *Medical Care* 34(8):737–53.
- Horn SD 2006. Performance measures and clinical outcomes. *Journal of the American Medical Association* 296(22):2731–2.
- Hosmer DW & Lemeshow S 2000. Applied logistic regression. 2nd edn. New York: John Wiley & Sons Inc.
- Iezzoni LI 1997a The risks of risk adjustment. *Journal of the American Medical Association* 278(19):1600–7.
- Iezzoni LI 1997b. Assessing quality using administrative data. *Annals of Internal Medicine* 127(8 Supplement):666–74.
- Iezzoni LI (ed.) 2003a. Risk adjustment for measuring health care outcomes, 3rd edn. Chicago: Health Administration Press.
- Iezzoni LI 2003b. Coded data from administrative sources. In: Iezzoni LI. Risk adjustment for measuring health care outcomes, 3rd edn. Chicago: Health Administration Press, 83–138.
- Iezzoni LI, Shwartz M, Ash AS, Hughes JS, Daley J & Mackiernan YD (1996a) Severity measurement methods and judging hospital death rates for pneumonia. *Medical Care* 34(1):11–28.
- Iezzoni LI, Ash AS, Shwartz M, Daley J, Hughes JS & Mackiernan YD 1996b. Judging hospitals by severity-adjusted mortality rates: the influence of the severity-adjustment method. *American Journal of Public Health* 86(10):1379–87.
- Iglehart JK 1986. Early experience with prospective payment of hospitals. *New England Journal of Medicine* 314(22):1460–4.
- Jarman B, Bottle A, Aylin P & Browne M 2005. Monitoring changes in hospital standardised mortality ratios. *British Medical Journal* 330(7487):329–30.
- Jarman B, Gault S, Alves B, Hider A, Dolan S, Cook A, Hurwitz B & Iezzoni LI 1999. Explaining differences in English hospital death rates using routinely collected data. *British Medical Journal* 318(7197):1515–20.
- Jencks SF, Williams DK & Kay TL 1988. Assessing hospital-associated deaths from discharge data. The role of length of stay and comorbidities. *Journal of the American Medical Association* 260(15):2240–6.
- Jha AK, Orav EJ, Li Z & Epstein AM 2007. The inverse relationship between mortality rates and performance in the Hospital Quality Alliance Measures. *Health Affairs* 26(4):1104–10.
- Kahn KL, Rogers WH, Rubenstein LV, Sherwood MJ, Reinisch EJ, Keeler EB, Draper D, Koseoff J & Brook RH (1990) Measuring quality of care with explicit process criteria before

- and after implementation of the DRG-based prospective payment system. *Journal of the American Medical Association* 264(15):1969-73.
- Keeler EB, Kahn KL, Draper D, Sherwood MJ, Rubenstein LV, Reinisch EJ, Kosecoff J & Brook RH 1990. Changes in sickness at admission following the introduction of the prospective payment system. *Journal of the American Medical Association* 264(15):1962-8.
- Kelman S & Friedman JN 2007. Performance improvement and performance dysfunction: an empirical examination of impacts of the Emergency Room wait-time target in the English National Health Service. Faculty Research Working Papers Series RWP07-034. Cambridge MA: John F Kennedy School of Government, Harvard University.
- Knaus WA, Draper EA, Wagner DP & Zimmerman JE 1985. APACHE II: a severity of disease classification system. *Critical Care Medicine* 13(10):818-29.
- Knaus WA, Draper EA, Wagner DP & Zimmerman JE 1986. An evaluation of outcome from intensive care in major medical centres. *Annals of Internal Medicine* 104(3):410-8.
- Kohn LT, Corrigan JM & Donaldson MS (eds) 2000. To err is human: building a safer health system 2000. Washington DC: National Academies Press, R729.8.T6.
- Krakauer H, Bailey RC, Skellan KJ, Stewart JD, Hartz AJ, Kuhn EM & Rimm AA 1992. Evaluation of the HCFA model for the analysis of mortality following hospitalisation. *Health Services Research* 27 (3):317-19.
- Lakhani A, Coles J, Eayres D, Spence C & Rachet B 2005. Creative use of existing clinical and health outcomes data to assess NHS performance in England: Part 1 – performance indicators closely linked to clinical care. *British Medical Journal* 330(7505):1426-31.
- Lemieux-Charles L & McGuire WL 2006. What do we know about health care team effectiveness? A review of the literature. *Medical Care Research and Review* 63(3):263-300.
- Lohr KN 1991. Medicare: a strategy for quality assurance. *Journal of Quality Assurance* 13(1):10-3.
- Manheim LM, Feinglass J, Shortell SM & Hughes EFX 1992. Regional variation in Medicare hospital mortality. *Inquiry – Blue Cross and Blue Shield Association* 29(1):55-66.
- Marshall G, Shroyer ALW, Grover FL & Hammermeister KE 1998. Time series monitors of outcomes: a new dimension for measuring quality of care. *Medical Care* 36(3):348-56.
- Maxwell RJ 1984. Quality assessment in health. *British Medical Journal (Clinical Research Edition)* 288(6428):1470-2.
- Mohammed MA & Deeks JJ 2008. In the context of performance monitoring, the caterpillar plot should be mothballed in favour of the funnel plot. *The Annals of Thoracic Surgery* 86(1):348.
- Montgomery DC 2001. *Introduction to statistical quality control*, 4th edn. New York: John Wiley & Sons, Inc.
- Moses LE & Mosteller F 1968. Institutional differences in postoperative death rates. Commentary on some of the findings of the National Halothane Study. *Journal of the American Medical Association* 203(7):492-4.
- NCCH (National Centre for Classification in Health) 2000. *Australian Coding Benchmark Audit (ACBA)*, 2nd edn. Sydney: NCCH.
- NCCH 2004. *ICD-10-AM* 4th edn. Sydney: NCCH.

- NCCH 2006. Performance Indicators for Coding Quality (PICQ). Sydney: NCCH.
- NHPC (National Health Performance Committee) 2004. National report on health sector performance indicators 2003. A report to the Australian Health Ministers' Conference, November 2004. Cat. no. HWI 786. Canberra: AIHW.
- Nightingale F 1860. Hospital statistics. Programme of the Fourth Session of the International Statistical Congress. London: Eyre and Spottiswoode for HMSO, 63–71.
- Nightingale F 1863. Notes on hospitals. London: Longman, Green, Longman, Roberts, and Green.
- Omoigui NA, Miller DP, Brown KJ, Annan K, Cosgrove ID, Lytle B, Loop F & Topol EJ (1996) Outmigration For coronary bypass surgery in an era of public dissemination of clinical outcomes. *Circulation* 93(1):27–33.
- Park RE, Brook RH, Kosecoff J, Keesey J, Rubenstein L, Keeler E, Kahn KL, Rogers WH & Chassin MR (1990) Explaining variations in hospital death rates. Randomness, severity of illness, quality of care. *Journal of the American Medical Association* 264(4):484–90.
- Pine M, Norusis M, Jones B & Rosenthal GE 1997. Predictions of hospital mortality rates: a comparison of data sources. *Annals of Internal Medicine* 126(5):347–54.
- Pitches DW, Mohammed MA & Lilford RJ 2007. What is the empirical evidence that hospitals with higher-risk adjusted mortality rates provide poorer quality care? A systematic review of the literature. *BMC Health Services Research* 7:91 (doi:10.1186/1472-6963-7-91)
- Polanczyk CA, Lane A, Coburn M, Philbin EF, Dec GW & Di Salvo TG 2002. Hospital outcomes in major teaching, minor teaching, and nonteaching hospitals in New York State. *The American Journal of Medicine* 112(4):314–5.
- Polanczyk CA, Rohde LE, Philbin EA & Di Salvo TG 1998. A new casemix adjustment index for hospital mortality among patients with congestive heart failure. *Medical Care* 36(10):1489–99.
- Powell AE, Davies HTO & Thomson RG 2003. Using routine comparative data to assess the quality of health care: understanding and avoiding common pitfalls. *Quality and Safety in Health Care* 12 (2):122–8.
- Quan H, Sundararajan V, Halfon P, Fong A, Burnand B, Luthi JC, Saunders LD, Beck CA, Feasby TE & Ghali WA 2005. Coding algorithms for defining comorbidities in ICD-9-CM and ICD-10 administrative data. *Medical Care* 43(11):1130–9.
- Queensland Health 2004. Queensland Measured Quality Hospital Reports 2004. The State of Queensland (Queensland Health), Queensland Government. Viewed August 2008. <http://www.health.qld.gov.au/quality/mq_reports2004.asp>.
- Queensland Health 2007. Moving ahead. Queensland public hospitals performance report 2006–07. Brisbane: The State of Queensland (Queensland Health), Queensland Government.
- Reed JF 3rd, Olenchock SA Jr, Murphy SA & Garzia FM 2003. Off the shelf or recalibrate? Customising a risk index for assessing mortality. *The Heart Surgery Forum* 6(4):232–6.
- Romano PS & Mutter R 2004. The evolving science of quality measurement for hospitals: implications for studies of competition and consolidation. *International Journal of Health Care Finance and Economics* 4(2):131–57.
- Romano PS, Zach A, Luft HS, Rainwater J, Remy LL & Campa D 1995. The California Hospital Outcomes Project: using administrative data to compare hospital performance. *The Joint Commission Journal on Quality Improvement* 21(12):668–82.

- Rosen HM & Green BA 1987. The HCFA excess mortality lists: a methodological critique. *Hospital & Health Services Administration* 32(1):119-27.
- Rosenthal GE, Baker DW, Norris DG, Way LE, Harper DL & Snow RJ 2000. Relationships between in-hospital and 30-day standardised hospital mortality: implications for profiling hospitals. *Health Services Research* 34(7):1449.
- Rubin HR, Pronovost P & Diette GB 2001. The advantages and disadvantages of process-based measures of health care quality. *International Journal for Quality in Health Care* 13(6):469-74.
- Schuster MA, McGlynn EA & Brook RH 1998. How good is the quality of health care in the United States? *The Milbank Memorial Fund Quarterly* 76(4):517-63.
- Scobie S, Thomson R, McNeil JJ & Phillips PA 2006. Measurement of the safety and quality of health care. *The Medical Journal of Australia* 184(10 Suppl):S51-S5.
- Scott IA & Ward M 2006. Public reporting of hospital outcomes based on administrative data: risks and opportunities. *Medical Journal of Australia* 184(11):571-5.
- Shahian DM & Normand SL 2008. Comparison of 'risk-adjusted' hospital outcomes. *Circulation* 117(15):1955-63.
- Shapiro MF, Park RE, Keeseey J & Brook RH 1994. The effect of alternative case-mix adjustments on mortality differences between municipal and voluntary hospitals in New York City. *Health Services Research* 29(1):95-112.
- Shih A & Schoenbaum SC 2007. Measuring hospital performance: The importance of process measures. *The Commonwealth Fund: Commission on a High Performance Health System* 6.
- Shojania KG & Forster AJ 2008. Hospital mortality: when failure is not a good measure of success. *Canadian Medical Association Journal* 179(2):153-7.
- Shwartz M & Ash AS 2003. Evaluating risk-adjustment models empirically. In: Iezzoni L I. *Risk adjustment for measuring health care outcomes*, 3rd edn. Chicago: Health Administration Press, 231-74.
- Silber JH & Rosenbaum PR 1997. A spurious correlation between hospital mortality and complication rates: the importance of severity adjustment. *Medical Care* 35 (10 Supplement):OS77-OS92.
- Silber JH, Rosenbaum PR & Ross RN 1995. Comparing the contributions of groups of predictors: which outcomes vary with hospital rather than patient characteristics? *Journal of the American Statistical Association* 90(429):7-18.
- Smith DW 1994. Evaluating risk adjustment by partitioning variation in hospital mortality rates. *Statistics in Medicine* 13(10):1001-13.
- Smith DW, Pine M, Bailey RC, Jones B, Brewster A & Krakauer H 1991. Using clinical variables to estimate the risk of patient mortality. *Medical Care* 29(11):1108-29.
- Spiegelhalter DJ 1999. Surgical audit: statistical lessons from Nightingale and Codman. *Journal of the Royal Statistical Society: Series A (Statistics in Society)* 162(1):45-58.
- Spiegelhalter DJ 2002. Funnel plots for institutional comparison. *Quality and Safety in Health Care* 11(4):390-1.
- Spiegelhalter DJ 2005. Funnel plots for comparing institutional performance. *Statistics in Medicine* 24(8):1185-202.

StataCorp 2007. Stata Base Reference Manual, Vol. 2 (I-P). Stata Statistical Software: Release 10. College Station, TX: StataCorp LP, 175.

Stern RS & Epstein AM 1985. Institutional responses to prospective payment based on diagnosis-related groups. Implications for cost, quality, and access. *The New England Journal of Medicine* 312(10):621-7.

Sundararajan V, Quan H, Halfon P, Fushimi K, Luthi J-C, Burnand B & Ghali WA 2007. Cross-national comparative performance of three versions of the ICD-10 Charlson index. *Medical Care* 45(12):1210-5.

Tekkis PP, McCulloch P, Steger AC, Benjamin IS & Poloniecki JD 2003. Mortality control charts for comparing performance of surgical units: validation study using hospital mortality data. *British Medical Journal* 326(7393):786-8.

Thomas JW & Hofer TP 1998. Research evidence on the validity of risk-adjusted mortality rate as a measure of hospital quality of care. *Medical Care Research and Review* 55(4):371-404.

Thomas JW & Hofer TP 1999. Accuracy of risk-adjusted mortality rate as a measure of hospital quality of care. *Medical Care* 37(1):83-92.

Thomas JW, Holloway JJ & Guire KE 1993. Validating risk-adjusted mortality as an indicator for quality of care. *Inquiry – Blue Cross and Blue Shield Association* 30(1):6-22.

Van Der Weyden MB 2005. The Bundaberg Hospital scandal: the need for reform in Queensland and beyond. *The Medical Journal of Australia* 183(6):284-5.

Werner RM & Bradlow ET 2006. Relationship between Medicare's hospital compare performance measures and mortality rates. *Journal of the American Medical Association* 296(22):2694-702.

Wilson RM & Van Der Weyden MB 2005. The safety of Australian healthcare: 10 years after QAHCS. *The Medical Journal of Australia* 182(6):260-1.

Wilson RM, Runciman WB, Gibberd RW, Harrison BT, Newby L & Hamilton JD 1995. The quality in Australian health care study. *The Medical Journal of Australia* 163(9):458-71.

Wright J, Dugdale B, Hammond I, Jarman B, Neary M, Newton D, Patterson C, Russon L, Stanley P, Stephens R & Warren E 2006. Learning from death: a hospital mortality reduction programme. *Journal of the Royal Society of Medicine* 99(6):S303-8.

Zalkind DL & Eastaugh SR 1997. Mortality rates as an indicator of hospital quality. *Hospital and Health Services Administration* 42(1):3-15.

Appendix 1 Diagnoses accounting for 80% of in-hospital deaths

Cases in the NHMD with data-year 2005–06 and satisfying study inclusion criteria were summarised according to the frequency of deaths in hospital, by three character ICD-10-AM code. The 68 codes listed in Table A1 are the ones with the highest frequency of deaths. Between them, the 68 codes were present in less than 20% of records but 80% of deaths.

Table A1.1: Principal diagnosis codes occurring most frequently among in-hospital deaths in 2005–06

ICD code	Description	ICD code	Description
A41	Other sepsis	E87	Other disorders of fluid, electrolyte and acid-base balance
C15	Malignant neoplasm of oesophagus	G93	Other disorders of brain
C16	Malignant neoplasm of stomach	I20	Angina pectoris
C18	Malignant neoplasm of colon	I21	Acute myocardial infarction
C20	Malignant neoplasm of rectum	I25	Chronic ischaemic heart disease
C22	Malignant neoplasm of liver and intrahepatic bile ducts	I26	Pulmonary embolism
C25	Malignant neoplasm of pancreas	I46	Cardiac arrest
C34	Malignant neoplasm of bronchus and lung	I48	Atrial fibrillation and flutter
C45	Mesothelioma	I49	Other cardiac arrhythmias
C50	Malignant neoplasm of breast	I50	Heart failure
C56	Malignant neoplasm of ovary	I60	Subarachnoid haemorrhage
C61	Malignant neoplasm of prostate	I61	Intracerebral haemorrhage
C64	Malignant neoplasm of kidney, except renal pelvis	I62	Other nontraumatic intracranial haemorrhage
C67	Malignant neoplasm of bladder	I63	Cerebral infarction
C71	Malignant neoplasm of brain	I64	Stroke, not specified as haemorrhage or infarction
C78	Secondary malignant neoplasm of respiratory and digestive organs	I70	Atherosclerosis
C79	Secondary malignant neoplasm of other sites	I71	Aortic aneurysm and dissection
C80	Malignant neoplasm without specification of site	J15	Bacterial pneumonia, not elsewhere classified
C83	Diffuse non-Hodgkin lymphoma	J18	Pneumonia, organism unspecified
C85	Other and unspecified types of non-Hodgkin lymphoma	J22	Unspecified acute lower respiratory infection
C90	Multiple myeloma and malignant plasma cell neoplasms	J44	Other chronic obstructive pulmonary disease
C91	Lymphoid leukaemia	J69	Pneumonitis due to solids and liquids
C92	Myeloid leukaemia	J84	Other interstitial pulmonary diseases
E11	Type 2 diabetes mellitus	J90	Pleural effusion, not elsewhere classified
E86	Volume depletion	J96	Respiratory failure, not elsewhere classified
		K52	Other noninfective gastroenteritis and colitis

(continued)

Table A1.1 (continued): Principal diagnosis codes occurring most frequently among in-hospital deaths in 2005–06

ICD code	Description	ICD code	Description
K55	Vascular disorders of intestine	L03	Cellulitis
K56	Paralytic ileus and intestinal obstruction without hernia	N17	Acute renal failure
K57	Diverticular disease of intestine	N18	Chronic renal failure
K63	Other diseases of intestine	N39	Other disorders of urinary system
K70	Alcoholic liver disease	R55	Syncope and collapse
K72	Hepatic failure, not elsewhere classified	S06	Intracranial injury
K85	Acute pancreatitis	S32	Fracture of lumbar spine and pelvis
K92	Other diseases of digestive system	S72	Fracture of femur
		T81	Complications of procedures, not elsewhere classified

Appendix 2 Summary tables of HSMRs in 2005–06

Table A2.1: Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group B1

Study assigned ID	c waseps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	80%(LCI-UCI)	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%	
B1001	11443.59	0	10.64	0	3.97	0	19.19	0	19.19	0.00 (0.0–34.5)	0.00 (0.0–92.4)	0.00 (0.0–19.1)	1	1	1	
B1002	18551.28	3	11.81	3	2.97	6	13.95	6	13.95	25.41 (5.1–74.2)	101.10 (20.3–295.4)	43.01 (15.7–93.6)	2	23	5	
B1003	11878.78	30	85.26	3	12.03	33	100.68	33	100.68	35.18 (23.7–50.2)	24.94 (5.0–72.9)	32.78 (22.6–46.0)	3	3	2	
B1004	12964.14	42	113.65	6	24.16	48	143.81	48	143.81	36.95 (26.6–50.0)	24.83 (9.1–54.0)	33.38 (24.6–44.3)	4	2	3	
B1005	20944.06	68	181.55	25	59.55	93	241.34	93	241.34	37.45 (29.1–47.5)	41.98 (27.2–62.0)	38.53 (31.1–47.2)	5	4	4	
B1006	15766.76	57	90.70	13	17.97	70	111.83	70	111.83	62.85 (47.6–81.4)	72.36 (38.5–123.8)	62.60 (48.8–79.1)	6	12	6	
B1007	18426.22	79	116.55	18	23.41	97	140.31	97	140.31	67.78 (53.7–84.5)	76.89 (45.5–121.5)	69.13 (56.1–84.3)	7	15	7	
B1008	11577.67	52	68.82	13	19.14	65	90.25	65	90.25	75.56 (56.4–99.1)	67.90 (36.1–116.1)	72.02 (55.6–91.8)	8	11	8	
B1009	17108.93	131	162.84	33	53.30	164	224.40	164	224.40	80.45 (67.3–95.5)	61.91 (42.6–86.9)	73.08 (62.3–85.2)	9	8	9	
B1010	17342.59	78	96.47	12	20.54	90	116.39	90	116.39	80.85 (63.9–100.9)	58.42 (30.2–102.1)	77.32 (62.2–95.0)	10	7	11	
B1011	12139.77	83	98.78	12	16.51	95	115.44	95	115.44	84.02 (66.9–104.2)	72.70 (37.5–127.0)	82.29 (66.6–100.6)	11	13	12	
B1012	17108.45	149	174.22	23	30.21	172	202.48	172	202.48	85.52 (72.3–100.4)	76.12 (48.2–114.2)	84.95 (72.7–98.6)	12	14	14	
B1013	17052.74	95	109.79	12	24.08	107	142.61	107	142.61	86.53 (70.0–105.8)	49.84 (25.7–87.1)	75.03 (61.5–90.7)	13	5	10	
B1014	11474.29	152	170.61	38	34.13	190	202.80	190	202.80	89.09 (75.5–104.4)	111.35 (78.8–152.8)	93.69 (80.8–108.0)	14	24	19	
B1015	14171.88	41	45.75	17	20.16	58	65.28	58	65.28	89.62 (64.3–121.6)	84.34 (49.1–135.0)	88.84 (67.5–114.9)	15	17	17	

(continued)

Table A2.1 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group B1

Study assigned ID	cweaps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	20%(LCI-UCI)	80%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%	
B1016	15302.6	170	189.17	26	39.80	196	232.21	89.86 (76.9–104.4)	65.33 (42.7 95.7)	84.41 (73.0–97.1)	16	10	13			
B1017	18521.34	114	125.39	22	23.92	136	153.82	90.91 (75.0–109.2)	91.96 (57.6 139.2)	88.41 (74.2–104.6)	17	21	16			
B1018	14139.55	117	126.53	18	22.73	135	149.04	92.47 (76.5–110.8)	79.18 (46.9 125.2)	90.58 (75.9–107.2)	18	16	18			
B1019	21415.35	183	194.15	32	49.00	215	247.50	94.26 (81.1–108.9)	65.30 (44.7 92.2)	86.87 (75.6–99.3)	19	9	15			
B1020	18994.63	173	181.04	33	33.13	206	218.70	95.56 (81.8–110.9)	99.60 (68.5 139.9)	94.19 (81.8–108.0)	20	22	20			
B1021	16109.59	184	190.68	15	27.32	199	204.97	96.50 (83.1–111.5)	54.90 (30.7 90.6)	97.09 (84.1–111.6)	21	6	21			
B1022	16485.85	143	144.46	35	30.60	178	172.18	98.99 (83.4–116.6)	114.38 (79.7 159.1)	103.38 (88.8–119.7)	22	25	22			
B1023	17483.18	356	349.79	69	76.51	425	395.87	101.78 (91.5–112.9)	90.19 (70.2 114.1)	107.36 (97.4–118.1)	23	19	23			
B1024	14126.42	189	165.65	25	27.49	214	185.28	114.10 (98.4–131.6)	90.95 (58.8 134.3)	115.50 (100.5–132.1)	24	20	25			
B1025	14412.28	107	90.50	16	18.25	123	111.06	118.23 (96.9–142.9)	87.65 (50.1 142.4)	110.75 (92.0–132.1)	25	18	24			

Table A2.2: Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group C2

Study assigned ID	cwsaeps	80%			20%			100%			HSMRs					Rank		
		O	E	O	O	E	O	E	O	E	80%(LCI-UCI)	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%		
C2001	2841.45	0	2.64	0	1.06	0	5.08	0	0.00 (0-139.2)	0.00 (0-345.5)	0.00 (0-72.2)	2	3	1				
C2002	3206.87	0	0.03	0	0.71	0	0.51	0.00 (0-11735.7)	0.00 (0-519.2)	0.00 (0-715.5)	1	4	2					
C2003	5783.27	0	2.07	0	0.91	0	3.17	0.00 (0-177.4)	0.00 (0-401.8)	0.00 (0-115.8)	3	2	3					
C2004	4715.84	3	11.35	0	3.10	3	14.97	26.42 (5.3-77.2)	0.00 (0-118.3)	20.04 (4.0-58.5)	4	1	4					
C2005	6937.37	19	61.39	2	10.77	21	71.07	30.95 (18.6-48.3)	18.58 (2.1-67.1)	29.55 (18.3-45.2)	5	6	5					
C2006	2381.76	6	12.67	2	4.87	8	16.33	47.36 (17.3-103.1)	41.11 (4.6-148.4)	48.98 (21.1-96.5)	6	12	7					
C2007	2561.47	11	20.54	3	8.92	14	28.46	53.56 (26.7-95.8)	33.65 (6.8-98.3)	49.19 (26.9-82.5)	7	9	9					
C2008	4232.04	50	85.35	8	22.76	58	118.13	58.58 (43.5-77.2)	35.15 (15.1-69.3)	49.10 (37.3-63.5)	8	10	8					
C2009	5069.51	31	51.46	1	11.26	32	67.10	60.24 (40.9-85.5)	8.88 (0.1-49.4)	47.69 (32.6-67.3)	9	5	6					
C2010	3273.44	7	11.54	7	4.69	14	17.09	60.64 (24.3-125.0)	149.25 (59.8-307.5)	81.93 (44.8-137.5)	10	52	20					
C2011	5089.75	29	44.24	5	8.08	34	54.19	65.55 (43.9-94.1)	61.91 (20.0-144.5)	62.74 (43.4-87.7)	11	18	10					
C2012	2356.46	10	14.79	4	5.54	14	20.55	67.62 (32.4-124.4)	72.21 (19.4-184.9)	68.12 (37.2-114.3)	12	21	12					
C2013	4569.78	29	42.39	10	8.26	39	52.69	68.41 (45.8-98.3)	121.09 (58.0-222.7)	74.02 (52.6-101.2)	13	45	15					
C2014	2336.8	17	24.50	5	5.04	22	28.56	69.39 (40.4-111.1)	99.20 (32.0-231.5)	77.04 (48.3-116.7)	14	34	16					
C2015	5613.38	56	78.53	6	10.49	62	92.87	71.31 (53.9-92.6)	57.19 (20.9-124.5)	66.76 (51.2-85.6)	15	16	11					
C2016	4885.57	39	52.73	8	10.44	47	66.80	73.96 (52.6-101.1)	76.63 (33.0-151.0)	70.36 (51.7-93.6)	16	24	13					
C2017	2322.79	21	27.92	5	6.99	26	35.29	75.22 (46.5-115.0)	71.58 (23.1-167.0)	73.68 (48.1-108.0)	17	20	14					
C2018	2499.07	16	20.90	5	3.81	21	25.14	76.55 (43.7-124.3)	131.39 (42.3-306.6)	83.52 (51.7-127.7)	18	48	21					
C2019	3244.37	34	41.94	4	7.61	38	41.96	81.06 (56.1-113.3)	52.56 (14.1-134.6)	90.56 (64.1-124.3)	19	14	24					
C2020	2744.83	11	12.65	2	3.80	13	16.85	86.94 (43.3-155.6)	52.57 (5.9-189.8)	77.13 (41.0-131.9)	20	15	17					

(continued)

Table A2.2 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group C2

Study assigned ID	cwauses	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	80%(LCI-UCI)	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%	
C2021	2123.94	13	14.83	10	6.62	23	21.65	23	21.65	87.66 (46.6–149.9)	151.14 (72.4–278.0)	106.25 (67.3–159.4)	21	53	32	
C2022	4969.4	35	39.52	5	11.15	40	50.62	40	50.62	88.57 (61.7–123.2)	44.83 (14.4–104.6)	79.02 (56.4–107.6)	22	13	19	
C2023	5284.65	44	49.21	9	12.22	53	63.35	53	63.35	89.41 (65.0–120.0)	73.67 (33.6–139.9)	83.67 (62.7–109.4)	23	23	22	
C2024	3327.35	27	28.09	3	7.64	30	38.65	30	38.65	96.11 (63.3–139.8)	39.25 (7.9–114.7)	77.61 (52.4–110.8)	24	11	18	
C2025	3324.38	28	28.29	6	6.85	34	37.66	34	37.66	98.98 (65.8–143.1)	87.55 (32.0–190.6)	90.29 (62.5–126.2)	25	28	23	
C2026	2665.88	37	36.85	7	6.87	44	44.82	44	44.82	100.42 (70.7–138.4)	101.88 (40.8–209.9)	98.17 (71.3–131.8)	26	35	27	
C2027	2405.12	35	34.84	7	5.56	42	37.80	42	37.80	100.45 (70.0–139.7)	125.88 (50.4–259.4)	111.11 (80.1–150.2)	27	47	34	
C2028	3083.97	30	29.51	5	8.00	35	36.38	35	36.38	101.68 (68.6–145.2)	62.47 (20.1–145.8)	96.20 (67.0–133.8)	28	19	25	
C2029	3920.41	52	49.82	7	7.94	59	51.74	59	51.74	104.38 (77.9–136.9)	88.19 (35.3–181.7)	114.03 (86.8–147.1)	29	30	38	
C2030	4165.54	35	33.34	8	9.70	43	44.27	43	44.27	104.98 (73.1–146.0)	82.49 (35.5–162.5)	97.14 (70.3–130.9)	30	25	26	
C2031	2288.87	15	14.27	7	4.08	22	19.51	22	19.51	105.08 (58.8–173.3)	171.77 (68.8–353.9)	112.78 (70.7–170.8)	31	56	36	
C2032	4269.18	63	59.33	14	14.32	77	68.07	77	68.07	106.19 (81.6–135.9)	97.78 (53.4–164.1)	113.12 (89.3–141.4)	32	33	37	
C2033	2917.91	29	27.19	12	8.15	41	34.80	41	34.80	106.67 (71.4–153.2)	147.24 (76.0–257.2)	117.83 (84.5–159.9)	33	51	42	
C2034	2423.85	31	28.41	5	6.83	36	34.51	36	34.51	109.13 (74.1–154.9)	73.23 (23.6–170.9)	104.32 (73.1–144.4)	34	22	29	
C2035	2381.69	34	31.03	5	5.69	39	37.19	39	37.19	109.59 (75.9–153.1)	87.88 (28.3–205.1)	104.86 (74.6–143.3)	35	29	31	
C2036	3878.93	45	40.39	9	10.43	54	51.54	54	51.54	111.40 (81.2–149.1)	86.27 (39.4–163.8)	104.78 (78.7–136.7)	36	27	30	
C2037	3079.27	49	43.18	9	7.55	58	50.09	58	50.09	113.49 (84.0–150.0)	119.16 (54.4–226.2)	115.78 (87.9–149.7)	37	43	39	
C2038	3731.99	28	24.02	10	10.23	38	35.59	38	35.59	116.59 (77.5–168.5)	97.72 (46.8–179.7)	106.78 (75.6–146.6)	38	32	33	
C2039	2419.27	20	16.67	1	4.53	21	20.78	21	20.78	120.00 (73.3–185.3)	22.06 (0.3–122.8)	101.07 (62.5–154.5)	39	7	28	
C2040	4793.88	40	33.00	10	8.86	50	44.34	50	44.34	121.19 (86.6–165.0)	112.81 (54.0–207.5)	112.76 (83.7–148.7)	40	39	35	
C2041	2354.82	26	21.28	13	6.94	39	27.60	39	27.60	122.17 (79.8–179.0)	187.44 (99.7–320.6)	141.33 (100.5–193.2)	41	58	54	

(continued)

Table A2.2 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group C2

Study assigned ID	c waseps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	80%(LCI-UCI)	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%	
C2042	2211.37	17	13.53	7	4.39	24	18.30	25.67	73.2-201.2)	159.51	(63.9-328.7)	131.18	(84.0-195.2)	42	54	50
C2043	2223.58	52	41.06	20	7.76	72	46.41	126.64	(94.6-166.1)	257.72	(157.4-398.1)	155.13	(121.4-195.4)	43	60	57
C2044	2883.28	36	28.36	8	7.01	44	37.91	126.94	(88.9-175.7)	114.13	(49.1-224.9)	116.08	(84.3-155.8)	44	41	40
C2045	4189.45	41	31.33	13	9.31	54	43.73	130.86	(93.9-177.5)	139.65	(74.3-238.8)	123.49	(92.8-161.1)	45	49	46
C2046	2464.02	24	18.25	7	6.51	31	24.44	131.54	(84.3-195.7)	107.59	(43.1-221.7)	126.85	(86.2-180.1)	46	37	47
C2047	2547.32	32	23.98	7	8.45	39	32.40	133.45	(91.3-188.4)	82.83	(33.2-170.7)	120.35	(85.6-164.5)	47	26	43
C2048	2696.55	43	31.87	9	8.80	52	40.13	134.90	(97.6-181.7)	102.24	(46.7-194.1)	129.58	(96.8-169.9)	48	36	49
C2049	3241.3	33	23.73	8	6.65	41	33.25	139.09	(95.7-195.3)	120.34	(51.8-237.1)	123.30	(88.5-167.3)	49	44	45
C2050	3017.74	29	20.77	8	6.82	37	30.32	139.66	(93.5-200.6)	117.38	(50.5-231.3)	122.02	(85.9-168.2)	50	42	44
C2051	3567.16	79	56.39	17	15.34	96	67.29	140.09	(110.9-174.6)	110.85	(64.5-177.5)	142.68	(115.6-174.2)	51	38	56
C2052	3268.31	34	24.11	8	6.59	42	33.03	141.00	(97.6-197.0)	121.34	(52.2-239.1)	127.17	(91.6-171.9)	52	46	48
C2053	2663.86	38	26.68	15	8.62	53	37.19	142.42	(100.8-195.5)	174.05	(97.3-287.1)	142.50	(106.7-186.4)	53	57	55
C2054	3610.11	11	7.63	5	3.13	16	11.81	144.15	(71.9-257.9)	159.90	(51.5-373.1)	135.53	(77.4-220.1)	54	55	51
C2055	2270.93	40	26.94	17	12.02	57	40.92	148.50	(106.1-202.2)	141.40	(82.3-226.4)	139.29	(105.5-180.5)	55	50	53
C2056	2884.4	62	40.08	9	9.82	71	51.56	154.67	(118.6-198.3)	91.63	(41.8-173.9)	137.71	(107.5-173.7)	56	31	52
C2057	3055.64	41	26.17	2	7.10	43	36.84	156.68	(112.4-212.6)	28.17	(3.2-101.7)	116.73	(84.5-157.2)	57	8	41
C2058	2087.2	29	16.21	5	4.41	34	21.13	178.90	(119.8-256.9)	113.48	(36.6-264.8)	160.89	(111.4-224.8)	58	40	58
C2059	2532.19	29	13.63	4	6.66	33	20.41	212.83	(142.5-305.7)	60.04	(16.2-153.7)	161.65	(111.3-227.0)	59	17	59
C2060	2063.29	18	5.28	5	2.60	23	7.73	341.17	(202.1-539.2)	192.44	(62.0-449.1)	297.45	(188.5-446.3)	60	59	60

Table A2.3: Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1

Study assigned ID	cwsaeps	80%						20%						100%						HSMRs						Rank		
		O		E		O		E		O		E		O		E		O		E		O		E		80%	20%	100%
D1001	249.7	0	0.01	0	0.18	0	0.15	0.00 (0.0–51453.2)	0.00 (0.0–2095.3)	0.00 (0.0–2474.4)	1	16	1															
D1002	1502.34	6	15.88	1	3.22	7	20.73	37.79 (13.8–82.3)	31.08 (0.4–172.9)	33.77 (13.5–69.6)	2	21	2															
D1003	1747.71	8	21.04	1	5.21	9	25.14	38.02 (16.4–74.9)	19.21 (0.3–106.9)	35.80 (16.3–68.0)	3	18	3															
D1004	1758.83	10	23.29	2	4.86	12	28.13	42.94 (20.6–79.0)	41.16 (4.6–148.6)	42.66 (22.0–74.5)	4	25	7															
D1005	751.57	6	12.15	0	2.92	6	14.63	49.39 (18.0–107.5)	0.00 (0.0–125.7)	41.01 (15.0–89.3)	5	15	5															
D1006	1349.86	8	15.05	1	4.06	9	19.39	53.14 (22.9–104.7)	24.64 (0.3–137.1)	46.41 (21.2–88.1)	6	19	9															
D1007	682.81	4	7.49	1	2.34	5	11.35	53.40 (14.4–136.7)	42.69 (0.6–237.5)	44.06 (14.2–102.8)	7	27	8															
D1008	1130.28	6	10.56	3	3.37	9	15.26	56.79 (20.7–123.6)	89.06 (17.9–260.2)	58.99 (26.9–112.0)	8	46	11															
D1009	444.55	3	5.27	0	2.05	3	7.40	56.96 (11.4–166.4)	0.00 (0.0–179.0)	40.54 (8.1–118.5)	9	7	4															
D1010	263.29	2	3.25	2	0.93	4	4.37	61.52 (6.9–222.1)	214.14 (24.0–773.2)	91.49 (24.6–234.2)	10	94	30															
D1011	1099.99	6	9.67	4	2.82	10	12.19	62.08 (22.7–135.1)	141.95 (38.2–363.4)	82.04 (39.3–150.9)	11	75	20															
D1012	494.36	4	6.18	2	1.99	6	7.96	64.75 (17.4–165.8)	100.72 (11.3–363.6)	75.37 (27.5–164.1)	12	55	17															
D1013	467.67	5	7.50	2	2.06	7	9.56	66.66 (21.5–155.6)	97.23 (10.9–351.0)	73.19 (29.3–150.8)	13	53	15															
D1014	1008.56	9	12.46	2	4.38	11	18.59	72.23 (33.0–137.1)	45.70 (5.1–165.0)	59.17 (29.5–105.9)	14	29	12															
D1015	1565.96	11	15.12	1	3.71	12	19.32	72.73 (36.3–130.1)	26.93 (0.4–149.8)	62.10 (32.0–108.5)	15	20	13															
D1016	673.17	8	10.54	0	2.78	8	13.94	75.91 (32.7–149.6)	0.00 (0.0–132.1)	57.37 (24.7–113.1)	16	5	10															
D1017	2050.58	14	18.36	5	4.08	19	22.05	76.26 (41.7–128.0)	122.56 (39.5–286.0)	86.19 (51.9–134.6)	17	67	24															
D1018	530.39	1	1.30	0	0.83	1	2.38	76.80 (11.0–427.3)	0.00 (0.0–443.4)	41.96 (0.5–233.5)	18	14	6															
D1019	1836.16	17	22.12	2	5.13	19	28.02	76.87 (44.8–123.1)	38.95 (4.4–140.6)	67.80 (40.8–105.9)	19	24	14															
D1020	436.64	4	5.11	3	2.21	7	7.23	78.20 (21.0–200.2)	135.78 (27.3–396.7)	96.79 (38.8–199.4)	20	71	35															

(continued)

Table A2.3 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1

Study assigned ID	c waseps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	O	E	80%(LCI-UCI)	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%
D1021	406.16	6	6.99	1	1.25	7	9.43	85.83 (31.3-186.8)	79.81 (1.0-444.0)	74.19 (29.7-152.9)	21	42	16			
D1022	738.5	18	20.23	3	3.32	21	22.79	88.96 (52.7-140.6)	90.39 (18.2-264.1)	92.14 (57.0-140.8)	22	49	31			
D1023	696.18	10	11.06	4	4.54	14	14.39	90.38 (43.3-166.2)	88.10 (23.7-225.5)	97.30 (53.1-163.3)	23	45	36			
D1024	1937.9	26	28.37	4	4.26	30	31.78	91.66 (59.9-134.3)	93.80 (25.2-240.2)	94.39 (63.7-134.8)	24	52	33			
D1025	1499.31	13	14.12	2	3.08	15	16.40	92.04 (49.0-157.4)	64.87 (7.3-234.2)	91.46 (51.2-150.9)	25	38	29			
D1026	955.85	9	9.68	2	2.73	11	13.79	92.98 (42.4-176.5)	73.39 (8.2-265.0)	79.76 (39.8-142.7)	26	41	18			
D1027	489.02	6	6.30	4	1.79	10	9.27	95.30 (34.8-207.4)	223.52 (60.1-572.3)	107.89 (51.7-198.4)	27	99	45			
D1028	441.52	2	2.07	0	0.46	2	2.43	96.73 (10.9-349.3)	0.00 (0.0-792.6)	82.30 (9.2-297.1)	28	6	22			
D1029	733.61	11	11.36	3	2.93	14	14.31	96.86 (48.3-173.3)	102.35 (20.6-299.1)	97.81 (53.4-164.1)	29	58	38			
D1030	1147.8	12	12.28	5	4.59	17	18.82	97.72 (50.4-170.7)	109.04 (35.1-254.5)	90.35 (52.6-144.7)	30	61	28			
D1031	1705.78	13	13.30	2	4.61	15	18.29	97.72 (52.0-167.1)	43.39 (4.9-156.6)	82.03 (45.9-135.3)	31	28	19			
D1032	1814.43	11	11.18	2	2.49	13	14.63	98.40 (49.1-176.1)	80.46 (9.0-290.5)	88.86 (47.3-152.0)	32	43	27			
D1033	903.62	10	10.14	4	2.46	14	13.51	98.57 (47.2-181.3)	162.36 (43.7-415.7)	103.65 (56.6-173.9)	33	84	42			
D1034	722.32	9	9.11	1	2.57	10	12.15	98.82 (45.1-187.6)	38.89 (0.5-216.4)	82.31 (39.4-151.4)	34	23	23			
D1035	1527.35	17	17.03	2	5.28	19	23.09	99.83 (58.1-159.8)	37.87 (4.3-136.7)	82.28 (49.5-128.5)	35	22	21			
D1036	686.64	6	5.94	1	2.01	7	7.89	101.05 (36.9-220.0)	49.79 (0.7-277.0)	88.68 (35.5-182.7)	36	30	25			
D1037	437.25	1	0.99	3	0.97	4	1.97	101.06 (1.3-562.3)	308.10 (61.9-900.2)	203.49 (54.7-521.0)	37	107	100			
D1038	1830.54	12	11.69	6	4.21	18	16.87	102.70 (53.0-179.4)	142.37 (52.0-309.9)	106.68 (63.2-168.6)	38	76	43			
D1039	1848.87	30	28.14	5	4.61	35	28.52	106.62 (71.9-152.2)	108.54 (35.0-253.3)	122.72 (85.5-170.7)	39	60	54			
D1040	385.92	6	5.51	1	1.80	7	7.89	108.97 (39.8-237.2)	55.49 (0.7-308.7)	88.69 (35.5-182.7)	40	35	26			
D1041	981.45	16	14.62	6	4.27	22	18.69	109.42 (62.5-177.7)	140.64 (51.4-306.1)	117.69 (73.7-178.2)	41	73	51			

(continued)

Table A2.3 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1

Study assigned ID	cwaeps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	O	E	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%
D1042	490.22	10	9.13	2	2.19	12	12.33	109.56	(52.5-201.5)	91.18	(10.2-329.2)	97.34	(50.2-170.0)	42	50	37
D1043	1988.56	24	21.75	8	5.25	32	29.83	110.36	(70.7-164.2)	152.27	(65.6-300.1)	107.27	(73.4-151.4)	43	79	44
D1044	518.61	8	6.94	0	2.00	8	8.43	115.25	(49.6-227.1)	0.00	(0.0-183.5)	94.84	(40.8-186.9)	44	13	34
D1045	1739.28	23	19.50	5	3.40	28	20.56	117.92	(74.7-176.9)	146.96	(47.4-343.0)	136.19	(90.5-196.8)	45	77	66
D1046	726.86	8	6.78	1	1.73	9	9.70	117.99	(50.8-232.5)	57.90	(0.8-322.2)	92.76	(42.3-176.1)	46	37	32
D1047	1215.85	19	15.88	11	4.56	30	19.52	119.68	(72.0-186.9)	241.23	(120.3-431.7)	153.67	(103.7-219.4)	47	105	81
D1048	691.06	15	12.47	4	2.63	19	16.34	120.28	(67.3-198.4)	152.23	(41.0-389.7)	116.28	(70.0-181.6)	48	78	50
D1049	506.27	9	7.48	3	1.35	12	8.90	120.33	(54.9-228.4)	222.32	(44.7-649.6)	134.91	(69.6-235.7)	49	97	64
D1050	1254.03	15	12.29	4	3.14	19	16.85	122.03	(68.2-201.3)	127.43	(34.3-326.2)	112.79	(67.9-176.1)	50	69	47
D1051	1352.38	13	10.55	6	2.57	19	15.09	123.21	(65.5-210.7)	233.18	(85.1-507.5)	125.90	(75.8-196.6)	51	104	56
D1052	726.51	12	9.65	4	4.32	16	13.88	124.30	(64.2-217.1)	92.49	(24.9-236.8)	115.28	(65.8-187.2)	52	51	49
D1053	767.86	10	8.03	1	1.48	11	9.72	124.60	(59.6-229.2)	67.66	(0.9-376.4)	113.14	(56.4-202.5)	53	40	48
D1054	749.03	7	5.61	3	1.84	10	7.27	124.77	(50.0-257.1)	163.31	(32.8-477.2)	137.52	(65.8-252.9)	54	85	70
D1055	744.58	10	7.95	1	2.39	11	10.90	125.83	(60.2-231.4)	41.93	(0.5-233.3)	100.89	(50.3-180.5)	55	26	40
D1056	798.36	15	11.83	4	2.83	19	14.23	126.75	(70.9-209.1)	141.47	(38.1-362.2)	133.56	(80.4-208.6)	56	74	61
D1057	176.84	3	2.35	1	1.50	4	3.98	127.55	(25.6-372.7)	66.79	(0.9-371.6)	100.62	(27.1-257.6)	57	39	39
D1058	399.49	7	5.37	5	2.89	12	6.93	130.25	(52.2-268.4)	172.72	(55.7-403.1)	173.24	(89.4-302.6)	58	88	90
D1059	331.38	5	3.83	2	1.97	7	5.91	130.67	(42.1-304.9)	101.66	(11.4-367.0)	118.48	(47.5-244.1)	59	57	52
D1060	1454.86	43	32.81	12	7.41	55	39.34	131.05	(94.8-176.5)	161.92	(83.6-282.9)	139.82	(105.3-182.0)	60	83	72
D1061	1413.3	23	17.48	7	4.54	30	22.63	131.57	(83.4-197.4)	154.21	(61.8-317.7)	132.58	(89.4-189.3)	61	82	60
D1062	252.9	6	4.53	1	0.77	7	4.55	132.43	(48.4-288.3)	129.26	(1.7-719.2)	153.77	(61.6-316.8)	62	70	82

(continued)

Table A2.3 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1

Study assigned ID	cwaeps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	O	E	20%(LCI-UCI)	80%(LCI-UCI)	100%(LCI-UCI)	80%	20%
D1063	1013.31	15	10.95	5	2.96	20	14.60	136.94	(76.6-225.9)	168.73	(54.4-393.8)	136.97	(83.6-211.6)	63	87	68
D1064	500.97	6	4.32	4	2.62	10	7.28	138.76	(50.7-302.0)	152.41	(41.0-390.2)	137.43	(65.8-252.7)	64	81	69
D1065	902.48	14	10.03	3	2.74	17	12.58	139.55	(76.2-234.2)	109.45	(22.0-319.8)	135.18	(78.7-216.4)	65	62	65
D1066	1052.11	17	12.16	6	2.69	23	15.70	139.83	(81.4-223.9)	223.13	(81.5-485.7)	146.51	(92.8-219.8)	66	98	76
D1067	1857.83	17	11.74	7	4.19	24	17.05	144.75	(84.3-231.8)	167.11	(66.9-344.3)	140.80	(90.2-209.5)	67	86	73
D1068	1665.76	18	12.26	0	3.17	18	16.36	146.78	(86.9-232.0)	0.00	(0.0-115.8)	110.02	(65.2-173.9)	68	12	46
D1069	508.22	3	2.03	1	0.73	4	3.27	147.75	(29.7-431.7)	136.65	(1.8-760.3)	122.23	(32.9-312.9)	69	72	53
D1070	619.42	7	4.72	3	2.43	10	6.09	148.26	(59.4-305.5)	123.65	(24.9-361.3)	164.14	(78.6-301.9)	70	68	88
D1071	617.73	10	6.69	3	2.57	13	10.43	149.44	(71.5-274.8)	116.67	(23.4-340.9)	124.60	(66.3-213.1)	71	65	55
D1072	1298.77	20	13.32	8	3.73	28	17.54	150.20	(91.7-232.0)	214.50	(92.4-422.7)	159.65	(106.1-230.7)	72	95	84
D1073	678.23	17	11.23	8	4.05	25	15.12	151.32	(88.1-242.3)	197.69	(85.1-389.6)	165.31	(107.0-244.0)	73	91	89
D1074	267.13	14	8.96	2	1.74	16	11.75	156.26	(85.4-262.2)	115.07	(12.9-415.5)	136.19	(77.8-221.2)	74	64	67
D1075	915.97	12	7.59	7	3.43	19	11.79	158.14	(81.6-276.3)	204.26	(81.8-420.9)	161.10	(96.9-251.6)	75	92	86
D1076	321.34	5	3.11	0	1.19	5	4.89	160.99	(51.9-375.7)	0.00	(0.0-308.5)	102.33	(33.0-238.8)	76	17	41
D1077	388.42	6	3.71	0	0.61	6	4.61	161.69	(59.0-351.9)	0.00	(0.0-599.5)	130.29	(47.6-283.6)	77	10	58
D1078	1027.32	18	11.05	6	5.28	24	15.56	162.83	(96.5-257.4)	113.63	(41.5-247.3)	154.26	(98.8-229.5)	78	63	83
D1079	1858.28	22	13.48	10	4.33	32	18.23	163.25	(102.3-247.2)	230.89	(110.5-424.6)	175.51	(120.0-247.8)	79	103	91
D1080	1171.41	18	10.85	7	5.94	25	16.81	165.91	(98.3-262.2)	117.91	(47.2-243.0)	148.70	(96.2-219.5)	80	66	77
D1081	647.41	12	7.19	3	2.79	15	10.53	166.97	(86.2-291.7)	107.60	(21.6-314.4)	142.46	(79.7-235.0)	81	59	75
D1082	1144.16	22	12.88	10	2.51	32	16.90	170.77	(107.0-258.6)	397.67	(190.4-731.4)	189.31	(129.5-267.3)	82	108	95
D1083	1193.14	31	17.96	3	5.76	34	22.82	172.60	(117.2-245.0)	52.10	(10.5-152.2)	148.97	(103.2-208.2)	83	32	78

(continued)

Table A2.3 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1

Study assigned ID	cweaps	80%			20%			100%			HSMRs			Rank		
		O	E	O	E	O	E	O	E	80%(LCI-UCI)	20%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%	
D1084	386.58	10	5.63	2	1.98	12	7.99	177.64 (85.0-326.7)	101.05 (11.3-364.8)	150.15 (77.5-262.3)	84	56	79			
D1085	386.97	8	4.42	2	2.24	10	7.42	180.82 (77.9-356.3)	89.26 (10.0-322.3)	134.83 (64.5-248.0)	85	47	63			
D1086	394.09	11	6.08	0	2.17	11	8.22	181.01 (90.2-323.9)	0.00 (0.0-168.7)	133.82 (66.7-239.5)	86	9	62			
D1087	1552.27	23	12.55	2	3.66	25	18.02	183.34 (116.2-275.1)	54.67 (6.1-197.4)	138.73 (89.8-204.8)	87	34	71			
D1088	908.21	12	6.43	0	1.84	12	8.45	186.76 (96.4-326.3)	0.00 (0.0-199.3)	142.00 (73.3-248.1)	88	3	74			
D1089	225.69	3	1.60	0	0.58	3	2.34	187.51 (37.7-547.9)	0.00 (0.0-632.6)	128.25 (25.8-374.7)	89	11	57			
D1090	1387.25	8	4.01	9	2.13	17	6.45	199.49 (85.9-393.1)	422.45 (192.8-802.0)	263.72 (153.5-422.3)	90	109	106			
D1091	1112.18	23	11.33	7	3.69	30	15.52	202.99 (128.6-304.6)	189.76 (76.0-391.0)	193.31 (130.4-276.0)	91	90	97			
D1092	302	12	5.87	5	1.65	17	7.14	204.31 (105.4-356.9)	302.16 (97.4-705.1)	238.16 (138.7-381.3)	92	106	105			
D1093	265.76	12	5.85	1	1.89	13	8.09	205.09 (105.9-358.3)	53.03 (0.7-295.0)	160.65 (85.5-274.7)	93	33	85			
D1094	1449.34	22	10.71	3	3.61	25	15.52	205.39 (128.7-311.0)	83.06 (16.7-242.7)	161.13 (104.2-237.9)	94	44	87			
D1095	658.92	18	8.69	2	3.55	20	13.14	207.21 (122.7-327.5)	56.40 (6.3-203.6)	152.26 (93.0-235.2)	95	36	80			
D1096	1165.51	28	13.40	11	5.09	39	17.85	208.97 (138.8-302.0)	216.29 (107.8-387.0)	218.49 (155.4-298.7)	96	96	103			
D1097	1458.31	35	16.72	11	5.34	46	23.13	209.27 (145.7-291.1)	205.94 (102.7-368.5)	198.87 (145.6-265.3)	97	93	98			
D1098	260.31	5	2.34	0	0.81	5	3.79	213.64 (68.8-498.6)	0.00 (0.0-451.4)	131.97 (42.5-308.0)	98	4	59			
D1099	871.67	15	6.94	2	1.99	17	9.52	216.23 (120.9-356.7)	100.55 (11.3-363.0)	178.50 (103.9-285.8)	99	54	92			
D1100	276.42	10	4.51	1	1.11	11	5.80	221.80 (106.2-407.9)	89.90 (1.2-500.2)	189.69 (94.6-339.4)	100	48	96			

(continued)

Table A2.3 (continued): Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1

Study assigned ID	cwisepts	80%			20%			100%			HSMRs			Rank		
		O	E		O	E		O	E		20%(LCI-UCI)	80%(LCI-UCI)	100%(LCI-UCI)	80%	20%	100%
D1101	1058.58	20	8.29	2.18	0	2.18	20	11.18	241.36 (147.4-372.8)	0.00 (0.0-168.3)	178.87 (109.2-276.3)	101	2	93		
D1102	461.58	4	1.61	0.54	1	0.54	5	2.72	249.04 (67.0-637.6)	186.62 (2.4-1038.3)	183.91 (59.3-429.2)	102	89	94		
D1103	637.57	15	5.92	2.62	6	2.62	21	10.53	253.24 (141.6-417.7)	228.88 (83.6-498.2)	199.50 (123.4-305.0)	103	101	99		
D1104	530.33	9	2.94	0.83	0	0.83	9	4.27	306.55 (139.9-582.0)	0.00 (0.0-442.6)	210.78 (96.2-400.2)	104	1	101		
D1105	601.32	14	4.07	1.98	1	1.98	15	6.39	344.37 (188.1-577.8)	50.60 (0.7-281.6)	234.66 (131.2-387.1)	105	31	104		
D1106	472.97	13	3.42	1.31	2	1.31	15	5.09	380.07 (202.2-650.0)	152.40 (17.1-550.2)	294.46 (164.7-485.7)	106	80	107		
D1107	271.58	8	2.00	1.50	0	1.50	8	3.67	400.74 (172.6-789.7)	0.00 (0.0-244.8)	218.24 (94.0-430.0)	107	8	102		
D1108	746.91	14	2.89	2.19	5	2.19	19	4.64	485.07 (265.0-813.9)	228.00 (73.5-532.1)	409.49 (246.4-639.5)	108	100	108		
D1109	440.94	17	3.49	1.30	3	1.30	20	4.75	486.58 (283.3-779.1)	230.24 (46.3-672.7)	421.45 (257.3-650.9)	109	102	109		

Appendix 3 Funnel plots of HSMRs in 2005–06

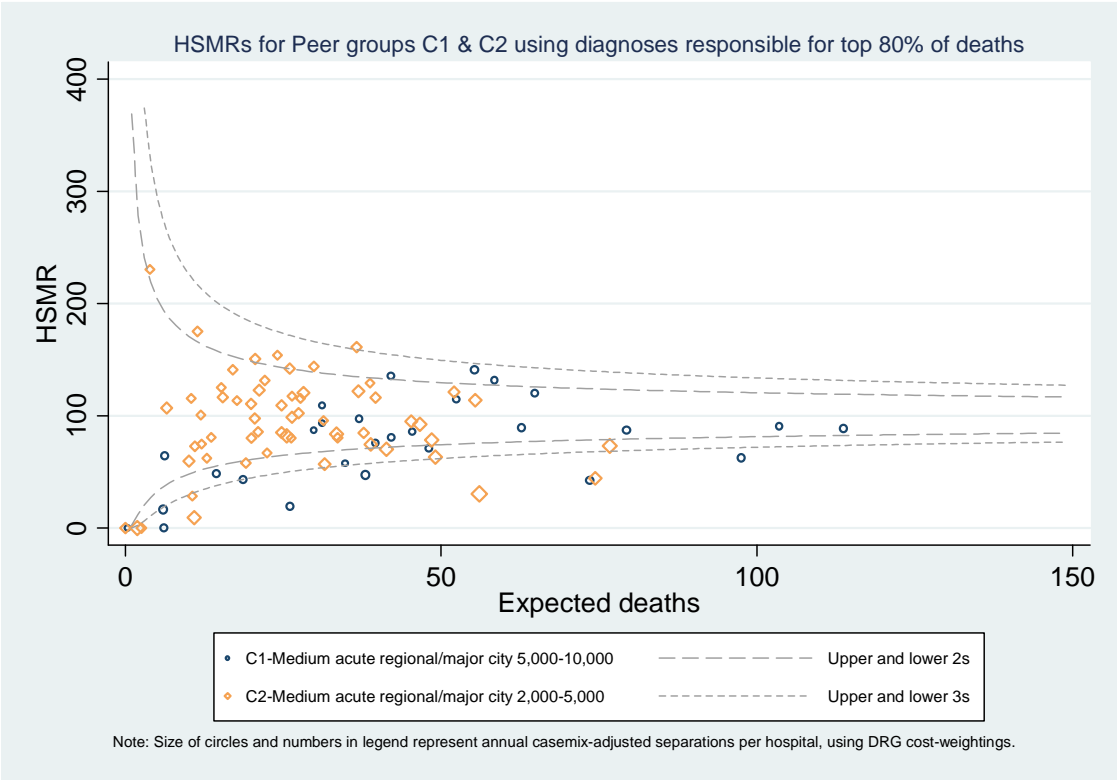


Figure A3.1: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group C1, and C2, 80% of in-hospital mortality

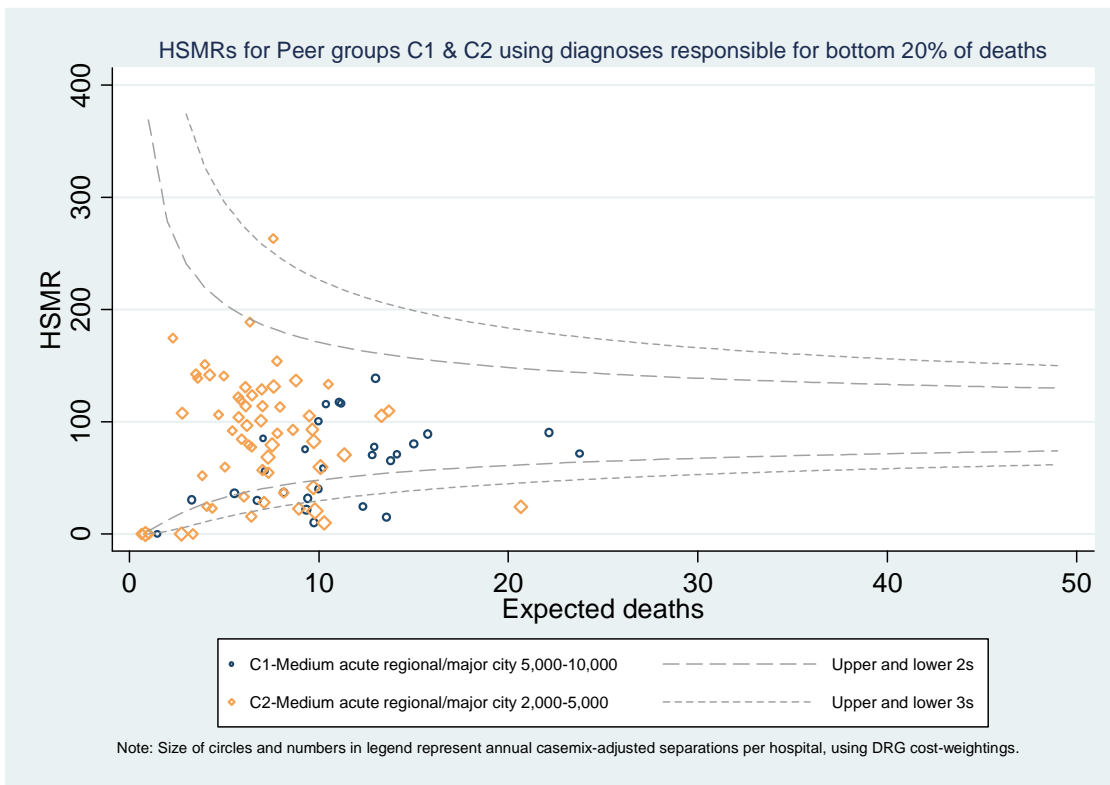


Figure A3.2: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group C1, and C2, 20% of in-hospital mortality

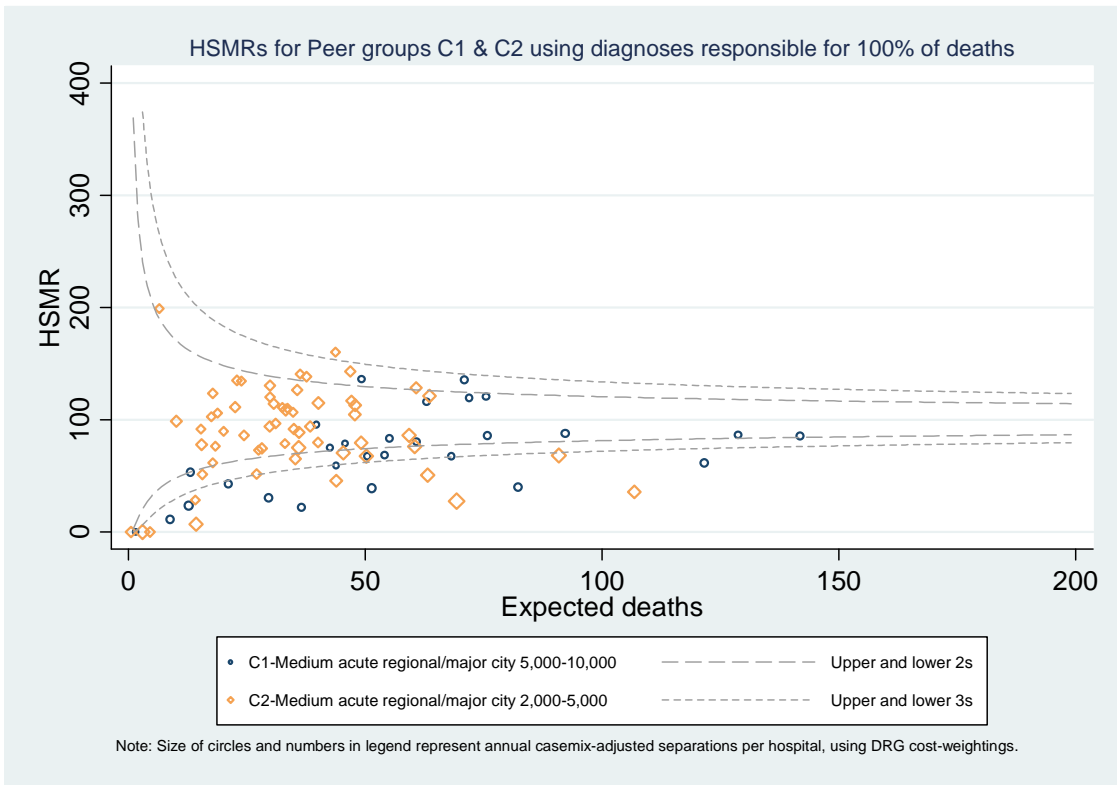


Figure A3.3: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group C1, and C2, 100% of in-hospital mortality

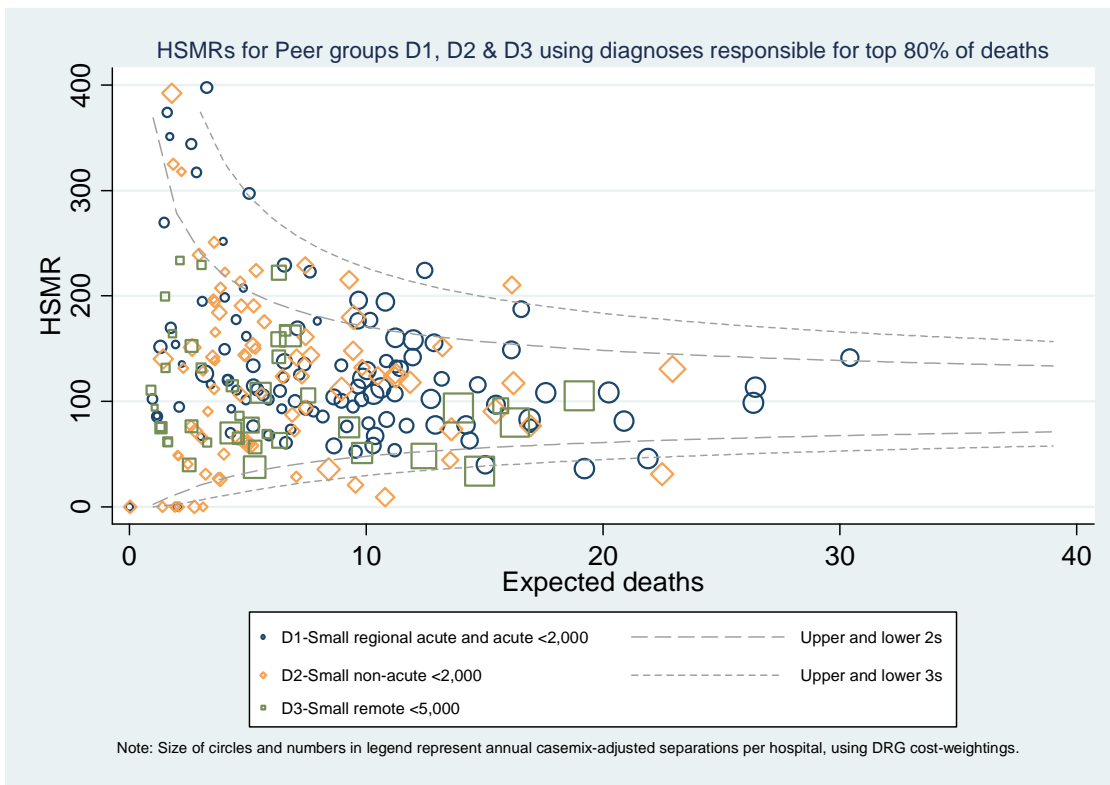


Figure A3.4: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group D1, D2 and D2, 80% of in-hospital mortality

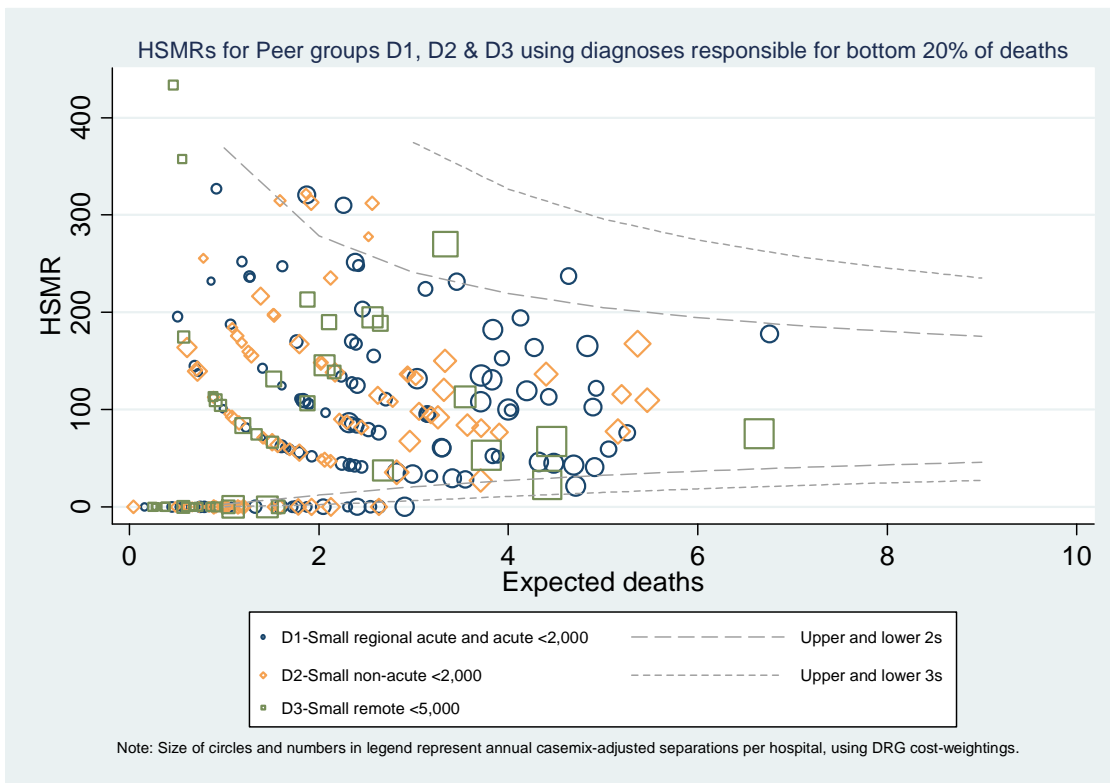


Figure A3.5: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group D1, D2 and D3, 20% of in-hospital mortality

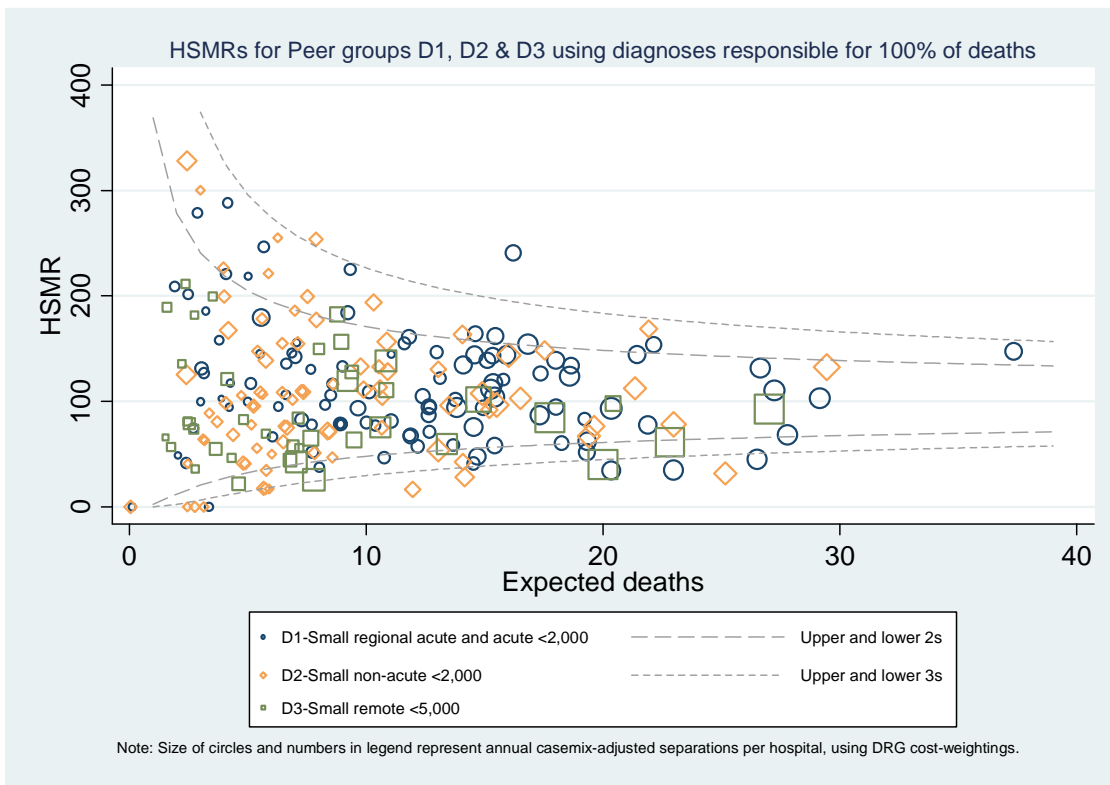


Figure A3.6: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group D1, D2 and D3, 100% of in-hospital mortality

Appendix 4 Caterpillar plots

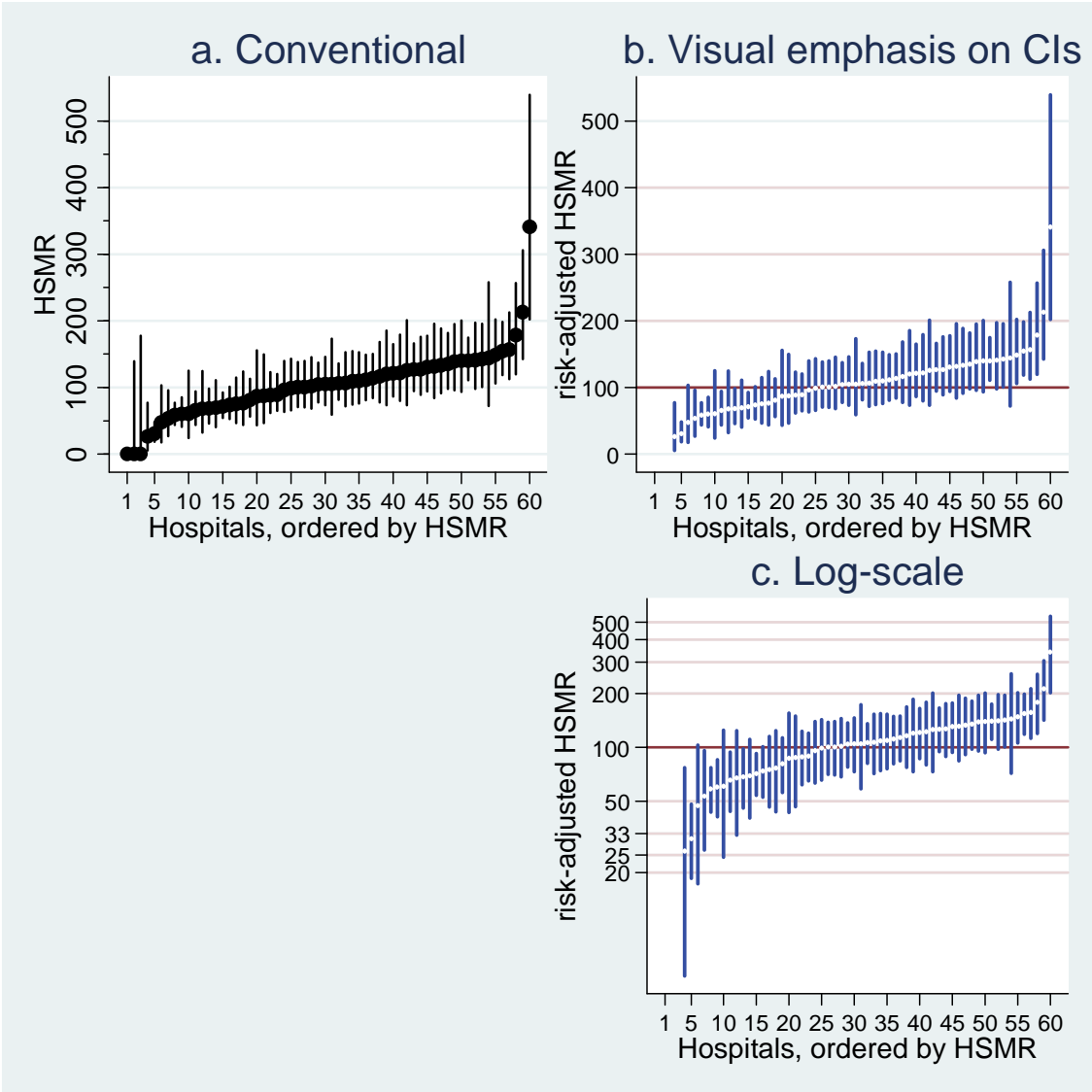


Figure A4.1. Caterpillar plots: variations of format and scaling

Figure A4.1a presents HSMRs for a group of hospitals. The figure is a fairly standard caterpillar plot. The y-axis is linear and the point estimates have more visual emphasis than the confidence intervals.

Figures A4.1b and A4.1c present the same HSMRs as Figure A4.1a. Figure A4.1b differs only in giving more visual emphasis to the confidence intervals, on the grounds that this will reduce a tendency of readers to focus on the point estimates, thus treating the figure like a league table.

Figure A4.2c presents the same data with the HSMRs placed on a log scale. The argument for doing this is that because the HSMR is a ratio it should be presented on a ratio scale. An

HSMR of 50 is half the reference value of 100 and an HSMR of 200 is twice the reference value. Use of a log scale places HSMRs of 50 and 200 the same distance from the line marking 100. (Guide-lines have been placed on Figure A4.2b at points corresponding to half and double 100, one-third and triple, and so on.)

An effect of the transformation is to give more visual emphasis to HSMRs that are below 100, especially those well below it. Conversely, HSMRs that are well above 100 have less visual emphasis.

Figure A4.2 shows the same set of HSMRs in three further ways. Like Figure A4.1c, all of these figures place the HSMRs on a log scale. The main difference is that the presentation has been transposed. The result is somewhat similar to a forest plot. Although not done here, this orientation lends itself to inclusion of hospital names in the plot. The names can be placed in the ordinary orientation for reading and many names can be shown in a figure that will fit on a single page.

The first chart in Figure A4.2, like all of those in Figure A4.1, shows the point estimate of HSMR as a fixed symbol. The second differs by using a circle centred on the point estimate value, the size of which corresponds to the size of the hospital (measured in terms of casemix adjusted separations). Funnel plots include that information. The third has both a small symbol marking the point estimate and a circle indicating hospital size.

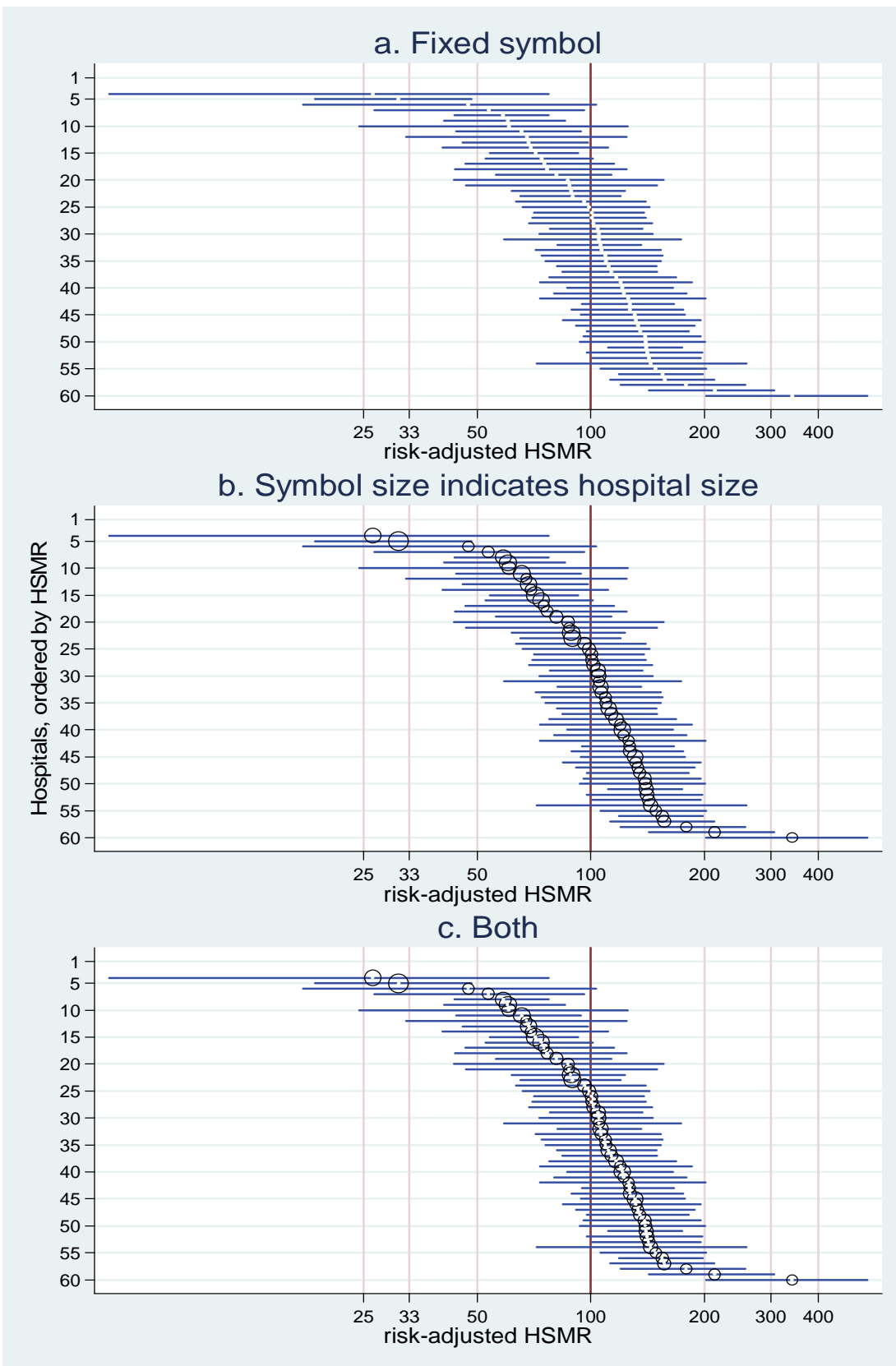


Figure A4.2. Three presentations of transposed log-scaled caterpillar plots

Appendix 5 Data issues

National Hospital Morbidity Database

The hospital separations data were provided by the AIHW, from the NHMD. All data elements within the NHMD used in this study conform to the requirements and definitions set out in the National Health Data Dictionary (HDSC 2006) unless otherwise specified.

Detailed information about individual data elements within the NHMD can be found within the National Health Data Dictionary or online using METEOR (<<http://meteor.aihw.gov.au>>) – the AIHW's Metadata Online Registry.

For further information about the data used in this project and about the topics below, readers are referred to the AIHW publication Australian Hospital Statistics, 2005–06 (AIHW 2007) and the equivalent publications for data-years 2004–05 and 2006–07.

The following sections are taken from the Appendixes of Australian Hospital Statistics 2005–06 (AIHW 2007) and provide information about categories and classifications used in this report.

Public and private hospitals

Taken from: Australian Hospital Statistics 2005–06 Appendix 2: Hospitals contributing to the report and public hospital peer groups (AIHW 2007: 311)

Throughout this report, unless otherwise specified:

- public acute hospitals and public psychiatric hospitals are included in the public hospital (public sector) category
- all public hospitals other than public psychiatric hospitals are included in the public acute hospital category
- private psychiatric hospitals, private free-standing day hospital facilities and other private hospitals are included in the private hospital (private sector) category
- all private hospitals other than private free-standing day hospital facilities are included in the other private hospitals category.

There is currently some variation between jurisdictions in whether hospitals that predominantly provide public hospital services, and that are privately owned and/or operated, are reported as public or private hospitals. A selection of these hospitals is listed in Table A2.1 in the AIHW report with information on whether they are reported as public or private hospitals.

Other changes in hospital ownership or management arrangements can also affect whether hospital activity is reported as public or private. For example, between 2003–04 and 2004–05 two private hospitals in Western Australia were purchased by the Western Australian Department of Health and were amalgamated with two existing public hospitals. Hence the activity associated with the former private hospitals is now included in the activity reporting of the two public hospitals. From 2004–05, the Mersey Community Hospital in Tasmania, which previously operated as a private hospital providing predominantly public services on

a contracted basis, merged with the Northwest Regional Hospital and is categorised as a public hospital.'

Public hospital peer groups

Taken from: Australian Hospital Statistics 2005–06. Appendix 2: Hospitals contributing to the report and public hospital peer groups (AIHW 2007: 317)

The AIHW worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow.

The peer groups were therefore designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity, and their geographical location, with the peer groups allocated names that are broadly descriptive of the types of hospitals included in each category. Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data.'

The peer group to which each public hospital was assigned for 2005–06 is included in Table A2.2 within the Australian Hospital Statistics 2005–06 publication and is summarised in Table 2 in Section 4.1.2 of this report.

SEIFA

Taken from: Australian Hospital Statistics 2005–06. Appendix 1: Technical notes (AIHW 2007: 301–2)

The 'SEIFA Index of Advantage/Disadvantage was generated by the ABS using a combination of Census data, including variables measuring both advantage and disadvantage. A higher score on the index indicates that an area has attributes that measure advantage, such as a relatively high proportion of people with high incomes or a skilled workforce. It also means an area has a low proportion of people with variables that measure disadvantage, such as low incomes and relatively few unskilled people in the workforce.

Conversely, a low score on the index indicates that an area has a high proportion of individuals with variables that measure disadvantage, such as low incomes and more employees in unskilled occupations, and a low proportion of people with variables that measure advantage, such as high incomes or people in skilled occupations. Hence, the index offsets any disadvantage in an area with advantage.

Separation rates by quintile of advantage/disadvantage were generated by the AIHW by using the SEIFA scores for this study for the SLA of usual residence of the patient reported for each separation. The most disadvantaged quintile represents the areas containing the 20% of the population with the least advantage/most disadvantage and the most advantaged quintile represents the areas containing the 20% of the population with the least disadvantage/most advantage.'

Errors, inconsistencies and uncertainties

NHMD data are generally abstracted from records, entered and coded in hospitals, passed to state and territory health departments, then to the AIHW before being provided to the National Injury Surveillance Unit (NISU). Processing occurs at each of these steps. Errors and inconsistencies can arise due to the large number of people and processes involved in providing the data. Some variations occur in reporting and coding although Coding Standards, National Minimum Data Sets and other mechanisms have reduced this.

Quality of ICD-10-AM coded data

Taken from *Australian Hospital Statistics 2005–06. Appendix 1: Technical notes* (AIHW 2007: 288–9)

‘Diagnosis, procedure and external cause data for 2005–06 were reported to the NHMD by all states and territories using the fourth edition of the International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) (NCCH 2004).

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded, and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis.

The quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data, by the numbers of diagnosis and procedure codes reported and by assessment of apparent variation in the reporting of additional diagnoses. The comparability of the data can also be influenced by state-specific coding standards.’

List of tables

Table 1:	Risk-adjustment-model outcomes.....	15
Table 2:	AIHW Peer Groups	46
Table 3:	Selected descriptive statistics for the total sample of 2005–06 hospital separations	52
Table 4:	Selective descriptive statistics for the high-risk case group (80% of in-hospital mortality in 2005–06)	53
Table 5:	Selective descriptive statistics for the lower risk case group (20% of in-hospital mortality in 2005–06)	54
Table 6:	Selective descriptive statistics for the case group including 100% of in-hospital mortality in 2005–06	54
Table 7:	Odds ratios for the effect of each of the included covariates on 80% in-hospital mortality	55
Table 8:	Odds ratios for the effect of each of the included covariates on 20% in-hospital mortality	56
Table 9:	Odds ratios for the effect of each of the included covariates on 100% in-hospital mortality	57
Table 10:	c-statistic, pseudo R ² , and the change in pseudo R ² for subsets of the independent variables included in the RACM model for 80% in-hospital mortality.....	58
Table 11:	c-statistic, pseudo R ² , and the change in pseudo R ² for subsets of the independent variables included in the RACM model for 20% in-hospital mortality.....	58
Table 12:	c-statistic, pseudo R ² , and the change in pseudo R ² for subsets of the independent variables included in the RACM model for 100% in-hospital mortality.....	58
Table 13:	Hosmer-Lemeshow deciles of risk and the observed and expected numbers of cases (and non-cases) of in-hospital mortality for the high-risk group of deaths (using the RACM model).....	59
Table 14:	Hosmer-Lemeshow deciles of risk and the observed and expected numbers of cases (and non-cases) of in-hospital mortality for the lower risk group of deaths (using the RACM model).....	60
Table 15:	Hosmer-Lemeshow deciles of risk and the observed and expected numbers of cases (and non-cases) of in-hospital mortality for the group including all in-hospital deaths (using the RACM model).....	62
Table 16:	Observed and expected number of deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group A1	64
Table 17:	Observed and expected deciles of risk for 3 different models.....	75
Table 18:	Effect of increasing quintiles of SEIFA on the odds of in-hospital mortality	77
Table 19:	Mean HSMRs (and 95% confidence intervals) by financial year and peer group	80
Table 20:	Fixed and random effects and intra-class correlation coefficients for the multi-level models.....	82
Table 21:	Application of derived indicators to hospital peer group.....	91
Table A1.1:	Principal diagnosis codes occurring most frequently among in-hospital deaths in 2005–06.....	108

Table A2.1: Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group B1 110

Table A2.2: Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group C2 112

Table A2.3: Observed and expected deaths, HSMRs, 95% CIs, and the peer rankings for 80%, 20% and 100% of in-hospital deaths for peer group D1 115

List of figures

- Figure 1: Example of an s-shaped logistic curve..... 9
- Figure 2: Caterpillar plot of variation in point estimates in HSMR for peer group A1..... 33
- Figure 3: Caterpillar plot of variation in point estimates in HSMR for peer group B1 34
- Figure 4: Percentages of in-hospital mortality for each decile of risk for both the observed data and the data predicted by the logistic regression model for the high-risk group of cases accounting for 80% of in-hospital deaths 60
- Figure 5: Percentages of in-hospital mortality for each decile of risk for both the observed data and the data predicted by the logistic regression model for the lower risk group including the remaining 20% of in-hospital deaths..... 61
- Figure 6: Percentages of in-hospital mortality for each decile of risk for both the observed data and the data predicted by the logistic regression model for the group including all in-hospital deaths 62
- Figures 7, 8: HSMRs and ranks for peer group A1 hospitals..... 68
- Figure 9: Caterpillar plot of variation in point estimates in HSMR for peer group A1, 80% of in-hospital mortality 69
- Figure 10: Caterpillar plot of variation in point estimates in HSMR for peer group B1, 80% of in-hospital mortality 70
- Figure 11: Caterpillar plot of variation in point estimates in HSMR for peer group C2, 80% of in-hospital mortality 71
- Figure 12: Caterpillar plot of variation in point estimates in HSMR for peer group D1, 80% of in-hospital mortality 71
- Figure 13: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group A1, B1 and B2, 80% of in-hospital mortality 72
- Figure 14: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group A1, B1 and B2, 20% of in-hospital mortality 73
- Figure 15: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group A1, B1 and B2, 100% of in-hospital mortality 74
- Figure 16: Observed and predicted proportions of mortality by deciles of risk 76
- Figure 17: HSMR plots using the ERM model, the modified RACM model, and the RACM model..... 76
- Figure 18: Observed and predicted hospital-specific and group mean HSMRs by financial year and peer group: peer groups A1, A2, B1 and B2 83
- Figure 19: Observed and predicted hospital-specific and group mean HSMRs by financial year and peer group: peer groups C1 and C2..... 84
- Figure 20: Observed and predicted hospital-specific and group mean HSMRs by financial year and peer group: peer groups D1, D2 and D3 85
- Figure 21: Regional HSMR reporting by the Canadian Institute for Health Information (Taken from the report 'HSMR: a new approach for measuring hospital mortality trends in Canada.' CIHI 2007)..... 92
- Figure A3.1: Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group C1, and C2, 80% of in-hospital mortality..... 121

Figure A3.2:	Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group C1, and C2, 20% of in-hospital mortality.....	122
Figure A3.3:	Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group C1, and C2, 100% of in-hospital mortality.....	123
Figure A3.4:	Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group D1, D2 and D2, 80% of in-hospital mortality	124
Figure A3.5:	Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group D1, D2 and D3, 20% of in-hospital mortality	125
Figure A3.6:	Variation in HSMRs according to the expected number of deaths and the size of the institution, peer group D1, D2 and D3, 20% of in-hospital mortality	126
Figure A4.1.	Caterpillar plots: variations of format and scaling.....	127
Figure A4.2.	Three presentations of transposed log-scaled caterpillar plots	129