# 6.9 Average length of stay for stroke patients aged 65 years and over, major and large public hospitals, 2012–13

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## 6.9 Average length of stay for stroke patients aged 65 years and over, major and large public hospitals, 2012–13

## Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Stroke average length of stay in hospital by peer group, 65 years and over, 2012- 13
Synonymous names:	ALOS stroke
METEOR identifier:	601266
Registration status:	<u>National Health Performance Authority (retired)</u> , Retired 01/07/2016 <u>Australian Commission on Safety and Quality in Health Care</u> , Standard 23/11/2016
Description:	Average (mean) length of stay (number of days) for multi-day stay stroke patients aged 65 years and over, major and large public hospitals, 2012-13
Indicator set:	Australian Atlas of Healthcare Variation Australian Commission on Safety and Quality in Health Care, Standard 23/11/2016 National Health Performance Authority (retired), Retired 01/07/2016

## Collection and usage attributes

Population group age	65 years and over
from:	

Computation description: Presented as the average number of days, by hospital

Only hospitals in the major and large peer groups and which had at least 10 separations were included in the analysis. For more information about these peer groups see <u>/content/index.phtml/itemld/584666</u>

To calculate the average length of stay the key unit that records information about a patient's stay in hospital is called an 'episode of admitted patient care'. This records information about the patient and the care they received in hospital, including:

- Sex
- Diagnosis
- Procedure type
- Date of admission and
- Date of separation/discharge.

#### **Exclusions:**

The average length of stay indicator relates only to acute patients with a multi-day, or overnight, stay. The following episodes of care are excluded from all reported measures:

- Same day episodes, i.e. patients admitted and discharged on the same day
- · Episodes for non-acute care
- Episodes where the patient died Episodes where the patient transferred to another facility within 2 days.

#### Outlier removal:

	Episodes determined to be extreme long stay outliers were removed. Outlier bounds are derived for each AR-DRG. The method selected for deriving national level outlier bounds uses the inter-quartile ranges as the guide for outlier exclusion. The method of detecting extreme outliers (mEO) is as follows:
	$mEO = Q_3 + k^*(Q_3 - Q_1)$
	Where
	Q <sub>1</sub> equals the 25 <sup>th</sup> percentile value
	Q <sub>3</sub> equals the 75 <sup>th</sup> percentile value
	k equals non-negative values of a constant.
	Sensitivity analysis was conducted to identify k and resulted in k=10 being selected.
Computation:	Numerator ÷ denominator
Numerator:	Number of overnight bed days at major and large public hospitals attributable to stroke in patients aged 65 years and over in 2012-13.
Numerator data elements:	Data Element / Data Set
	Person—date of birth, DDMMYYYY
	Data Source
	National Hospital Morbidity Database (NHMD)
	NMDS / DSS
	Admitted patient care NMDS 2012-13
	Guide for use
	Data source type: Administrative by-product data
	Used to calculate 65 years and over age group.

#### -Data Element / Data Set-

Episode of admitted patient care—length of stay (including leave days), total N[NN]

#### Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2012-13

Guide for use

Data source type: Administrative by-product data

#### Data Element / Data Set-

Episode of care—additional diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}

Data Source

National Hospital Morbidity Database (NHMD)

NMDS / DSS

Admitted patient care NMDS 2012-13

Guide for use

Inclusion codes for Principal diagnosis and sequenced as one of the first two additional diagnoses:

ICD-10-AM (7th edn) code	Description
<b>I</b> 61.0	Intracerebral haemorrhage in hemisphere, subcortical
161.1	Intracerebral haemorrhage in hemisphere, cortical
161.2	Intracerebral haemorrhage in hemisphere, unspecified
161.3	Intracerebral haemorrhage in brain stem
161.4	Intracerebral haemorrhage in cerebellum
161.5	Intracerebral haemorrhage, intraventricular
161.6	Intracerebral haemorrhage, multiple localised
161.8	Other intracerebral haemorrhage
161.9	Intracerebral haemorrhage, unspecified
162.9	Intracranial haemorrhage (non-traumatic), unspecified
163.0	Cerebral infarction due to thrombosis of precerebral arteries
163.1	Cerebral infarction due to embolism of precerebral arteries
163.2	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
163.3	Cerebral infarction due to thrombosis of cerebral arteries
163.4	Cerebral infarction due to embolism of cerebral arteries

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163.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
163.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
163.8	Other cerebral infarction
163.9	Cerebral infarction, unspecified
164	Stroke, not specified as haemorrhage or infarction, Cerebrovascular accident NOS

Data source type: Administrative by-product data

	Data Element / Da	ita Set
	Episode of care—p	principal diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}
	Data Source	
	National Hospital M	lorbidity Database (NHMD)
	NMDS / DSS	
	Admitted patient ca	Ire NMDS 2012-13
Denominator:		tays in hospital for people aged 65 years and over
Denominator data	Data Element / Data Set	
elements:	Episode of care—a	additional diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]}
	NMDS / DSS	
	Admitted patient ca	IRE NMDS 2012-13
	Guide for use	
		<b>_</b>
	first two additiona	or Principal diagnosis and sequenced as one of the I diagnoses:
	ICD-10-AM (7th edn) code	Description
	161.0	Intracerebral haemorrhage in hemisphere, subcortical
	l61.1	Intracerebral haemorrhage in hemisphere, cortical
	161.2	Intracerebral haemorrhage in hemisphere, unspecified
	l61.3	Intracerebral haemorrhage in brain stem
	161.4	Intracerebral haemorrhage in cerebellum
	161.5	Intracerebral haemorrhage, intraventricular
	161.6	Intracerebral haemorrhage, multiple localised
	161.8	Other intracerebral haemorrhage
	161.9	Intracerebral haemorrhage, unspecified
	162.9	Intracranial haemorrhage (non-traumatic), unspecified
	163.0	Cerebral infarction due to thrombosis of precerebral

163.1

arteries

arteries

Cerebral infarction due to embolism of precerebral

163.2	Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries
163.3	Cerebral infarction due to thrombosis of cerebral arteries
163.4	Cerebral infarction due to embolism of cerebral arteries
163.5	Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries
163.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
163.8	Other cerebral infarction
163.9	Cerebral infarction, unspecified
164	Stroke, not specified as haemorrhage or infarction, Cerebrovascular accident NOS

	Data Element / Data Set	
	Episode of care—principal diagnosis, code (ICD-10-AM 7th edn) ANN{.N[N]} NMDS / DSS Admitted patient care NMDS 2012-13	
Disaggregation:	Disaggregation is by:	
	<ul> <li>Australian public hospital</li> <li>Hospital peer group (major and large only). For more information about the hospital peer groups see <u>/content/index.phtml/itemld/584666</u></li> </ul>	
Disaggregation data	Data Element / Data Set	
elements:	Establishment—organisation identifier (state/territory), NNNNN	
	Data Source	
	National Hospital Morbidity Database (NHMD)	
	NMDS / DSS	
	Admitted patient care NMDS 2012-13	
	Guide for use	
	Data source type: Administrative by-product data	
	Used for disaggregation by Statistical Areas Level 3.	

#### -Data Element / Data Set-

Hospital-hospital peer group, modified code N

## **Representational attributes**

Representation class: N

Mean (average)

Data type:	Time period
Unit of measure:	Time (e.g. days, hours)
Format:	Days, rounded to 1dp

## Data source attributes

Data sources:	Data Source
	National Hospital Morbidity Database (NHMD)
	Frequency
	Annual
	Data custodian
	Australian Institute of Health and Welfare

## Accountability attributes

Reporting requirements:	Australian Commission of Safety and Quality in Health Care's Atlas of Healthcare Variation, released November 2015
Organisation responsible for providing data:	Australian Institute of Health and Welfare
Accountability:	Australian Commission of Safety and Quality in Health Care

### Source and reference attributes

Submitting organisation: National Health Performance Authority