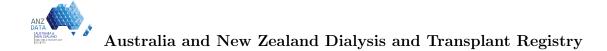


# DIALYSIS HOSPITAL REPORT

## 2018 - 2023

PUBLISHED September 2024 From the ANZDATA Database last surveyed on 31st December 2023



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#### 1 Introduction

This report is an abridged version of the dialysis hospital report, prepared for general distribution. Individual hospital reports are also created, which contain more detailed information about the characteristics and outcomes within each hospital.

The data are based on reports to the ANZDATA Registry. Interpretation of these results must take into account both the limitations of the methodology and the context. There is considerable literature about interpretation of results from many fields, and further information can be provided for those seeking to better understand the results.

The results presented here are estimates of true values and are subject to random variation. Confidence intervals are used to present this variability. To account for the multiple comparisons made between centres, 95% false discovery rate (FDR) confidence intervals are used.

Another key limitation is the potential for factors other than those measured, which may be outside the control of treating hospitals, to affect results. This is known as residual confounding. Despite the inclusion of many factors related to patients and their care, most models predict only around 70% of the variation in dialysis outcomes. ANZDATA results are consistent with international experience in this regard.

How then should results suggesting a hospital's results are inferior to expectation be interpreted? Perhaps the best approach is to consider them as signals for looking at a deeper level, bearing in mind that it may well be that the effects seen are driven by factors unrelated to the quality of care or beyond the control of individual hospitals (eg, chance, unmeasured confounders, or natural variation).

### 2 Changes from Previous Reports

Note the following change has been made for this report:

- ANZDATA has commenced using an annual linkage to the Australian National Death Index to identify deaths that have not been reported. This may have increased mortality rates and deaths without a cause of death reported. See the Technical Updates Report for more details.

### 3 Standardised Mortality Ratios

The standardised mortality ratio (SMR) is the ratio of observed deaths to expected deaths within each hospital. The expected deaths values for each hospital are obtained using multi-variate modelling and the characteristics of patients in each hospital. A Poisson regression,



including a random effect for each hospital, was used to obtain the regression coefficents predicting death, and the predicted probability of death for each patient was calculated. The expected number of deaths was defined as the number of deaths expected if the patients treated at that hospital had instead been assigned at random to any hospital in Australia and New Zealand, with the random assignment weighted by hospital size. For each patient, predicted mortality probabilities had that patient been treated in each available hospital were calculated, then a weighted average was taken. These weighted average predicted probabilities were then summed over the patients within each hospital, resulting in the expected number of deaths. The standard error of the SMRs were estimated using 500 bootstrapped samples. The SMRs are presented with 95% false discovery rate (FDR) confidence intervals, that account for the multiple comparisons made between centres. The expected proportion of centres identified falsely by lying outside their confidence interval is 0.05. The impact of each variable in the Poisson model in contributing to the expected mortality across all hospitals (incidence rate ratios) are presented in section 3.3.

All patients aged  $\geq 18$  years who commenced dialysis during 2018-2023 and remained on dialysis for more than 90 days were included in the model. Follow-up continued until first transplant, recovery of renal function lasting >30 days, death or most recent date of follow-up. Missing values for comorbidities were recoded to the comorbidity being absent. Following the comorbidities being recoded, some observations still had missing values (n=629) for one or more predictor variables and these cases were excluded. Dialysis modality is defined at the 90th day of treatment. Hospital is defined as the last recorded hospital for each patient.

#### 3.1 SMRs

The following tables present the standardised mortality ratios (SMRs) for all hospitals in Australia and New Zealand. The expected number of deaths was obtained from a Poisson regression adjusted for various demographic and health indicators.

	Hospital Name	No. Patients <sup>*</sup>	No. Deaths	No. Expected	SMR (95% FDR CI)
1	Access Nephrology	35(0)	9	10.2	0.88(0.34-2.30)
2	Alfred Hospital	334(20)	83	89.1	0.93 (0.68-1.28)
3	Alice Springs Hospital	323(20)	57	63.9	0.89(0.62-1.28)
4	Austin Hospital	330(1)	69	84.3	0.82(0.58-1.16)
5	Bathurst Base Hospital	30(0)	10	7.0	1.43(0.58-3.57)
6	Bendigo Hospital	120(1)	31	38.5	0.80(0.48-1.34)
7	Bundaberg Hospital	83 (0)	23	25.0	0.92(0.52-1.62)
8	Cairns Hospital	378 (1)	108	100.4	1.08 (0.80-1.45)
9	Cairns Private Hospital	21 (0)	8	7.6	1.06 (0.39-2.86)
10	Canberra Hospital	322(1)	87	84.1	1.03(0.78-1.38)
11	Central Northern Adelaide Renal Service	916 (10)	202	208.8	0.97(0.80-1.17)
12	Chermside Dialysis Centre	61(0)	21	17.4	1.21(0.62-2.36)
13	Coffs Harbour Hospital	81 (20)	18	19.2	$0.94 \ (0.49-1.78)$
14	Concord Repatriation General Hospital	182 (2)	44	59.3	0.74(0.48-1.14)
15	Diamond Valley B.Braun Renal Care Centre	36(0)	13	14.9	0.87(0.42 - 1.81)
16	Dubbo Base Hospital	68(1)	12	21.9	0.55(0.23-1.30)
17	Eastern Health Integrated Renal Services	303(2)	63	90.6	0.70(0.49-0.99)
18	Epworth Eastern Hospital	44 (0)	17	17.8	0.96(0.45-2.03)
19	Epworth Geelong Hospital	23(0)	7	9.2	0.76(0.27-2.18)
20	Epworth Richmond Hospital	33 (2)	8	12.5	0.64(0.22-1.84)
21	Fiona Stanley Hospital	758 (85)	188	166.3	1.13 (0.93-1.38)
22	Flinders Medical Centre	293 (1)	74	70.7	1.05(0.77-1.43)
23	Forest Hill Dialysis Centre	52 (1)	21	26.2	0.80 (0.45-1.44)

Table 1: SMRs for Australian hospitals

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 $^{\ast}$  The number in brackets is the number of patients excluded from Poisson regression due to missing data

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	Hospital Name	No. Patients <sup>*</sup>	No. Deaths	No. Expected	SMR (95% FDR CI)
24	Gold Coast Private Hospital	59(0)	28	22.6	1.24 (0.76-2.02)
25	Gold Coast University Hospital	298(5)	68	90.8	$0.75 \ (0.52 - 1.07)$
26	Gosford Hospital	240(0)	88	67.3	$1.31 \ (0.99-1.72)$
27	Gregory Hills B.Braun Renal Care Centre	33~(0)	1	7.7	0.13 (0.02 - 0.80)
28	Henry Dalziel Dialysis Clinic - Greenslopes	136(0)	34	32.0	$1.06\ (0.67-1.69)$
29	Hervey Bay Hospital	93~(0)	22	23.1	$0.95 \ (0.50-1.82)$
30	Ipswich Hospital	110(2)	25	19.1	$1.31 \ (0.76-2.28)$
31	John Flynn Private Hospital	57(0)	22	14.6	$1.51 \ (0.74-3.05)$
32	John Hunter Hospital	372(1)	108	103.9	$1.04 \ (0.80-1.36)$
33	Launceston General Hospital	167(2)	35	34.5	$1.01 \ (0.62 - 1.65)$
34	Lismore Base Hospital	113(0)	29	35.6	0.82(0.48-1.38)
35	Lismore St Vincent's Private Dialysis Centre	22(1)	6	10.1	0.60(0.20-1.80)
36	Liverpool Private Dialysis Centre	27~(0)	4	9.9	0.40(0.10-1.64)
37	Mackay Base Hospital	134(1)	39	33.2	1.17(0.80-1.73)
38	Malvern Dialysis Centre	81(0)	30	31.2	$0.96 \ (0.55 - 1.67)$
39	Manning Rural Hospital	57(2)	13	14.8	0.88(0.41 - 1.85)
40	Mater Hospital, Brisbane	87(1)	15	25.1	0.60(0.27-1.33)
41	Mater Hospital, North Sydney	34(1)	6	15.5	0.39(0.09-1.66)
42	Mater Hospital, Townsville	39(1)	13	12.9	$1.01 \ (0.47-2.18)$
43	Mayo Private Hospital	21(2)	7	8.6	$0.81 \ (0.24-2.77)$
44	Monash Medical Centre	865(14)	169	204.8	$0.83 \ (0.67-1.02)$
45	Morayfield B.Braun Renal Care Centre	9(0)	3	4.5	$0.66\ (0.17-2.52)$
46	Mount Isa Base Hospital	40(4)	7	13.2	$0.53 \ (0.17 - 1.66)$
47	Nambour Selangor Private Hospital	12(1)	4	3.8	1.06(0.39-2.87)
48	Newcastle Dialysis Centre	49(0)	19	17.6	1.08(0.63-1.83)
49	North Lakes Dialysis Centre	46(0)	20	14.2	$1.41 \ (0.75 - 2.63)$
50	North Melbourne B.Braun Renal Care Centre	20(1)	4	6.2	0.65 (0.09-4.43)
51	Northern Health Service Melbourne	232(34)	40	52.9	0.76(0.50-1.15)
52	Orange Health Service	67(2)	15	13.9	1.08(0.54-2.13)

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 $^{*}$  The number in brackets is the number of patients excluded from Poisson regression due to missing data

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	Hospital Name	No. Patients <sup>*</sup>	No. Deaths	No. Expected	SMR $(95\%$ FDR CI)
53	Pindara Renal Unit	33(0)	13	10.3	1.26(0.63-2.54)
54	Port Macquarie Base Hospital	75(1)	17	19.0	0.89(0.51-1.57)
55	Port Macquarie Private Hospital	21 (0)	10	4.7	2.13(1.10-4.10)
56	Princess Alexandra Hospital	597(2)	136	121.7	1.12(0.89-1.40)
57	Rockhampton Hospital	115(4)	43	41.3	$1.04\ (0.67-1.62)$
58	Royal Brisbane And Women's Hospital	401(31)	101	93.0	1.09(0.83-1.42)
59	Royal Darwin Hospital	392(19)	111	79.8	1.39(1.08-1.80)
60	Royal Hobart Hospital	132(1)	39	31.0	1.26(0.82 - 1.92)
61	Royal North Shore Hospital	356(14)	60	88.0	$0.68 \ (0.49 - 0.95)$
62	Royal Perth Hospital	609(9)	160	159.7	1.00(0.81-1.24)
63	Royal Prince Alfred Hospital	274(4)	43	75.8	$0.57 \ (0.38-0.85)$
64	Sir Charles Gairdner Hospital	604(9)	155	159.9	0.97(0.78-1.21)
65	South Eastern Private Hospital Dialysis Centre	21(1)	1	5.7	0.18(0.03-0.91)
66	South West Sydney Renal Service	797(2)	192	204.4	$0.94 \ (0.77 - 1.14)$
67	St Andrew's Ipswich Private Hospital	52(0)	15	16.1	0.93(0.47-1.84)
68	St Andrew's Toowoomba B.Braun's Dialysis Clinic	24(0)	10	5.5	1.80(0.59-5.51)
69	St George Hospital	260(0)	63	71.9	$0.88 \ (0.61 - 1.25)$
70	St Vincent's Hospital (NSW)	138(1)	31	45.4	0.68(0.42 - 1.12)
71	St Vincent's Hospital (VIC)	333~(0)	80	102.7	$0.78 \ (0.57 - 1.06)$
72	Sunshine Coast University Hospital	185(1)	32	48.5	0.66(0.40-1.09)
73	Sunshine Coast University Private Hospital (Ramsay)	28(1)	7	8.3	0.84(0.28-2.54)
74	Sunshine Private Dialysis Centre - Fresenius	30(5)	7	10.5	0.67(0.21-2.11)
75	Sydney Adventist Hospital	52(0)	17	24.4	$0.70 \ (0.31 \text{-} 1.55)$
76	Tamworth Hospital	113(3)	28	22.7	1.23(0.73-2.09)
77	The Prince Of Wales Hospital	126(7)	35	33.5	$1.05 \ (0.65 - 1.68)$
78	The Royal Melbourne Hospital	715(38)	139	138.2	$1.01 \ (0.79-1.28)$
79	The Wesley Hospital Brisbane	96(47)	6	6.4	$0.94 \ (0.29-3.04)$
80	Toowoomba Hospital	162~(6)	42	33.5	1.25(0.82 - 1.91)
81	Torres & Cape Kidney Health	38(0)	3	9.0	$0.33 \ (0.05 - 2.15)$

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 $^{*}$  The number in brackets is the number of patients excluded from Poisson regression due to missing data

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	Hospital Name	No. Patients <sup>*</sup>	No. Deaths	No. Expected	SMR (95% FDR CI)
82	Townsville University Hospital	243(10)	51	63.5	0.80(0.53-1.21)
83	Tweed Valley Hospital	82(2)	24	23.4	1.02(0.55 - 1.92)
84	University Hospital Geelong Barwon Health	177(0)	41	43.2	0.95(0.63 - 1.43)
85	Wagga Wagga Base Hospital	150(10)	34	38.8	0.88(0.54-1.42)
86	Western Health Service	414(0)	77	111.7	0.69(0.51-0.94)
87	Western Renal Service	1061(2)	270	272.8	0.99(0.84-1.17)
88	Wollongong Hospital	240(14)	61	57.7	1.06(0.74-1.51)

 $^{*}$  The number in brackets is the number of patients excluded from Poisson regression due to missing data

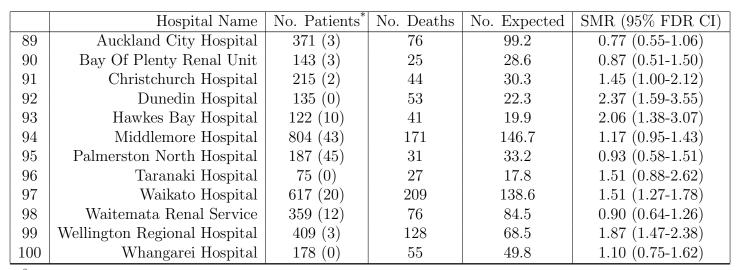


Table 2: SMRs for New Zealand hospitals

<sup>\*</sup> The number in brackets is the number of patients excluded from Poisson regression due to missing data

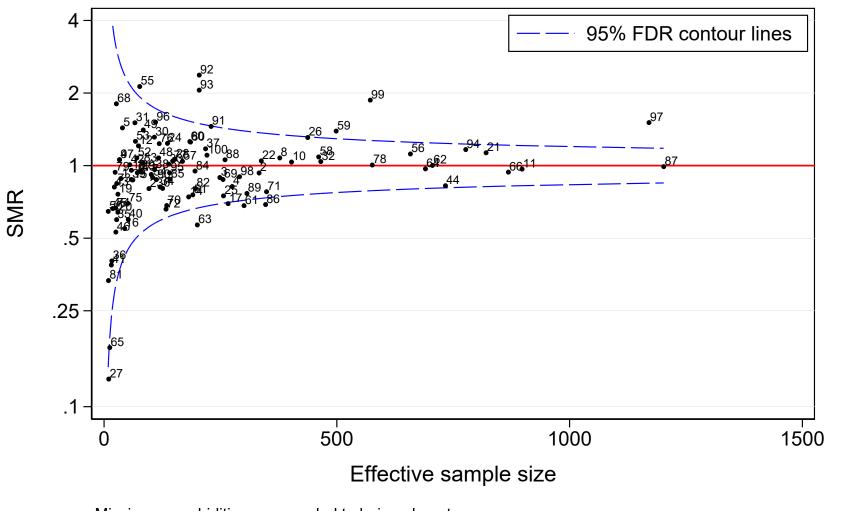


#### 3.2 Funnel Plot

This funnel plot shows the SMRs for all hospitals on a logarithmic scale (y-axis) plotted against the effective sample size (x-axis). Hospitals with an SMR of 0 are not shown. The red line indicates an SMR of 1, and the contours indicate 95% FDR confidence intervals. If a hospital lies within the confidence intervals then that hospital has an observed to expected ratio that is statistically consistent (at a 5% FDR level) with 1 (i.e. there is no statistical difference in the number of observed and expected events). If a hospital lies above the upper control lines, this indicates that the number of observed deaths is statistically greater than the number expected under the model. Conversely, if a hospital lies below the lines, this indicates statistically fewer observed deaths than expected under the model. The SMR is presented on a logarithmic scale as confidence intervals for the logarithm of the SMR (log-SMR) have better coverage properties. The effective sample size measures the variability of each log-SMR relative to the overall variability of all log-SMRs.

In interpreting the SMR and funnel plots it should be borne in mind that the precision of these estimates is strongly influenced by the number of patients in a hospital. As such, smaller hospitals will have less precise estimates and greater uncertainty about where the true effect lies. This is shown in wider confidence intervals for the SMR estimates and likely greater change in these estimates as they are updated over time.

Note that the numbers identifying hospitals in the funnel plot below correspond to the first column in SMR tables.



Missing comorbidities are recoded to being absent Observations with other missing values are dropped from the model

#### 3.3 Poisson Model Coefficients

Table 3: Poisson regression	model incidence rate ratios	(IRR)
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	IRR	95% CI
Era of Treatment Start		
2018-2019	ref.	
2020-2021	1.077	(1.012 - 1.146)
2022-2023	1.030	(0.936 - 1.132)
Time Since Beginning Dialysis		
0-0.99 years	ref.	
1-1.99 years	1.257	(1.169 - 1.352)
2-2.99 years	1.583	(1.459 - 1.717)
3+ years	2.050	(1.881 - 2.233)
Age	1.031	(1.028 - 1.033)
Male	1.019	(0.960 - 1.082)
Diabetes (as comorbidity)	1.208	(1.106 - 1.319)
Chronic Lung Disease	1.282	(1.195 - 1.376)
Peripheral Vascular Disease	1.300	(1.215 - 1.391)
Cerebrovascular Disease	1.153	(1.065 - 1.249)
Coronary Artery Disease	1.383	(1.301 - 1.470)
Current or Former Smoker	1.129	(1.065 - 1.196)
Late Referral	1.349	(1.252 - 1.453)
BMI		
Underweight	1.196	(1.003 - 1.426)
Normal	ref.	
Overweight	0.820	(0.763 - 0.882)
Obese	0.767	(0.714 - 0.823)
Primary Kidney Disease		
Glomerular Disease	ref.	
Diabetic kidney disease	1.771	(1.602 - 1.957)
Hypertension / Renal vascular disease	1.277	(1.139 - 1.431)
Familial / hereditary kidney diseases	0.680	(0.556 - 0.832)
Tubulointerstitial disease	1.428	(1.244 - 1.639)
Other systemic diseases affecting the kidney	2.447	(2.068 - 2.895)
Miscellaneous kidney disorders	1.510	(1.338 - 1.704)