

11 Sub- and non-acute admitted patient care

This chapter presents information on sub- and non-acute admitted patient care provided by public and private hospitals in Australia, sourced from the AIHW's National Hospital Morbidity Database (NHMD).

What data are reported?

Sub- and non-acute admitted patient care includes the following categories:

- *Rehabilitation care* – care in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. It is usually evidenced by a multi-disciplinary rehabilitation plan comprising negotiated goals and indicative time frames which are evaluated by a periodic assessment using a recognised functional assessment measure.
- *Palliative care* – care in which the clinical intent or treatment goal is primarily quality of life for a patient with an active, progressive disease with little or no prospect of cure. It is usually evidenced by an interdisciplinary assessment and/or management of the physical, psychological, emotional and spiritual needs of the patient; and a grief and bereavement support service for the patient and their carers/family.
- *Geriatric evaluation and management* – care in which the clinical intent or treatment goal is to maximise health status and/or optimise the living arrangements for a patient with multi-dimensional medical conditions associated with disabilities and psychosocial problems, who is usually (but not always) an older patient.
- *Psychogeriatric care* – care in which the clinical intent or treatment goal is improvement in health, modification of symptoms and enhancement in function, behaviour and/or quality of life for a patient with an age-related organic brain impairment with significant behavioural or late onset psychiatric disturbance or a physical condition accompanied by severe psychiatric or behavioural disturbance.
- *Maintenance care* – care in which the clinical intent or treatment goal is prevention of deterioration in the functional and current health status of a patient with a disability or severe level of functional impairment.

The term 'Non-acute' has been used throughout the text to refer to both sub-acute and non-acute care.

Box 11.1 What are the limitations of the data?

As these data are sourced from the NHMD, when interpreting these data, the data limitations presented in *Chapter 7* and *Appendix 1* should be taken into consideration.

In addition, it should be noted that there is some variation among jurisdictions in the assignment of care types, and this may affect the comparability of the data.

Box 11.2 What methods were used?

Readers should note the following:

- (a) In this chapter, separations are included if the care type was reported as *Rehabilitation care, Palliative care, Geriatric evaluation and management, Psychogeriatric care* or *Maintenance care*.
- (b) In some tables in this chapter, the category 'Other non-acute care' includes the care types: *Geriatric evaluation and management, Psychogeriatric care* and *Maintenance care*.
- (c) The overall quality of the data provided for Indigenous status in 2008–09 is considered to be in need of some improvement, being considered acceptable for analysis purposes for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory (see *Appendix 1*).

For details of other methods used in this chapter, see *Chapter 7*.

How has activity changed over time?

Between 2004–05 and 2008–09, the number of separations for non-acute care (in all hospitals) increased by 9.7% per year. Over this period, the average rate of increase was higher in private hospitals (17.1%) than in public hospitals (3.9%). In particular, *Rehabilitation care* in private hospitals increased by an average of 18.9% per year between 2004–05 and 2008–09 (Table 11.1).

Table 11.1: Non-acute separations by care type, public and private hospitals, 2004–05 to 2008–09

	2004–05	2005–06	2006–07	2007–08	2008–09	Change (per cent)	
						Ave since 2004–05	Since 2007–08
Public hospitals							
Rehabilitation	65,513	67,685	70,822	75,446	77,875	4.4	3.2
Palliative care	20,624	20,342	21,785	21,598	24,262	4.1	12.3
Maintenance care	12,950	13,915	14,670	14,813	18,307	9.0	23.6
Psychogeriatric care	4,227	4,583	4,695	4,494	4,394	1.0	-2.2
Geriatric evaluation and management	20,798	19,750	19,093	19,211	19,637		
<i>Total</i>	<i>124,112</i>	<i>126,275</i>	<i>131,065</i>	<i>135,562</i>	<i>144,475</i>	<i>3.9</i>	<i>6.6</i>
Private hospitals							
Rehabilitation	69,032	83,842	96,401	115,659	137,946	18.9	19.3
Palliative care	4,502	5,399	6,488	5,766	5,281	4.1	-8.4
Maintenance care	1,030	766	780	87	113	-42.4	29.9
Psychogeriatric care	4,550	10,831	6,138	6,857	6,579	9.7	-4.1
Geriatric evaluation and management	1,694	2,305	1,636	1,699	2,004	4.3	18.0
<i>Total</i>	<i>80,808</i>	<i>103,143</i>	<i>111,443</i>	<i>130,068</i>	<i>151,923</i>	<i>17.1</i>	<i>16.8</i>
Total	204,920	229,418	242,508	265,630	296,398	9.7	11.6

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

(a) Annual average change, not adjusted for changes in coverage and recategorisation of hospitals as public or private.

Similar information by hospital type is available on the CD and on the Internet at <www.aihw.gov.au>.

How much activity was there in 2008–09?

Overall, 3.6% of separations in 2008–09 were non-acute separations (Table 11.2). However, there was some variation between states and territories in the proportion of separations that were for non-acute care. For public hospitals, the proportion ranged from 1.2% in the Northern Territory to 6.6% in the Australian Capital Territory. Over half of non-acute separations occurred in private hospitals. The proportion of separations that was non-acute in private hospitals ranged from 1.1% in Western Australia to 9.1% in New South Wales.

Table 11.2: Non-acute separations, public and private hospitals, states and territories, 2008–09

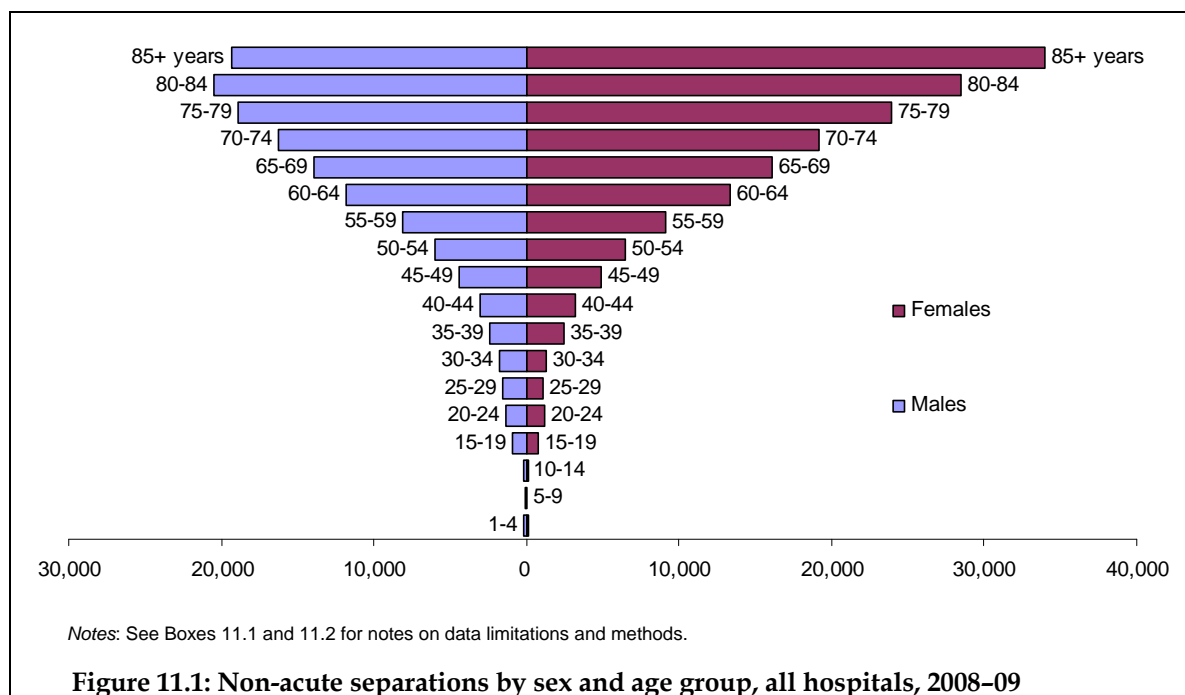
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	44,467	34,526	30,036	13,484	11,418	2,145	5,956	1,155	143,187
Public psychiatric hospitals	686	0	403	3	196	0	1,288
<i>Total</i>	<i>45,153</i>	<i>34,526</i>	<i>30,439</i>	<i>13,487</i>	<i>11,614</i>	<i>2,145</i>	<i>5,956</i>	<i>1,155</i>	<i>144,475</i>
<i>Non-acute as a proportion of all public hospital separations</i>	<i>3.0</i>	<i>2.5</i>	<i>3.4</i>	<i>2.9</i>	<i>3.1</i>	<i>2.3</i>	<i>6.6</i>	<i>1.2</i>	<i>3.0</i>
Private hospitals									
Private free-standing day hospital facilities	0	0	1,343	0	0	n.p.	n.p.	n.p.	1,343
Other private hospitals	82,567	20,538	27,462	4,043	12,763	n.p.	n.p.	n.p.	150,580
<i>Total</i>	<i>82,567</i>	<i>20,538</i>	<i>28,805</i>	<i>4,043</i>	<i>12,763</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>151,923</i>
<i>Non-acute as a proportion of all private hospital separations</i>	<i>9.1</i>	<i>2.5</i>	<i>3.5</i>	<i>1.1</i>	<i>5.0</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4.7</i>
All hospitals	127,720	55,064	59,244	17,530	24,377	n.p.	n.p.	n.p.	296,398
Non-acute as a proportion of all hospital separations	5.3	2.5	3.5	2.1	3.9	n.p.	n.p.	n.p.	3.6

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Who used these services?

Sex and age group

Females accounted for more than half (55.9%) of non-acute separations (Figure 11.1). However, there were more non-acute separations for males than females in the age groups from 0 to 34 years. Females accounted for more separations than males in all other age groups. Persons aged 60 years and over accounted for more than three quarters of all non-acute separations.



Aboriginal and Torres Strait Islander people

Box 11.3 Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2008-09 for admitted patient care varied by jurisdiction. See *Chapter 7* and *Appendix 1* for more information on the quality of Indigenous data in the NHMD.

Separations for Aboriginal and Torres Strait Islander people are likely to be under-enumerated. It should also be noted that data presented for the six jurisdictions with data of acceptable quality for analysis purposes are not necessarily representative of the jurisdictions excluded.

Nationally, 1.0% of all non-acute separations reported an Indigenous status of *Aboriginal and/or Torres Strait Islander*. The proportion of separations that were for *Indigenous Australians* varied across the states and territories (Table 11.3).

In 2008-09, there were 11.8 non-acute separations per 1,000 population for *Indigenous Australians*, about 90% of the rate for *Other Australians* (13 per 1,000). *Indigenous Australians* had lower separation rates for *Rehabilitation care* than *Other Australians* (6.0 per 1,000 and 9.6 per 1,000, respectively). *Indigenous Australians* had higher separation rates for *Palliative care* and *Other non-acute care* than *Other Australians*.

Table 11.3: Non-acute separations, by Indigenous status, selected states and territories^(a), 2008–09

	NSW	Vic	Qld	WA	SA	NT	Total	Separations per 1,000 population
Indigenous Australians								
Rehabilitation	336	83	725	322	64	115	1,645	6.0
Palliative care	98	26	159	85	7	54	429	2.0
Other non-acute care	123	23	300	154	26	192	818	3.7
<i>Total</i>	<i>557</i>	<i>132</i>	<i>1,184</i>	<i>561</i>	<i>97</i>	<i>361</i>	<i>2,892</i>	<i>11.8</i>
Other Australians^(b)								
Rehabilitation	108,096	27,334	42,144	9,994	19,327	286	207,181	9.6
Palliative care	9,681	6,132	7,247	3,316	1,512	298	28,186	1.3
Other non-acute care	9,386	21,466	8,669	3,659	3,441	210	46,831	2.2
<i>Total</i>	<i>127,163</i>	<i>54,932</i>	<i>58,060</i>	<i>16,969</i>	<i>24,280</i>	<i>794</i>	<i>282,198</i>	<i>13.0</i>
Total	127,720	55,064	59,244	17,530	24,377	1,155	285,090	13.0

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

(a) Excludes data for Tasmania and the Australian Capital Territory and private hospitals in the Northern Territory.

(b) *Other Australians* includes separations for which Indigenous status was *Not reported*.

Remoteness area

There was marked variation in the separation rates for non-acute admitted patient care by remoteness area of usual residence. Overall, people usually resident in *Major cities* had much higher rates for *Rehabilitation care* than other areas (11.5 separations per 1,000 population, compared with 9.4 per 1,000 nationwide) (Table 11.4). The separation rate ratios (SRR) and the 95% confidence intervals applying to the SRRs indicate that the differences in the separation rates for *Rehabilitation care* across remoteness areas were statistically significant for both public and private hospitals.

For public hospitals, the rate of *Rehabilitation care* varied from 2.4 per 1,000 population for people residing in *Outer regional* areas to 3.7 per 1,000 for people residing in *Major cities* (Table 11.4). There were more marked variations for private hospitals, with the rate of *Rehabilitation care* ranging from 1.0 per 1,000 in *Very remote* areas to 7.8 per 1,000 in *Major cities*.

Table 11.4: Selected non-acute separation statistics, by remoteness area of usual residence, public and private hospitals, 2008–09

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total ^(a)
Public hospitals						
Rehabilitation						
Separations	57,728	13,478	5,227	673	316	77,875
Separation rate	3.7	2.7	2.4	2.5	2.5	3.4
Standardised separation rate ratio (SRR)	1.10	0.80	0.71	0.74	0.74	
95% confidence interval of SRR	1.10–1.11	0.79–0.82	0.69–0.72	0.68–0.79	0.66–0.82	
Palliative care						
Separations	16,102	5,100	2,599	272	129	24,262
Separation rate	1.0	1.0	1.2	1.0	1.2	1.0
Standardised separation rate ratio (SRR)	1.00	0.94	1.11	0.92	1.15	
95% confidence interval of SRR	0.98–1.01	0.92–0.97	1.06–1.15	0.81–1.03	0.96–1.35	
Other non-acute care						
Separations	27,603	8,806	4,681	542	527	42,338
Separation rate	1.7	1.7	2.1	2.3	5.8	1.8
Standardised separation rate ratio (SRR)	0.97	0.94	1.20	1.28	3.24	
95% confidence interval of SRR	0.96–0.98	0.92–0.96	1.17–1.23	1.17–1.39	2.97–3.52	
Total						
Separations	101,433	27,384	12,507	1,487	972	144,475
Separation rate	6.5	5.4	5.7	5.7	9.5	6.2
Standardised separation rate ratio (SRR)	1.05	0.87	0.91	0.92	1.53	
95% confidence interval of SRR	1.04–1.05	0.86–0.88	0.90–0.93	0.88–0.97	1.44–1.63	
Private hospitals						
Rehabilitation						
Separations	119,074	15,281	2,992	333	54	137,946
Separation rate	7.8	3.1	1.5	1.7	1.0	6.0
Standardised separation rate ratio (SRR)	1.29	0.51	0.24	0.27	0.16	
95% confidence interval of SRR	1.28–1.30	0.50–0.51	0.23–0.25	0.25–0.30	0.12–0.21	
Palliative care						
Separations	3,606	1,305	343	16	9	5,281
Separation rate	0.2	0.3	0.2	0.1	0.1	0.2
Standardised separation rate ratio (SRR)	1.01	1.14	0.70	0.31	0.56	
95% confidence interval of SRR	0.98–1.05	1.07–1.20	0.63–0.77	0.16–0.47	0.19–0.92	
Other non-acute care						
Separations	7,952	607	117	7	4	8,696
Separation rate	0.5	0.1	0.1	0.0	0.1	0.4
Standardised separation rate ratio (SRR)	1.38	0.31	0.17	0.08	0.18	
95% confidence interval of SRR	1.35–1.41	0.29–0.33	0.14–0.20	0.02–0.14	0.00–0.36	
Total						
Separations	130,632	17,193	3,452	356	67	151,923
Separation rate	8.5	3.4	1.7	1.8	1.2	6.6
Standardised separation rate ratio (SRR)	1.28	0.52	0.25	0.26	0.18	
95% confidence interval of SRR	1.28–1.29	0.51–0.52	0.25–0.26	0.24–0.29	0.14–0.22	

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

(a) The total includes separations for which the remoteness area was not able to be categorised.

Socioeconomic status

Socioeconomic status (SES) groups in this report are based on the Index of Relative Advantage/Disadvantage (from SEIFA 2006) for the area of usual residence (SLA) of the patient. See *Appendix 1* for details.

Each socioeconomic status (SES) group accounted for between 15.7% and 28.8% of total non-acute separations. The separation rates varied from 18.8 per 1,000 population for patients living in areas classified as being the highest SES group to 9.7 per 1,000 for the lowest SES group (Table 11.5). The 95% confidence intervals applying to the SRRs for all SES groups indicate that the differences in separation rates from the national rate were statistically significant.

Table 11.5: Selected non-acute separation statistics, by socioeconomic status, all hospitals, 2008–09

	SES group					Total ^(a)
	1—Lowest	2	3	4	5—Highest	
Rehabilitation						
Separations	30,072	38,809	38,155	40,636	67,902	215,821
Separation rate	6.3	7.8	8.5	9.7	15.0	9.4
Standardised separation rate ratio (SRR)	0.67	0.83	0.91	1.03	1.60	
95% confidence interval of SRR	0.67–0.68	0.83–0.84	0.90–0.92	1.02–1.04	1.59–1.61	
Palliative care						
Separations	6,700	5,688	6,315	5,359	5,450	29,543
Separation rate	1.4	1.1	1.4	1.3	1.2	1.3
Standardised separation rate ratio (SRR)	1.08	0.89	1.11	1.00	0.93	
95% confidence interval of SRR	1.06–1.11	0.87–0.91	1.08–1.13	0.97–1.02	0.91–0.96	
Other non-acute care						
Separations	9,855	8,793	9,836	10,307	12,134	51,034
Separation rate	2.0	1.7	2.2	2.5	2.6	2.2
Standardised separation rate ratio (SRR)	0.92	0.79	1.00	1.13	1.22	
95% confidence interval of SRR	0.90–0.93	0.77–0.80	0.98–1.02	1.11–1.15	1.20–1.24	
Total						
Separations	46,627	53,290	54,306	56,302	85,486	296,398
Separation rate	9.7	10.6	12.1	13.4	18.8	12.8
Standardised separation rate ratio (SRR)	0.76	0.83	0.94	1.05	1.47	
95% confidence interval of SRR	0.75–0.76	0.82–0.84	0.94–0.95	1.04–1.06	1.46–1.48	

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

(a) The total includes separations for which the socioeconomic status group was not able to be categorised.

How did people access these services?

The Mode of admission records the mechanism by which an admitted patient begins an episode of care.

About half of all non-acute separations had a Mode of admission of *Other*, the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 11.6). *Statistical admission: care type change* was the most common admission mode for non-acute separations in public hospitals. This indicates that the clinical intent of the patient's care had changed (for example from acute care to rehabilitation), within the one hospital. Public hospitals also recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals.

Table 11.6: Non-acute separations, by mode of admission, public and private hospitals, 2008–09

Mode of admission	Public hospitals	Private hospitals	Total
Admitted patient transferred from another hospital	43,871	36,135	80,006
Statistical admission: care type change	58,585	10,286	68,871
Other	41,576	105,487	147,063
Not reported	443	15	458
Total	144,475	151,923	296,398

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Why did people receive the care?

The reasons that patients receive admitted patient care are usually described in terms of the principal diagnosis. The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care.

Principal diagnosis

Overall, four out of five non-acute separations had a principal diagnosis from the ICD-10-AM chapter – *Factors influencing health status and contact with health services*. A principal diagnosis within *Factors influencing health status and contact with health services* was reported for over 92% of non-acute separations in private hospitals and 69% in public hospitals (Table 11.7).

Care involving use of rehabilitation procedures accounted for 73% of principal diagnoses reported for non-acute separations (at the 3-character level). This diagnosis is required to be reported as the principal diagnosis for *Rehabilitation* care and lies within the chapter *Factors influencing health status and contact with health services*.

The second most common principal diagnosis chapter reported for non-acute separations was *Neoplasms*, which includes both benign and malignant tumours, and was particularly associated with separations for *Palliative care* (see below).

Table 11.7: Non-acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2008–09

Principal diagnosis chapter		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	661	33	694
C00–D48	Neoplasms	17,851	4,000	21,851
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	213	24	237
E00–E90	Endocrine, nutritional and metabolic diseases	922	67	989
F00–F99	Mental and behavioural disorders	6,025	4,798	10,823
G00–G99	Diseases of the nervous system	2,317	1,625	3,942
H00–H59	Diseases of the eye and adnexa	28	3	31
H60–H95	Diseases of the ear and mastoid process	30	1	31
I00–I99	Diseases of the circulatory system	3,992	282	4,274
J00–J99	Diseases of the respiratory system	2,950	222	3,172
K00–K93	Diseases of the digestive system	1,482	154	1,636
L00–L99	Diseases of the skin and subcutaneous tissue	431	14	445
M00–M99	Diseases of the musculoskeletal system and connective tissue	1,199	79	1,278
N00–N99	Diseases of the genitourinary system	1,147	92	1,239
O00–O99	Pregnancy, childbirth and the puerperium	86	3	89
P00–P96	Certain conditions originating in the perinatal period	89	0	89
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	22	1	23
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,968	323	2,291
S00–T98	Injury, poisoning and certain other consequences of external causes	3,498	92	3,590
Z00–Z99	Factors influencing health status and contact with health services	99,510	140,019	239,529
	Not reported	54	91	145
Total non-acute separations		144,475	151,923	296,398

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

The 10 most common principal diagnoses reported for *Palliative care* and *Other non-acute care* are presented in tables 11.8 and 11.9.

For *Palliative care*, 9 of the top 10 principal diagnoses were for malignant neoplasms, and these accounted for 45% of principal diagnoses for *Palliative care* separations (Table 11.8).

For *Other non-acute care*, about 60% of separations had one of the top 10 principal diagnoses, which included *Care involving use of rehabilitation procedures* and *Mental and behavioural disorders* (such as *Alzheimer's disease* and *Depressive disorder*) (Table 11.9).

Table 11.8: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for Palliative care separations, public and private hospitals, 2008–09

Principal diagnosis		Public hospitals	Private hospitals	Total
C34	Malignant neoplasm of bronchus and lung	3,054	597	3,651
C79	Secondary malignant neoplasm of other sites	1,741	498	2,239
C78	Secondary malignant neoplasm of respiratory and digestive organs	1,346	471	1,817
C61	Malignant neoplasm of prostate	938	217	1,155
C25	Malignant neoplasm of pancreas	872	175	1,047
C18	Malignant neoplasm of colon	848	192	1,040
C50	Malignant neoplasm of breast	835	198	1,033
C71	Malignant neoplasm of brain	628	143	771
C16	Malignant neoplasm of stomach	474	102	576
I50	Heart failure	482	60	542
	Other	13,044	2,628	15,672
Total Palliative care separations		24,262	5,281	29,543

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.9: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for Other non-acute care separations, public and private hospitals, 2008–09

Principal diagnosis		Public hospitals	Private hospitals	Total
Z75	Problems related to medical facilities and other health care	15,747	1,214	16,961
Z50	Care involving use of rehabilitation procedures	2,952	0	2,952
G30	Alzheimer's disease	743	1,499	2,242
F32	Depressive episode	1,089	1,089	2,178
Z54	Convalescence	1,458	559	2,017
F33	Recurrent depressive disorder	266	1,311	1,577
Z74	Problems related to care-provider dependency	1,310	4	1,314
S72	Fracture of femur	863	9	872
F31	Bipolar affective disorder	486	339	825
F03	Unspecified dementia	797	25	822
	Other	16,627	2,647	19,274
Total Other non-acute separations		42,338	8,696	51,034

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Additional diagnoses

For *Rehabilitation care*, the principal diagnosis is required to be reported as *Care involving use of rehabilitation procedures*, and the first additional diagnosis is usually the reason for that care.

The ten most common first additional diagnoses reported for *Rehabilitation care* separations included musculoskeletal conditions, injuries and follow-up care for orthopaedic conditions (Table 11.10). The top 10 first additional diagnoses accounted for almost 50% of rehabilitation separations in private hospitals and for less than 29% in public hospitals.

These figures may indicate that public hospitals provided rehabilitation care for a greater variety of conditions than private hospitals.

Table 11.10: Separations for the top 10 first additional diagnoses in 3-character ICD-10-AM groupings for Rehabilitation care separations, public and private hospitals, 2008–09

Principal diagnosis		Public hospitals	Private hospitals	Total
M17	Gonarthrosis [arthrosis of knee]	2,320	25,996	28,316
M16	Coxarthrosis [arthrosis of hip]	1,384	12,782	14,166
S72	Fracture of femur	6,779	6,114	12,893
I63	Cerebral infarction	4,995	3,155	8,150
Z96	Presence of other functional implants	310	5,106	5,416
M25	Other joint disorders, not elsewhere classified	248	4,754	5,002
S32	Fracture of lumbar spine and pelvis	1,874	2,646	4,520
M54	Dorsalgia	484	3,696	4,180
M48	Other spondylopathies	455	3,274	3,729
Z47	Other orthopaedic follow-up care	3,535	53	3,588
	Other	55,491	69,027	125,861
Total Rehabilitation care separations		77,875	136,603	215,821

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

How urgent was the care?

Admissions to hospital can be categorised as *Emergency* (required within 24 hours), or *Elective* (required at some stage beyond 24 hours). Urgency of admission is *Not assigned* for some admissions, such as admissions for normal delivery and birth, statistical admissions and planned readmissions for some treatments.

In 2008–09, about 65% of non-acute admitted patients were reported as *Elective* admissions (treatment could be delayed by at least 24 hours). The proportion of *Elective* admissions varied between public and private hospitals, accounting for about 91% of non-acute separations in private hospitals and 37% in public hospitals. Almost 31% of non-acute separations had a *Not assigned* Urgency of admission (Table 11.11).

Table 11.11: Non-acute separations, by urgency of admission, public and private hospitals, 2008–09

Urgency of admission	Public hospitals		Private hospitals		Total	
	Separations	Per cent (column)	Separations	Per cent (column)	Separations	Per cent (column)
Emergency	13,128	9.1	756	0.5	13,884	4.7
Elective	53,423	37.0	137,880	90.8	191,303	64.5
Not assigned	77,915	53.9	13,286	8.7	91,201	30.8
Not reported	9	0.0	1	0.0	10	0.0
Total	144,475	100	151,923	100	296,398	100

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

What care was provided?

The care that the patient received can be described in a variety of ways. This section presents information on overnight acute separations describing care by:

- the overall type of care: *Surgical* (involving an operating room procedure), *Medical* (not involving a procedure) and *Other* (involving a non-operating room procedure such as endoscopy)
- ‘Care type’, which reflects the clinical intent or treatment goal of an episode
- the type of surgical or other procedure undertaken.

Medical, surgical or other care

Acute care activity can be classified as *Medical*, *Surgical* and *Other* care, based on the *Medical*, *Surgical* and *Other* partitions of the AR-DRG classification (see Box 7.1).

As the AR-DRG classification relates to acute care, the *Medical/Surgical/Other* categories have not been applied to non-acute care.

Care type

For public and private sectors combined, about 73% of non-acute separations were for *Rehabilitation care* and, therefore, most of the data in this chapter relates to *Rehabilitation care* (Table 11.12).

Table 11.12: Non-acute separations, by type of non-acute care, public and private hospitals, 2008–09

Care type	Public hospitals	Private hospitals	Total
Rehabilitation	77,875	137,946	215,821
Palliative care	24,262	5,281	29,543
Geriatric evaluation and management	18,307	113	18,420
Psychogeriatric care	4,394	6,579	10,973
Maintenance care	19,637	2,004	21,641
Total	144,475	151,923	296,398

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Procedures and other interventions

A procedure is defined as a clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training, and/or requires special facilities or equipment available only in an acute care setting (HDSC 2006).

Procedures classified to the ACHI procedure chapter – *Non-invasive, cognitive and other interventions, not elsewhere classified* accounted for 99.4% of non-acute separations for which a procedure was reported (Table 11.13). This chapter includes anaesthesia, allied

health interventions (which include physiotherapy and other rehabilitation-related procedures), dialysis and chemotherapy.

In public hospitals, about 20% of non-acute separations did not report a procedure, and for private hospitals about 9% did not report a procedure.

Table 11.13: Non-acute separations^(a), by procedure in ACHI chapters, public and private hospitals, 2008–09

Procedure chapter		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	299	198	497
110–129	Procedures on endocrine system	16	4	20
160–256	Procedures on eye and adnexa	42	13	55
300–333	Procedures on ear and mastoid process	77	13	90
370–422	Procedures on nose, mouth and pharynx	56	14	70
450–490	Dental services	132	15	147
520–570	Procedures on respiratory system	654	119	773
600–777	Procedures on cardiovascular system	734	179	913
800–817	Procedures on blood and blood-forming organs	71	17	88
850–1011	Procedures on digestive system	1,252	326	1,578
1040–1129	Procedures on urinary system	2,313	452	2,765
1160–1203	Procedures on male genital organs	26	8	34
1240–1299	Gynaecological procedures	34	9	43
1330–1347	Obstetric procedures	32	2	34
1360–1579	Procedures on musculoskeletal system	763	282	1,045
1600–1718	Dermatological and plastic procedures	1,098	174	1,272
1740–1759	Procedures on breast	25	3	28
1786–1799	Radiation oncology procedures	458	34	492
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	113,984	137,351	251,335
1940–2016	Imaging services	11,700	2,266	13,966
	Total procedures	133,766	141,479	275,245
	Separations with no procedure reported	29,204	14,381	43,585
Total non-acute separations		144,475	151,923	296,398

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

(a) A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

In 2009–09, *General allied health interventions* was the most frequently reported procedure block for non-acute separations (Table 11.14), which lies within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* (see Table 11.13). *General allied health interventions* includes physiotherapy and other rehabilitation procedures or interventions. The 20 most frequently reported procedures for non-acute separations in hospitals are presented in Table 11.14.

Table 11.14: Procedure statistics for the top 20 ACHI procedures for non-acute separations, public and private hospitals, 2008–09

Procedure code and description	Public hospitals	Private hospitals	Total
95550-03 Allied health intervention, physiotherapy	91,223	122,375	213,599
95550-02 Allied health intervention, occupational therapy	70,233	62,147	132,747
95550-01 Allied health intervention, social work	62,241	16,262	78,503
95550-00 Allied health intervention, dietetics	36,482	8,579	45,061
96153-00 Hydrotherapy	459	36,258	36,717
95550-05 Allied health intervention, speech pathology	25,486	8,405	33,891
95550-11 Allied health intervention, other	4,778	14,412	19,190
95550-09 Allied health intervention, pharmacy	8,511	3,432	11,943
95550-12 Allied health intervention, pastoral care	8,681	1,784	10,465
95550-10 Allied health intervention, psychology	5,669	3,127	8,796
95550-04 Allied health intervention, podiatry	6,809	1,526	8,335
96129-00 Exercise therapy, total body	0	6,515	6,515
56001-00 Computerised tomography of brain	4,964	706	5,670
13706-02 Administration of packed cells	2,771	1,002	3,773
92514-99 General anaesthesia, ASA 99	1,830	801	2,631
95550-14 Allied health intervention, diabetes education	2,157	263	2,420
95550-08 Allied health intervention, prosthetics and orthotics	1,763	236	1,999
96023-00 Ageing assessment	1,336	659	1,995
96175-00 Mental/behavioural assessment	1,500	427	1,927
95550-13 Allied health intervention, music therapy	1,091	260	1,351
Separations with no procedure reported	29,204	14,381	43,585
Total procedures	371,214	301,843	675,752

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

A separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.

How long did patients stay?

Non-acute separations may involve same-day or overnight episodes. Overall, the average length of stay for non-acute care is much higher than the average length of stay for acute care, and was higher in public hospitals than in private hospitals (Table 11.15). For example, the average length of stay for *Rehabilitation care* was 18.1 days in public hospitals, compared to 5.6 days in private hospitals.

Table 11.15: Patient days and average length of stay for non-acute separations, by care type, public and private hospitals, 2008–09

Care type	Public hospitals		Private hospitals		Total	
	Patient days	Average length of stay	Patient days	Average length of stay	Patient days	Average length of stay
Rehabilitation	1,413,375	18.1	771,272	5.6	2,184,647	10.1
Palliative care	285,300	11.8	63,024	11.9	348,324	11.8
Geriatric evaluation and management	383,355	20.9	738	6.5	384,093	20.9
Psychogeriatric care	195,157	44.4	34,880	5.3	230,037	21.0
Maintenance care	766,560	39.0	68,661	34.3	835,221	38.6
Total	3,043,747	21.1	938,575	6.2	3,982,322	13.4

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Who paid for the care?

Over 78% of non-acute separations from public hospitals were for *Public patients*, and just under 78% of non-acute separations from private hospitals were funded by *Private health insurance* (Table 11.16). The *Department of Veterans' Affairs* funded about 7% of non-acute separations in public hospitals and 13% in private hospitals.

Table 11.16: Non-acute separations, by principal source of funds, public and private hospitals, 2008–09

Funding source	Public hospitals	Private hospitals	Total
Public patients ^(a)	113,145	3,712	116,857
Private health insurance	18,594	118,160	136,754
Self-funded ^(b)	534	5,043	5,577
Workers compensation	610	3,483	4,093
Motor vehicle third party personal claim	1,119	868	1,987
Department of Veterans' Affairs	9,947	19,946	29,893
Other ^(c)	526	711	1,237
Total	144,475	151,923	296,398

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

- (a) 'Public patients' includes separations with a funding source of Australian Health Care Agreements, Reciprocal health care agreements, Other hospital or public authority (with a public patient election status) and No charge raised (in public hospitals). The majority of separations with a funding source of No charge raised in public hospitals were in Western Australia, reflecting that some public patient services were funded through the Medicare Benefit Schedule.
- (b) Tasmania was unable to identify all patients whose funding source may have been *Self-funded*, therefore the number of separations in this category may be underestimated and others may be overestimated.
- (c) 'Other' includes separations with a funding source of *Other compensation*, *Department of Defence*, *Correctional facilities*, *Other hospital or public authority* (without a public patient election status), *Other*, *No charge raised* (in private hospitals) and *Not reported*.

How was the care completed?

The Mode of separation records the status of the patient at the time of separation and, for some categories, the place to which the person was discharged or transferred.

In 2008–09, the most common Mode of separation for non-acute separations was *Other* (75%), which includes discharge to usual residence/own accommodation/welfare institution. Almost 6% of separations ended with *Discharged or transferred to a residential aged care service* (Table 11.17).

Table 11.17: Non-acute separations, by mode of separation, public and private hospitals, 2008–09

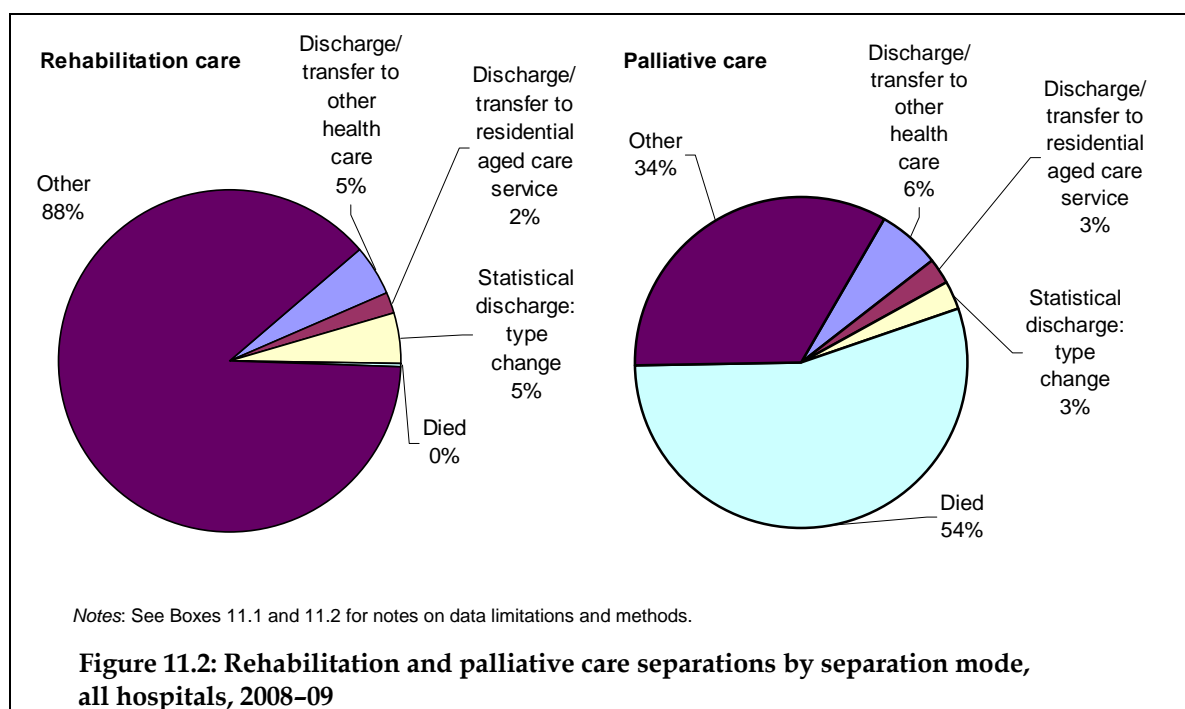
Separation mode	Public hospitals	Private hospitals	Total
Discharge/transfer to an(other) acute hospital	12,356	2,855	15,211
Discharge/transfer to residential aged care service ^(a)	15,204	1,729	16,933
Discharge/transfer to an(other) psychiatric hospital	213	7	220
Discharge/transfer to other health-care accommodation	2,848	242	3,090
Statistical discharge: type change	14,622	2,002	16,624
Left against medical advice/discharge at own risk	984	145	1,129
Statistical discharge from leave	1,057	44	1,101
Died	15,816	3,193	19,009
Other ^(b)	81,373	141,706	223,079
Not reported	2	0	2
Total	144,475	151,923	296,398

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

(a) The separation mode *Discharge/transfer to residential aged care service* excludes where this was the usual place of residence.

(b) The separation mode *Other* includes discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

There was some variation in the Mode of separation by type of non-acute care. For *Rehabilitation care*, 88% of separations reported a Mode of separation of *Other*, compared with 32% of separations for *Palliative care*. Nearly 57% of *Palliative care* separations had a Mode of separation of *Died* (Figure 11.2).



Supplementary tables

The following supplementary tables provide more information on principal diagnoses and procedures, by state and territory.

Box 11.4 Methods-Chapter 11 supplementary tables

Tables S11.3 to S11.4:

- (a) For tables with counts of separations by groups of procedures, a separation is counted once for the group if it has at least one procedure reported within the group. As more than one procedure can be reported for each separation, the data are not additive and therefore the totals in the tables may not equal the sum of counts in the rows.
- (b) For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation.
- (c) These are counts of Australian Classification of Health Interventions (ACHI) procedure codes. It is possible that a single procedure code may represent multiple procedures or that a specific procedure may require the reporting of more than one code. Therefore, the number of procedure codes reported does not necessarily equal the number of separate procedures performed.

Table S11.1: Non-acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2008-09

Principal diagnosis chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00-B99	Certain infectious and parasitic diseases	189	223	118	33	9	1	81	7	661
C00-D48	Neoplasms	6,966	4,368	3,872	813	917	237	458	220	17,851
D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	82	59	34	12	7	0	16	3	213
E00-E90	Endocrine, nutritional and metabolic diseases	177	374	145	66	31	15	101	13	922
F00-F99	Mental and behavioural disorders	1,640	2,645	820	573	229	18	90	10	6,025
G00-G99	Diseases of the nervous system	404	1,152	307	255	79	12	96	12	2,317
H00-H59	Diseases of the eye and adnexa	15	7	2	3	0	0	1	0	28
H60-H95	Diseases of the ear and mastoid process	6	11	5	5	1	0	2	0	30
I00-I99	Diseases of the circulatory system	897	1,740	725	299	73	19	227	12	3,992
J00-J99	Diseases of the respiratory system	748	1,150	534	200	83	22	189	24	2,950
K00-K93	Diseases of the digestive system	412	550	233	91	46	12	122	16	1,482
L00-L99	Diseases of the skin and subcutaneous tissue	116	175	63	17	7	8	37	8	431
M00-M99	Diseases of the musculoskeletal system and connective tissue	228	640	104	73	42	10	98	4	1,199
N00-N99	Diseases of the genitourinary system	299	458	167	79	27	8	106	3	1,147
O00-O99	Pregnancy, childbirth and the puerperium	30	0	4	12	0	0	40	0	86
P00-P96	Certain conditions originating in the perinatal period	1	0	0	1	1	0	86	0	89
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	10	4	3	2	2	0	1	0	22
R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	409	1,039	214	107	68	9	98	24	1,968
S00-T98	Injury, poisoning and certain other consequences of external causes	775	2,009	300	160	62	172	233	12	3,723
Z00-Z99	Factors influencing health status and contact with health services	31,698	17,922	22,789	10,686	9,930	1,602	3,874	787	99,288
	Not reported	71	0	0	0	0	0	0	0	71
Total non-acute separations		45,173	34,526	30,439	13,487	11,614	2,145	5,956	1,155	144,495

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Table S11.2: Non-acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2008–09

Principal diagnosis chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	0	3	11	16	1	n.p.	n.p.	n.p.	33
C00–D48	Neoplasms	268	435	1,378	1,730	177	n.p.	n.p.	n.p.	4,000
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1	0	6	16	1	n.p.	n.p.	n.p.	24
E00–E90	Endocrine, nutritional and metabolic diseases	5	1	19	36	5	n.p.	n.p.	n.p.	67
F00–F99	Mental and behavioural disorders	1	4,687	52	58	0	n.p.	n.p.	n.p.	4,798
G00–G99	Diseases of the nervous system	8	1,490	60	57	8	n.p.	n.p.	n.p.	1,625
H00–H59	Diseases of the eye and adnexa	0	0	0	0	3	n.p.	n.p.	n.p.	3
H60–H95	Diseases of the ear and mastoid process	0	0	0	0	1	n.p.	n.p.	n.p.	1
I00–I99	Diseases of the circulatory system	13	16	100	139	9	n.p.	n.p.	n.p.	282
J00–J99	Diseases of the respiratory system	18	17	78	96	10	n.p.	n.p.	n.p.	222
K00–K93	Diseases of the digestive system	50	11	47	33	10	n.p.	n.p.	n.p.	154
L00–L99	Diseases of the skin and subcutaneous tissue	1	3	5	4	1	n.p.	n.p.	n.p.	14
M00–M99	Diseases of the musculoskeletal system and connective tissue	18	8	17	28	5	n.p.	n.p.	n.p.	79
N00–N99	Diseases of the genitourinary system	10	7	30	28	14	n.p.	n.p.	n.p.	92
O00–O99	Pregnancy, childbirth and the puerperium	2	0	0	0	1	n.p.	n.p.	n.p.	3
P00–P96	Certain conditions originating in the perinatal period	0	0	0	1	0	n.p.	n.p.	n.p.	1
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	45	185	38	43	8	n.p.	n.p.	n.p.	323
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	12	16	21	35	5	n.p.	n.p.	n.p.	92
S00–T98	Injury, poisoning and certain other consequences of external causes	82,115	13,568	26,943	1,723	12,504	n.p.	n.p.	n.p.	140,019
Z00–Z99	Factors influencing health status and contact with health services	82,567	20,538	28,805	4,043	12,763	n.p.	n.p.	n.p.	0
	Not reported	0	91	0	0	0	n.p.	n.p.	n.p.	91
Total non-acute separations		165,134	41,076	57,610	8,086	25,526	n.p.	n.p.	n.p.	151,923

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods.

Table S11.3: Non-acute separations, by procedures by ACHI chapter, public hospitals, states and territories, 2008–09

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	92	35	36	69	22	1	42	2	299
110–129	Procedures on endocrine system	7	3	2	3	0	0	1	0	16
160–256	Procedures on eye and adnexa	21	4	5	9	0	0	0	3	42
300–333	Procedures on ear and mastoid process	20	15	23	12	6	1	0	0	77
370–422	Procedures on nose, mouth and pharynx	19	9	12	8	3	1	3	1	56
450–490	Dental services	27	7	72	10	13	0	2	1	132
520–569	Procedures on respiratory system	170	126	143	95	49	6	44	21	654
600–767	Procedures on cardiovascular system	244	117	107	114	47	5	84	16	734
800–817	Procedures on blood and blood-forming organs	16	16	16	6	1	3	11	2	71
850–1011	Procedures on digestive system	416	214	256	123	113	23	73	34	1,252
1040–1129	Procedures on urinary system	719	478	301	300	142	192	145	36	2,313
1160–1203	Procedures on male genital organs	16	3	2	2	1	0	0	2	26
1240–1299	Gynaecological procedures	20	2	4	7	1	0	0	0	34
1330–1347	Obstetric procedures	20	0	3	8	0	0	1	0	32
1360–1579	Procedures on musculoskeletal system	249	167	84	150	57	15	35	6	763
1600–1718	Dermatological and plastic procedures	239	486	205	87	39	13	20	9	1,098
1740–1759	Procedures on breast	6	2	4	8	1	3	1	0	25
1786–1799	Radiation oncology procedures	206	78	106	15	8	5	40	0	458
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	39,302	28,431	18,238	11,454	9,369	1,548	5,063	579	113,984
1940–2016	Imaging services	4,146	2,741	1,939	1,206	644	150	808	66	11,700
	Total procedures	45,955	32,934	21,558	13,686	10,516	1,966	6,373	778	133,766
	Separations with no procedure reported	5,445	5,939	12,095	1,937	2,163	421	790	549	29,339
Total non-acute separations		45,153	34,526	30,439	13,487	11,614	2,145	5,956	1,155	144,475

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods. See Box 11.4 for footnotes specific to this table.

Table S11.4: Non-acute separations, by procedures by ACHI chapter, private hospitals, states and territories, 2008–09

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	67	31	48	38	7	n.p.	n.p.	n.p.	198
110–129	Procedures on endocrine system	0	0	2	2	0	n.p.	n.p.	n.p.	4
160–256	Procedures on eye and adnexa	5	1	2	2	2	n.p.	n.p.	n.p.	13
300–333	Procedures on ear and mastoid process	4	2	5	2	0	n.p.	n.p.	n.p.	13
370–422	Procedures on nose, mouth and pharynx	1	0	4	5	4	n.p.	n.p.	n.p.	14
450–490	Dental services	5	3	1	3	2	n.p.	n.p.	n.p.	15
520–569	Procedures on respiratory system	27	23	39	26	4	n.p.	n.p.	n.p.	119
600–767	Procedures on cardiovascular system	33	19	71	35	12	n.p.	n.p.	n.p.	179
800–817	Procedures on blood and blood-forming organs	1	4	8	3	0	n.p.	n.p.	n.p.	17
850–1011	Procedures on digestive system	68	36	106	81	16	n.p.	n.p.	n.p.	326
1040–1129	Procedures on urinary system	80	33	161	136	28	n.p.	n.p.	n.p.	452
1160–1203	Procedures on male genital organs	3	0	3	1	1	n.p.	n.p.	n.p.	8
1240–1299	Gynaecological procedures	1	0	0	3	3	n.p.	n.p.	n.p.	9
1330–1347	Obstetric procedures	1	0	0	0	1	n.p.	n.p.	n.p.	2
1360–1579	Procedures on musculoskeletal system	98	41	73	51	11	n.p.	n.p.	n.p.	282
1600–1718	Dermatological and plastic procedures	56	19	45	37	12	n.p.	n.p.	n.p.	174
1740–1759	Procedures on breast	0	0	1	1	0	n.p.	n.p.	n.p.	3
1786–1799	Radiation oncology procedures	2	1	28	0	0	n.p.	n.p.	n.p.	34
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	80,448	14,951	23,073	3,029	12,674	n.p.	n.p.	n.p.	137,351
1940–2016	Imaging services	547	358	779	368	105	n.p.	n.p.	n.p.	2,266
	Total procedures	81,447	15,522	24,449	3,823	12,882	n.p.	n.p.	n.p.	141,479
	Separations with no procedure reported	2,081	5,575	5,681	941	81	n.p.	n.p.	n.p.	14,388
Total non-acute separations		82,567	20,538	28,805	4,043	12,763	n.p.	n.p.	n.p.	151,923

Notes: See Boxes 11.1 and 11.2 for notes on data limitations and methods. See Box 11.4 for footnotes specific to this table.