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Australian Institute of Health and Welfare

Board Chair

Hon. Peter Collins, AM, QC

Director

David Kalisch

Any enquiries about or comments on this publication should be directed to:

Communications, Media and Marketing Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1032

Email: info@aihw.gov.au

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Foreword

I am pleased to present *Australian hospital statistics 2009–10*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about public and private hospitals. As for the 2008–09 report, it is accompanied by a shorter companion report – *Australia’s hospitals 2009–10 at a glance*. The companion report provides a summary of the detailed information presented here, in a form accessible to a general readership.

The reports are based on the Institute’s comprehensive national hospitals databases, also the source of data for the Institute’s *MyHospitals* website, and for hospital performance indicators reported by the Council of Australian Governments’ (COAG) Reform Council and in the Report on Government Services (ROGS), prepared by the Steering Committee for the Review of Government Service Provision. The use of the Institute’s databases for these and other purposes ensures that the performance indicators and statistics in this report are consistent with the national hospitals information reported elsewhere.

Important improvements in the reports this year enhance consistency and seamlessness between national hospital reporting processes. First, both this report and *Australia’s hospitals 2009–10 at a glance* incorporate statistics that align with information on *MyHospitals*, such that they provide equivalent information (provided on *MyHospitals* for individual hospitals) for states, territories and Australia as a whole. In addition, an increased number of performance indicators for the National Healthcare Agreements are included, creating better alignment with reporting of those indicators by the COAG Reform Council and in ROGS.

Information is only useful if it is timely, so it is pleasing that this report is being released one month earlier than previous reports in this series. This follows even timelier release of 2009–10 data on emergency department care and elective surgery waiting times in a separate report published by the Institute in November 2010, six months earlier than previously available.

The Institute has been able to improve timeliness of these reports with the cooperation of the state and territory health authorities, and through the development and use of an on-line tool for submission and checking of hospital data, the Institute’s *Validata*. The Institute thanks the states and territories for their assistance in achieving this improved timeliness. We look forward to working with them, and with other stakeholders, to improve timeliness further for future years.

The Institute will continue to shape its suite of *Australian hospital statistics* products to suit the needs of users. Comments are always welcome.

David Kalisch
Director
April 2011

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACHI	Australian Classification of Health Interventions
ACSQHC	Australian Commission on Safety and Quality in Health Care
AIHW	Australian Institute of Health and Welfare
ALOS	average length of stay
AR-DRG	Australian Refined Diagnosis Related Groups
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
ave	average
CC	complication and/or comorbidity
COAG	Council of Australian Governments
DoHA	Department of Health and Ageing
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
GP	General Practitioner
HASAC	Health and Allied Services Advisory Council
HDSC	Health Data Standards Committee
HITH	hospital in the home
ICD-9-CM	International classification of diseases, 9th revision, clinical modification
ICD-10-AM	International statistical classification of diseases and related health problems, 10th revision, Australian modification
IFRAC	admitted patient cost proportion (or inpatient fraction)
IRSD	Index of Relative Socioeconomic Disadvantage
ISO	International Organization for Standardization
MDC	Major Diagnostic Category
NAPEDC	non-admitted patient emergency department care
NCCC	National Casemix and Classification Centre
NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHCDC	National Hospital Cost Data Collection
NHDC	National Health Data Committee
NHDD	National Health Data Dictionary
NHISSC	National Health Information Standards and Statistics Committee

NHMBWG	National Health Ministers' Benchmarking Working Group
NHMD	National Hospital Morbidity Database
NHPA	National Health Priority Area
NHPC	National Health Performance Committee
NHPF	National Health Performance Framework
NMDS	National Minimum Data Set
NNAPEDCD	National Non-admitted Patient Emergency Department Care Database
NOCD	National Outpatient Care Database
NPHEd	National Public Hospital Establishments Database
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
PHEC	Private Health Establishments Collection
PICQ	Performance Indicators for Coding Quality
PPH	potentially preventable hospitalisation
Qld	Queensland
RRMA	Rural, Remote and Metropolitan Area
RSI	relative stay index
SA	South Australia
SCRGSP	Steering Committee for the Review of Government Service Provision
SEIFA	Socio-Economic Indexes for Areas
SES	socioeconomic status
SLA	statistical local area
SRG	Service Related Group
SRR	standardised separation rate ratio
Tas	Tasmania
Vic	Victoria
VMO	visiting medical officer
WA	Western Australia

Symbols

..	not applicable
n.a.	not available
n.e.c.	not elsewhere classified
n.p.	not published

Summary

There were 1,326 hospitals in Australia in 2009–10. The 753 public hospitals accounted for 67% of hospital beds (56,900) and the 573 private hospitals accounted for 33% (28,000), these proportions are unchanged from 2008–09.

Accident and emergency services

Public hospitals provided about 7.4 million accident and emergency services in 2009–10, increasing by 4% on average each year between 2005–06 and 2009–10. Overall, 70% of patients were seen on time in emergency departments, with 100% of resuscitation patients (those requiring treatment immediately) being seen within 2 minutes of arriving at the emergency department.

Admitted patient care

There were 8.5 million separations for admitted patients in 2009–10—5.1 million in public hospitals and almost 3.5 million in private hospitals. This was an increase of 3.2% on average each year between 2005–06 and 2009–10 for public hospitals, and 5.0% for private hospitals.

The proportion of admissions that were ‘same-day’ continued to increase, by 5% on average each year between 2005–06 and 2009–10, accounting for 58% of the total in 2009–10 (51% in public hospitals and 68% in private hospitals). For overnight separations, the average length of stay was 5.9 days in 2009–10, down from 6.2 days in 2005–06.

About 4% of separations were for non-acute care. Between 2005–06 and 2009–10, *Rehabilitation* care in private hospitals increased by 19% on average each year and *Geriatric evaluation and management* in public hospitals increased by 11% on average each year.

Readmissions to the same public hospital varied with the type of surgery. There were 24 readmissions per 1,000 separations for knee replacement and 4 per 1,000 separations for cataract surgery.

Elective surgery

There were 1.9 million admissions for planned (elective) surgery in 2009–10. There were about 30 separations per 1,000 population for public elective surgery each year between 2005–06 and 2009–10; rates for other elective surgery increased from about 49 per 1,000 to 55 per 1,000 over that time. Half of the patients admitted for elective surgery in public hospitals waited 36 days or less after being placed on the waiting list, an increase from 32 days in 2005–06.

Expenditure and funding

Public hospitals spent about \$33.7 billion in 2009–10. Adjusted for inflation, expenditure increased by an average of 5.4% each year between 2005–06 and 2009–10. In 2008–09, states and territories were the source of 54% of funds for public hospitals and the Commonwealth government funded 38%. This compared with the figures of 54% and 39%, respectively, in 2007–08.

Between 2005–06 and 2009–10, public patient separations increased by 2.8% on average each year, those funded by *Private health insurance* increased by 6.4%, while those funded by the *Department of Veterans’ Affairs* decreased by 1.3%.