

# Appendix 7: *The State of Our Public Hospitals, June 2004* report

*The State of Our Public Hospitals, June 2004 Report* is published by the Australian Government Department of Health and Ageing as a requirement of the Australian Health Care Agreements 2003–2008 that it has signed with each of the states and territories (DoHA, in press). It presents a range of data on public hospitals relating to the years 1998–99 to 2002–03, using data supplied to the Department by the states and territories, and some previously published data, including data in previous years' *Australian Hospital Statistics*.

Some of the statistics on public hospitals in *The State of Our Public Hospitals, June 2004 Report* differ from statistics presented in *Australian Hospital Statistics 2002–03*. This is because the sources of data for the two reports are different (although they are both based largely on National Minimum Data Sets specified in the *National Health Data Dictionary*) and because some analysis methods differ between the two reports.

## Data sources

As outlined in Chapter 1, most of the data in *Australian Hospital Statistics 2002–03* were provided to the AIHW by the states and territories under the National Health Information Agreement. Most of the data in *The State of Our Public Hospitals, June 2004 Report* were provided to the Department by the states and territories under the Australian Health Care Agreements 1998–2003.

Separation-based data on admitted patient care are collated by the AIHW as the National Hospital Morbidity Database, and by the Department as National Hospital Morbidity (Casemix) Data. Although the AIHW and the Department request the same data of the states and territories for these databases, they differ slightly for reasons such as later provision of data to the AIHW than to the Department; provision of updates of the data to the AIHW that were included in *Australian Hospital Statistics 2002–03* but not in *The State of Our Public Hospitals, June 2004 Report*; and differences in coverage of hospitals (with, for example, the public psychiatric hospital in Victoria not being included in the Department's database but being included in the AIHW's database).

The data on elective surgery waiting times are largely supplied by the states and territories at the patient level to the AIHW and aggregated for the jurisdiction as a whole to the Department. Emergency department waiting times data were provided at the hospital level to the AIHW and at the jurisdiction level to the Department. As for the data on admitted patient care, differences in these two collections of data may have arisen because of later provision of the data to the AIHW than to the Department, and provision of updates of the data to AIHW that were not provided to and/or incorporated by the Department.

## Analysis methods

Differences in analysis methods between *Australian Hospital Statistics 2002–03* and *The State of Our Public Hospitals, June 2004 Report* include the use of different methods to adjust data to facilitate comparisons between reporting years and between states and territories. In

*Australian Hospital Statistics 2002–03*, population rates based on estimated resident populations are used, directly age-standardised where possible (see Appendix 3). In *The State of Our Public Hospitals, June 2004 Report* comparisons are undertaken using population numbers weighted by age and sex according to the different hospital use of each age-sex group in the population. The statistics referenced to populations are therefore not comparable between the two reports.

For admitted patients, all analyses in *Australian Hospital Statistics 2002–03* (except in Tables 6.10 and 6.11) exclude episodes of newborn care for which no qualified days were reported ('healthy newborns'), because they do not meet admission criteria for all purposes. They are included in some analyses of admitted patient care in *The State of Our Public Hospitals, June 2004 Report*, which therefore reports greater numbers of separations.

The categorisation of patients by election status as 'public' or 'private' also differs between the two reports, because different methods have been used to undertake time series analyses accommodating changes in the way in which Medicare eligibility, patient election status and funding source have been reported over the last few years, and different categorising has been used for 'private' patients. For 2002–03, in *Australian Hospital Statistics 2002–03* (see Chapter 6 and Appendix 3), the 'private' patient category consists of all patients for whom a private funding source was reported and others for whom 'Patient election status' was reported as 'private'. Patients for whom the funding source was compensation or the Department of Veterans' Affairs were included, but separately identified. For *The State of Our Public Hospitals, June 2004 Report*, 'private' patients included Medicare eligible patients for whom 'Patient election status' was reported as 'private'. Department of Veterans' Affairs patients were not included.

Minor differences may have also arisen because most of the AR-DRG-based analyses in *Australian Hospital Statistics 2002–03* are based on version 5.0, whereas they are based on version 4.2 in *The State of Our Public Hospitals, June 2004 Report*. Analyses may also be based on different categorisations of diagnoses or procedures.

For non-admitted patients, differences exist between the two reports because of different categorisation of outpatient non-admitted patient occasions of service.

Different methods are also used for analysis of elective surgery waiting times data. In *Australian Hospital Statistics 2002–03*, information on elective surgery waiting times is presented disregarding the urgency category to which the patients had been assigned. In *The State of Our Public Hospitals, June 2004 Report*, the analysis of elective surgery waiting times is dependent on the urgency category of the patient. The statistics on waiting times are therefore not comparable.