



Australian Government

**Australian Institute of
Health and Welfare**

*Authoritative information and statistics
to promote better health and wellbeing*

HEALTH SERVICES SERIES
Number 43

Australian hospital statistics

2010–11

April 2012

Australian Institute of Health and Welfare
Canberra

Cat. no. HSE117

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.

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This publication is part of the Australian Institute of Health and Welfare's Health Services Series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978-1-74249-294-0

ISSN 1036-613X

Suggested citation

Australian Institute of Health and Welfare 2012. Australian hospital statistics 2010–11. Health Services Series no.43. Cat. no. HSE 117. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Foreword

I am pleased to present *Australian hospital statistics 2010–11*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about public and private hospitals. A shorter companion report – *Australia’s hospitals 2010–11 at a glance* – accompanies this report. 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 AIHW’s comprehensive national hospitals databases, also the source of data for the *MyHospitals* website, and for hospital performance indicators that the Council of Australian Governments’ (COAG) Reform Council reports. The Steering Committee for the Review of Government Service Provision also uses this data to prepare the Report on Government Services (ROGS). The use of the Institute’s databases and robust processes with the jurisdictions to validate the data supplied 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 report this year include enhanced information on surgery in Australian hospitals, with detail provided for both emergency and elective admissions.

Summary information is included for the first time on cases of *Staphylococcus aureus* bacteraemia (SAB) in public hospitals, an important indicator of the safety of hospital care. As for a number of other indicators, the SAB information reported here complement the hospital-level information on SAB reported on *MyHospitals*.

The report also includes time series information on hospitals, available beds, expenditure, outpatient activity and admitted patient activity for individual states and territories. Previously this information was reported only at a national level.

The AIHW will continue to shape its suite of *Australian hospital statistics* products to suit the needs of users and to improve its quality, comprehensiveness and timeliness.

David Kalisch
Director
April 2012

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Acknowledgments

This report would not have been possible without the valued cooperation and efforts of the data providers – the state and territory health authorities and individual public and private hospitals. The Australian Institute of Health and Welfare (AIHW) thanks them for their timely supply of the data, assistance with data validation and assistance in the preparation of this report.

The AIHW's Australian Hospital Statistics Advisory Committee has also been of great assistance to this project. Members of the Committee are:

- Jenny Hargreaves (AIHW) (Chair)
- John Agland (New South Wales Ministry of Health)
- Brenton Alexander (Independent Hospital Pricing Authority)
- Paul Basso (South Australian Department of Health)
- Neville Board (Australian Commission on Safety and Quality in Health Care)
- Eui-Soo Choi (New South Wales Ministry of Health)
- Paul Collins (Private Health Insurance Administration Council)
- Sue Cornes (Queensland Health)
- Mark Gill (Victorian Department of Health)
- Jerry Hearn (Australian Government Department of Health and Ageing)
- Gary Inglis (Northern Territory Department of Health)
- Lynette Lee (clinical advisor)
- Jennifer MacNamee (National Casemix and Classification Centre)
- Jiten Mangal (Commonwealth Grants Commission)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Brian McLinden (Australian Bureau of Statistics)
- George Neale (Australian Private Hospitals Association)
- Elisabeth Sallur (Western Australian Department of Health)
- Anneke Schmider (Australian Bureau of Statistics)
- Mohan Singh (Australian Capital Territory Health Directorate)
- Paul Tridgell (Australian Healthcare and Hospitals Association)

Within the AIHW, the report was prepared by Katrina Burgess, Paul Leonard, Brooke Macpherson, Jane McIntyre, Tony Mole and Nick Thompson, with expert advice from George Bodilsen, Kelly Cheng, Brett Henderson and Katrina Hicks. Damian Welsh, Kathy Southgate and Phu Lam assisted in database management. The AIHW's Publishing Services, Online Communications and Communications, Media and Marketing Units assisted with the publication process.

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 |
| CC | complications and/or comorbidities |
| 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 |
| NCCH | National Centre for Classification in Health |
| 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 |
| 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 1,340 hospitals in Australia in 2010–11. The 752 public hospitals accounted for 68% of hospital beds (57,772) and the 588 private hospitals accounted for about 32% of beds (28,000 private hospital beds based on 2009–10 data).

Expenditure and funding

Public hospitals spent about \$37 billion in 2010–11. Adjusted for inflation, expenditure increased by an average of 5.9% each year between 2006–07 and 2010–11, and by 8.2% between 2009–10 and 2010–11.

Emergency department services

Between 2006–07 and 2010–11, the number of emergency occasions of service provided by public hospitals increased from 6.7 million to 7.7 million (3.2% increase each year). Over this period, the proportion of presentations treated within an appropriate time, the median waiting time and the proportion ending in admission remained relatively stable. The time by which 90% of presentations were seen decreased from 120 minutes to 114 minutes.

Outpatient services

Public hospitals provided about 16.7 million specialist outpatient clinic service in 2010–11, increasing by 2% on average each year between 2006–07 and 2010–11. They also provided 17.2 million services for pharmacy, pathology, radiology and organ imaging.

Admitted patient care

In 2010–11 there were 8.9 million separations for admitted patients – 5.3 million in public hospitals and 3.6 million in private hospitals. This was an increase of 3.2% on average each year between 2006–07 and 2010–11 for public hospitals, and 5.0% for private hospitals. Between 2009–10 and 2010–11 (after adjusting for some coverage changes), separations increased in public hospitals by 4.1% and in private hospitals by 3.9%.

The proportion of admissions that were ‘same-day’ continued to increase, by 4% on average each year between 2006–07 and 2010–11. They accounted for 58% of the total in 2010–11 (51% in public hospitals and 68% in private hospitals).

In 2010–11, persons aged 65 and over accounted for 38% of separations and 48% of patient days. For persons aged 85 and over, there was an overall increase of 41% in separations between 2006–07 and 2010–11, an average increase of 9% each year.

Surgery

In 2010–11 there were 2.2 million admissions that involved a surgical procedure. Of these, about 280,000 were emergency admissions. About two-thirds of elective admissions involving surgery occurred in private hospitals. In contrast, about 87% of emergency admissions involving surgery were in public hospitals.

Indigenous Australians had about twice the rate of emergency admissions involving surgery compared with other Australians.

Between 2006–07 and 2010–11, elective admissions involving surgery increased by about 4% on average each year and emergency admissions increased by about 3% each year.

1 Introduction

Australian hospital statistics 2010–11 continues the Australian Institute of Health and Welfare's (AIHW) series of summary reports describing the characteristics and activity of Australia's hospitals. The AIHW has previously published comprehensive reports for the financial years 1993–94 to 2009–10 (AIHW 2011a, 2010 and earlier), summary reports including *Australia's hospitals 2009–10 at a glance* (AIHW 2011b) and more detailed reports on some aspects of Australia's hospitals including *Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times* (AIHW 2011c) and *Australian hospital statistics 2010–11: Staphylococcus aureus bacteraemia in Australian public hospitals* (AIHW 2011d).

Australia's hospitals 2010–11 at a glance (AIHW 2012) accompanies this report and presents a summary of the information contained in this report.

Data sources for this report

The AIHW has undertaken the collection and reporting of the data in this report under the auspices of the Australian Health Ministers' Advisory Council, through the National Health Information Agreement. Most of the data collected were as specified in the National Minimum Data Sets relating to hospitals.

The AIHW uses the data supplied by state and territory health authorities to assemble six databases which form the foundation for the Institute's statistical reporting on hospitals:

- the National Public Hospital Establishments Database, covering resources, expenditure and revenue for public hospitals
- the National Hospital Morbidity Database, covering the diagnoses and other characteristics of admitted patients, and the care they received in public and private hospitals
- the National Non-admitted Patient Emergency Department Care Database, covering emergency department care and waiting times for selected public hospitals
- the National Elective Surgery Waiting Times Data Collection, covering waiting times and other characteristics of elective surgery in public hospitals
- the National Outpatient Care Database, covering services provided to non-admitted, non-emergency department patients in outpatient clinics of selected public hospitals.
- the National *Staphylococcus aureus* bacteraemia (SAB) Data Collection, covering counts of cases of SAB for each public hospital covered by SAB surveillance arrangements, and for private hospitals that chose to provide data.

Detailed information about the AIHW's hospital databases is provided in Appendix 1, and in the Data Quality Statements accompanying this report online.

Box 1.1: Data limitations

- States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data, checking for valid values, logical consistency and historical consistency. Where possible, data in individual data sets are checked with data from other data sets. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made in response to these edit queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.
- Statistics may be affected by variations in reporting practices across states and territories and over time. Where possible, these variations have been noted in the text. Comparisons between states and territories and reporting years should be made with reference to the accompanying notes in the chapters and in the appendixes. The AIHW takes active steps to improve the consistency of these data over time.

Structure of this report

The broad topics addressed in the report are:

- hospital resources (including the number of hospitals, hospital beds, expenditure, resources and staffing)
- emergency department services
- outpatient services (outpatient clinics and other non-admitted services that hospitals provide)
- admitted patient care, with separate chapters for same-day acute care, overnight acute care, surgery and sub- and non-acute care.

Chapter 2 presents an overview of hospitals and hospital activity in Australia. This includes time series information on hospital resources, emergency services, outpatient services and admitted patient care.

Chapter 3 presents hospital performance indicator data. These indicators are presented according to the National Health Performance Framework. The chapter includes performance indicators reported under the National Healthcare Agreement (NHA).

Chapter 4 presents data on the characteristics and resources of Australian hospitals. Most of this information is for public hospitals, derived from the National Public Hospital Establishments Database (NPHED).

Chapter 5 presents information on non-admitted patient care provided in public hospital emergency departments and other emergency services.

Chapter 6 presents information on non-admitted patient care provided in outpatient clinics and other non-admitted patient services.

Chapter 7 presents an overview of admitted patient care. The chapter presents administrative, demographic and clinical information on all admitted patient care services.

Chapter 8 presents information on same-day acute admitted patient care.

Chapter 9 presents information on overnight acute admitted patient care.

Chapter 10 presents information on surgery performed in Australian hospitals. In previous reports, this chapter focused on elective surgery. The chapter now includes analyses of surgery performed for patients whose admission was considered to be an emergency.

Chapter 11 presents information on sub- and non-acute admitted patient care.

Appendix 1 provides summary information on the AIHW's hospitals databases, the hospitals included in each of the databases, the categorisation of hospitals as public or private and the quality and comparability of the data.

Appendix 2 includes notes on the presentation of data, the population estimates used to calculate population rates and analysis methods.

Appendix 3 provides summary information on the Department of Health and Ageing's 2008–09 National Hospital Cost Data Collection (NHCDC). The NHCDC is the source of Australian Refined Diagnosis Related Groups (AR-DRG) cost weight and average cost information.

Appendix 4 presents information on episodes of admitted patient care using the Service Related Group (SRG) classification.

Appendix 5 presents information on potentially preventable hospitalisations not included in Chapter 7.

Appendix 6 presents information on national performance indicators not presented elsewhere in this report.

Improvements to the report this year

The overall changes to this year's report, as compared with *Australian hospital statistics 2009–10*, were introduced to:

- facilitate time trend analysis for states and territories:
 - the report now includes 5-year time series data by state and territory for:
 - numbers of public hospitals, available beds, recurrent expenditure and revenue (Chapter 4)
 - emergency department care (Chapter 5)
 - outpatient care (Chapter 6)
 - admitted patient care (Chapter 7), including analyses for same-day acute separations (Chapter 8), overnight acute separations (Chapter 9), surgical separations for elective and emergency admissions (Chapter 10) and sub- and non-acute care (Chapter 11)
- improve reporting of National Healthcare Agreement (NHA) hospital performance indicators (Chapter 3), including the NHA performance indicator – *Staphylococcus aureus* bacteraemia (SAB) in public hospitals.

Chapter structure

In this report, chapters are structured to address a common set of questions concerning the source data for each chapter, with section titles that include:

- *What data are reported?* – which discusses the data sets used to inform the chapter
- *What are the limitations of the data?* – which provides caveats that should be considered when interpreting the data presented
- *What methods were used?* – which outlines issues such as inclusions and exclusions of records and calculation methods, with references to more detailed information in the technical appendix.

The data presentations that follow these sections address, where possible, the following questions:

- How has activity changed over time?
- How much activity was there in 2010–11?
- Who used these services?
- How did people access these services?
- How urgent was the care?
- How long did people wait for care?
- Why did people receive the care?
- What care was provided?
- What was the safety and quality of the care?
- How long did patients stay?
- What was the cost of the care?
- Who paid for the care?
- How was the care completed?

Generally, summary tables and figures are placed immediately below the discussion in related text. Where appropriate, tables and figures within the chapter are accompanied by footnotes referring readers to more detailed statistical tables at the end of the chapter, or accompanying the report online.

Additional online data

This report is available on the AIHW website at <www.aihw.gov.au/hospitals/>. The report and the companion *Australia's hospitals 2010–11 at a glance* are presented in PDF format and all tables are available as downloadable Excel spread sheets. *Australia's hospitals 2010–11 at a glance* is also available in HTML format on the website, and this is updated whenever new data are available.

The website also includes additional data in Excel spread sheets on diagnoses, procedures and AR-DRGs for admitted patients. Some of the report's tables are presented with more detail online. For example, some online tables present separations in 5-year age groups rather than 10-year age groups.

To maintain time series information, selected tables that accompanied *Australian hospital statistics 2007–08* and earlier reports are also provided using 2010–11 data.

Interactive data cubes

The website also has interactive cubes of data from the National Hospital Morbidity Database, which allow users to specify tables and graphs as required. These include:

- Principal diagnoses:
 - 1993–94 to 1997–98 (using ICD-9-CM to classify diagnoses)
 - 1998–99 to 2010–11 (using ICD-10-AM to classify diagnoses)
 - mental health-related separations for 2001–02 to 2009–10 (using ICD-10-AM to classify diagnoses)
- AR-DRGs:

- version 4.0/4.1/4.2 for 1997–98 to 2004–05
- version 5.0/5.1/5.2 for 1998–99 to 2009–10
- version 6.0 for 2010–11
- Procedures:
 - 2000–01 and 2001–02 (using ACHI 2nd edition to classify procedures)
 - 2002–03 and 2003–04 (using ACHI 3rd edition to classify procedures)
 - 2004–05 and 2005–06 (using ACHI 4th edition to classify procedures)
 - 2006–07 and 2007–08 (using ACHI 5th edition to classify procedures)
 - 2008–09 and 2009–10 (using ACHI 6th edition to classify procedures)
 - 2010–11 (using ACHI 7th edition to classify procedures).

Each principal diagnosis and AR-DRG cube includes information on the number of separations (same-day and overnight), patient days and average length of stay, by age group, sex and year of separation for each principal diagnosis or AR-DRG. The cube on mental health-related care also includes data on the mental health legal status of the patient and hospital sector (public or private) for each separation. The procedures cubes include information on numbers of procedures by age group, sex, year of separation and whether the procedure was undertaken on a same-day basis.

Online interactive data are also available for:

- public hospital establishments with beds, financial and staffing measures for 2003–04 to 2010–11
- elective surgery waiting times summary statistics for:
 - reason for removal from waiting lists (2002–03 to 2010–11)
 - surgical specialty (2001–02 to 2010–11)
 - indicator procedure (2001–02 to 2010–11).

Updates

After this report is published, the website will include updates for the tables that use AR-DRG cost weight and/or average cost information when cost weights become available for AR-DRG version 6.0.

At the time of writing, 2010–11 cost weights and average costs were not available for AR-DRG version 6.0, which was used for the majority of tables in this report that present data for Diagnosis Related Groups and Major Diagnostic Categories. Therefore, 2008–09 public and private sector cost weights based on AR-DRG version 5.2 were used for the public and private sectors in analyses that required the application of cost weights (such as the ‘Cost per casemix-adjusted separation’ analysis presented in Chapter 3).

Online tables and interactive data cubes are also updated in the event of errors being found in the report after publication, or if data are resupplied by states and territories after release of the publication.

2 Overview: 2006–07 to 2010–11

This chapter presents an overview of hospital resources and hospital activity between 2006–07 and 2010–11.

What data were reported?

Data on hospital resources

Data on hospital resources include the number of public and private hospitals, the number of public and private hospital beds, public hospital expenditure, public hospital revenue and public hospital staffing.

Information on public hospital resources was sourced from the National Public Hospital Establishments Database (NPHEd) (see Appendix 1). Some information on private hospital resources was sourced from the Australian Bureau of Statistics' (ABS) Private Health Establishments Collection (PHEC) for 2009–10 (ABS 2011). Private hospital available beds, staff, occasions of service, expenditure and revenue information for 2010–11 was not available at the time of publication.

Data on hospital activity

Data on hospital activity include summary information on non-admitted and admitted patient activity in public and private hospitals.

Information on non-admitted patient services in public hospitals was sourced from the NPHEd. Information on non-admitted patient services in private hospitals was sourced from the *Private hospitals Australia* reports published by the ABS.

Information on admitted patient services was derived from the National Hospital Morbidity Database (NHMD) for both public and private hospitals.

Box 2.1: What are the limitations of the data?

Data coverage, administrative and reporting arrangements

- Data on hospital resources and activity are affected by changes in coverage and administrative and reporting arrangements (see Appendix 1). Readers should note:
- Reporting arrangements may vary between jurisdictions for hospitals that are privately or publicly owned and/or operated and predominantly provide public hospital services. Most of these are reported as public hospitals, but some are reported as private hospitals (see Appendix 1).
- Coverage for the NHMD is essentially complete. For 2010–11, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not available for private free-standing day facilities in the Australian Capital Territory and the Northern Territory.
- From 2009–10, the data for the Albury Base Hospital (in New South Wales) has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. The Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by, and included in statistics for, New South Wales.
- In 2008–09, Western Australia did not provide data for approximately 3,000 admitted patient separations. Approximately 2,700 of those separations were from public hospitals. In 2009–10, Western Australia did not provide data for approximately 13,000 admitted patient separations. Approximately 2,400 of those separations were from public hospitals, and 10,600 separations were for one private hospital.
- There have been changes in reporting arrangements for the Mersey Community Hospital in Tasmania, which was reported as a Tasmanian public hospital before being taken over by the Australian Government in November 2007 (see Appendix 1).
- From 2009–10, Tasmania’s Statewide Mental Health Services, which was previously reported as three separate public psychiatric hospitals, was reported as one entity. Therefore, the number of reporting units changed, but the number of public psychiatric hospital campuses remained the same. In 2010–11, a detoxification unit in Tasmania was re-classified as a mental health service and data for this establishment were not reported to the NPHEd, resulting in a further decrease in the number of hospitals reported for Tasmania.

Other data considerations

Hospitals

- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see Appendix 1).

(continued)

Box 2.1 (continued)

Hospital beds

Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes. Public and private hospital bed numbers presented in this chapter are based on different definitions (see Appendix 2).

- Bed numbers may differ from those reported in previous editions of *Australian hospital statistics* due to revision of historic bed counts.
- Before July 2009, the number of available beds for admitted patients that were reported to NPHED included beds used for same-day admitted patients and overnight admitted patients. This meant that the count of available beds did not distinguish between the number of beds available in overnight wards and the number of same day beds and chairs used for day procedures. The collection of *Average available beds for overnight-stay patients* and *Average available beds for same-day patients* was mandated for national reporting, commencing 1 July 2009. Beds may be categorised as either same day or overnight, depending on the predominant use. See Chapter 4 and Appendix 1 for more information.
- There was a decrease in the number of available beds between 2009–10 and 2010–11 in Tasmania due to a reclassification of 76 beds from ‘acute mental health beds’ to ‘residential care beds’.

Financial data

- Changes in accounting practices can affect the comparability of financial data over time. For example, in 2007–08 South Australia changed from cash accounting to accrual accounting and Tasmania changed their accrual accounting policy. Tasmania includes corporate overheads in expenditure, which may or may not be fully included by other states or territories.
- Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary version 14* (HDSC 2008) categories and the comparability of the data may not be adequate for reporting.

Variation in reporting non-admitted patient activity

- Reporting arrangements for non-admitted patient activity varied significantly across years. States and territories may also differ in the extent to which outpatient and other non-admitted services are provided in non-hospital settings (such as community health centres), which are beyond the scope of the AIHW hospital databases.
- For 2010–11, some states re-categorised some outpatient clinics to align with the Activity Based Funding Tier 2 clinics structure (ABF Price Model Reference Classifications for 2012–13, Independent Hospital Pricing Authority (IHPA 2011)). In addition, some outpatient services that were provided by private practices in public hospitals in Tasmania have been excluded to align reporting with ABF rules.
- For 2009–10, Tasmania was not able to provide data for one hospital that reported about 280,000 occasions of service to the NPHED and 140,000 to the National Outpatient Care Database.

(continued)

Box 2.1 (continued)

Variation in admission practices

- Admission practices vary between public and private sectors, states and territories, and over time (see Appendix 2). This applies, for example, to services such as chemotherapy and endoscopy. As a result, people receiving the same type of service may be counted as same-day admitted patients in some hospitals and as non-admitted patients in other hospitals.
- Before 1 July 2007, chemotherapy and selected endoscopies were treated as same-day admissions in South Australian public hospitals. From 1 July 2007, these services have been treated as outpatient occasions of service in South Australia.
- The decrease in private hospital separations between 2009–10 and 2010–11 for Victoria was due to inconsistent reporting practices at some private hospitals in previous years. For 2010–11, Victoria excluded some types of mental health activity (mainly same day care) that had previously been reported as separations by some hospitals.
- In 2008–09, Western Australia did not provide data for approximately 3,000 admitted patient separations. Approximately 2,700 of those separations were from public hospitals. In 2009–10, Western Australia did not provide data for approximately 13,000 admitted patient separations. Approximately 2,400 of those separations were from public hospitals, and 10,600 separations were for one private hospital.
- For 2009–10, Tasmania was unable to fully identify specialised psychiatric care days in public acute hospitals that had accounted for about 200 same-day separations with specialised mental health care in 2008–09. For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.
- Statistics on separations for admitted patients may be affected by variations in statistical admission and statistical separation practices across states and territories, and the way in which hospital stays for *Newborns* were reported (see Appendix 1).

Box 2.2: What methods were used?

- The hospital types reported in this chapter are *Public acute hospitals*, *Public psychiatric hospitals*, *Private free-standing day hospital facilities* and *Other private hospitals*.
- Time series data are presented in this chapter showing average annual changes from 2006–07 to 2010–11 (or the latest available year of data), and annual change between 2009–10 and 2010–11 (or the change between the two latest available years of data if the 2010–11 data are unavailable). Annual change rates are not adjusted for any changes in data coverage and/or re-categorisation of the hospital as public or private, except where noted in the text.

(continued)

Box 2.2 (continued)

- Expenditure and revenue are presented in both current price and constant price terms. Current prices refer to amounts as reported, unadjusted for inflation. Current price amounts are less comparable between years than constant price amounts. Constant price values are adjusted for inflation and are expressed in terms of prices in the reference year. The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.
- Separations for which the care type was reported as *Newborn* (without qualified days), and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded from statistics on separations. Patient days for *Newborns* that were not qualified are excluded from the counts of patient days.
- Separations per 1,000 population and patient days per 1,000 population are reported as directly age-standardised rates based on the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 was used as the reference population. Age-standardisation of rates enables valid comparison across years and/or jurisdictions without being affected by the differences in age distributions (see Appendix 2).
- Average cost weight comparisons are based on the latest available public and private cost weights and the relevant AR-DRG versions applying to each year. In one analysis in this chapter, public sector cost weights have been used for private hospitals to enable comparison with public hospitals (see Appendix 2).
- The relative stay index (RSI) is calculated as the actual number of patient days for separations in selected AR-DRGs (version 6.0) divided by the expected number of patient days (based on national figures for the years 2006–07 to 2010–11 combined) and standardised for casemix (see Appendix 2).
- For reasons of confidentiality, data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have not been published.

Hospital resources 2006–07 to 2010–11

How many hospitals?

In 2010–11, there were 752 public hospitals and 581 private hospitals (2009–10), compared with 758 public hospitals and 557 private hospitals in 2006–07 (Table 2.1).

More information on the types of hospitals, and their distribution by state and territory in 2010–11 is provided in Chapter 4.

Table 2.1: Public and private hospitals^(a), 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 ^(b) | 2010–11 ^(b) | Change (per cent) | |
|-----------------------------------------------|--------------|--------------|--------------|------------------------|------------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals | 739 | 742 | 737 | 736 | 735 | –0.1 | –0.1 |
| Public psychiatric hospitals ^(b) | 19 | 20 | 19 | 17 | 17 | –2.7 | 0.0 |
| <i>Total</i> | 758 | 762 | 756 | 753 | 752 | –0.2 | –0.1 |
| | | | | | | Average since 2006–07 | Since 2008–09 |
| Private hospitals^(c) | | | | | | | |
| Private free-standing day hospital facilities | 268 | 272 | 285 | 302 | n.a. | 4.1 | 6.0 |
| Other private hospitals | 289 | 280 | 276 | 279 | n.a. | –1.2 | 1.1 |
| <i>Total</i> | 557 | 552 | 561 | 581 | n.a. | n.a. | n.a. |
| All hospitals | 1,315 | 1,314 | 1,317 | 1,334 | n.a. | n.a. | n.a. |

(a) The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see Appendix 1).

(b) In 2009–10, Tasmania's Statewide Mental Health Services, which was previously reported as three separate public psychiatric hospitals, was reported as one entity in 2009–10. Therefore the number of reporting units changed, but the number of public psychiatric hospital campuses remained the same. In 2010–11, a detoxification unit in Tasmania was re-classified as a mental health service and data for this establishment were not reported to NPHEd, resulting in a further decrease in the number of hospitals reported for Tasmania.

(c) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2008, 2010, 2011).

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How many beds?

Between 2006–07 and 2010–11, public hospital bed numbers rose overall (an average of 1.0% per year), and beds per 1,000 population decreased (an average of 1.0% per year). From 2009–10, the number of available beds was reported separately as the number of same-day and overnight admitted patient beds (see Chapter 4).

Data on the number of private hospital beds is not available for 2007–08 and was not available at the time of this report for 2010–11. Between 2006–07 and 2009–10, private hospital bed numbers rose by an average of 1.3% per year.

Table 2.2: Public and private hospital beds and beds per 1,000 population^(a), 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------|---------------|---------------|---------------|---------------|---------------|------------------------------|----------------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals | 53,563 | 54,137 | 54,382 | 54,812 | 55,789 | 1.0 | 1.8 |
| Public psychiatric hospitals ^(b) | 2,341 | 2,330 | 2,140 | 2,088 | 1,983 | –4.1 | –5.0 |
| <i>Total</i> | <i>55,904</i> | <i>56,467</i> | <i>56,522</i> | <i>56,900</i> | <i>57,772</i> | <i>0.8</i> | <i>1.5</i> |
| <i>Beds per 1,000 population</i> | <i>2.68</i> | <i>2.66</i> | <i>2.61</i> | <i>2.57</i> | <i>2.57</i> | <i>–1.0</i> | <i>–0.1</i> |
| | | | | | | Average since 2006–07 | Since 2008–09 |
| Private hospitals^(c) | | | | | | | |
| Private free-standing day hospital facilities | 2,251 | n.a. | 2,495 | 2,822 | n.a. | 7.8 | 13.1 |
| Other private hospitals | 24,427 | n.a. | 24,685 | 24,926 | n.a. | 0.7 | 1.0 |
| <i>Total</i> | <i>26,678</i> | <i>n.a.</i> | <i>27,180</i> | <i>27,748</i> | <i>n.a.</i> | <i>1.3</i> | <i>2.1</i> |
| <i>Beds per 1,000 population</i> | <i>1.30</i> | <i>n.a.</i> | <i>1.28</i> | <i>1.28</i> | <i>n.a.</i> | <i>–0.4</i> | <i>0.2</i> |
| All hospitals | 82,582 | n.a. | 83,702 | 84,648 | n.a. | n.a. | n.a. |
| Beds per 1,000 population | 3.96 | n.a. | 3.88 | 3.83 | n.a. | n.a. | n.a. |

(a) Beds per 1,000 population is a crude rate based on Australian population as at the 31 December of the year in question.

(b) In 2010–11, Tasmania reclassified 76 beds from 'acute mental health beds' to 'residential care beds', decreasing both the number of beds and the number of separations reported for public psychiatric hospitals in Tasmania.

(c) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2008, 2010, 2011).

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: n.a.—not available.

Did hospital expenditure and revenue change?

A summary measure of the significance of Australia's hospitals is the amount that is spent on them – an estimated \$46.3 billion in 2009–10, about 3.7% of Australia's gross domestic product, or about \$2,181 per person (AIHW 2011e). Hospital spending has been increasing faster than inflation – adjusted for inflation, it increased by 5.0% each year, on average, between 2004–05 and 2009–10.

Recurrent expenditure for public hospitals in 2010–11 was \$37 billion in current price terms (unadjusted for inflation), an increase of 9.7% from 2009–10 (Table 2.3). In constant price terms (adjusted for inflation) the average annual increase in recurrent expenditure for public hospitals was 5.9% between 2006–07 and 2010–11 (Table 2.3).

Total revenue for public hospitals increased in constant price terms by an average of 9.8% per year between 2006–07 and 2010–11 (Table 2.3).

For private hospitals, recurrent expenditure increased by 7.5% between 2008–09 and 2009–10 (adjusted for inflation). Total revenue for private hospitals increased in constant price terms by 6.6% in the same period.

Table 2.3: Recurrent expenditure^(a) and revenue (\$ million), public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|---------------------------------------------------------------------------------|---------------|-------------|---------------|---------------|-------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Total recurrent expenditure^(a), constant prices^(b) | | | | | | | |
| Public hospitals | 29,391 | 31,385 | 32,947 | 34,178 | 36,985 | 5.9 | 8.2 |
| Private hospitals ^(c) | 7,411 | n.a. | 8,320 | 8,946 | n.a. | 6.5 | 7.5 |
| All hospitals | 36,803 | n.a. | 41,267 | 43,125 | n.a. | n.a. | n.a. |
| Total recurrent expenditure^(a), current prices | | | | | | | |
| Public hospitals | 26,290 | 28,908 | 31,322 | 33,706 | 36,985 | 8.9 | 9.7 |
| Private hospitals ^(c) | 6,967 | n.a. | 8,137 | 8,946 | n.a. | 8.7 | 9.9 |
| All hospitals | 33,256 | n.a. | 39,460 | 42,653 | n.a. | n.a. | n.a. |
| Total revenue, constant prices^(b) | | | | | | | |
| Public hospitals | 2,700 | 2,922 | 3,129 | 3,468 | 3,925 | 9.8 | 13.2 |
| Private hospitals ^(c) | 8,021 | n.a. | 9,184 | 9,790 | n.a. | 6.9 | 6.6 |
| All hospitals | 10,721 | n.a. | 12,313 | 13,258 | n.a. | n.a. | n.a. |
| Total revenue, current prices | | | | | | | |
| Public hospitals | 2,415 | 2,691 | 2,975 | 3,420 | 3,925 | 12.9 | 14.8 |
| Private hospitals ^(c) | 7,539 | n.a. | 8,982 | 9,790 | n.a. | 9.1 | 9.0 |
| All hospitals | 9,955 | n.a. | 11,957 | 13,210 | n.a. | n.a. | n.a. |

(a) Excludes depreciation.

(b) Expressed in terms of prices in the reference year 2008-09. The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals. *Note:* See boxes 2.1 and 2.2 for notes on data limitations and methods.

(c) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2008, 2010, 2011). For private hospitals, comparison of most recent year increase is for the period between 2008–09 and 2009–10. Average yearly increase is calculated for the period 2006–07 to 2009–10.

Abbreviations: n.a.—not available.

How many people were employed in public hospitals?

Between 2006–07 and 2010–11, the numbers of full-time equivalent staff employed in public hospitals in Australia increased by an average of 3.0% each year. There was variation in the relative size and direction of change across staff categories during this period (Table 2.4), with the greatest increase occurring in the *Salaried medical officers* category (7.4%).

Table 2.4: Full-time equivalent staff, public hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Salaried medical officers | 24,439 | 26,996 | 29,166 | 30,497 | 32,514 | 7.4 | 6.6 |
| Total nurses | 103,967 | 107,089 | 111,870 | 113,734 | 119,126 | 3.5 | 4.7 |
| Diagnostic and allied health professionals | 34,240 | 36,013 | 35,506 | 35,441 | 36,993 | 2.0 | 4.4 |
| Administrative and clerical staff | 36,844 | 36,909 | 37,640 | 38,089 | 41,073 | 2.8 | 7.8 |
| Other personal care staff, domestic and other staff | 35,139 | 33,341 | 32,714 | 33,218 | 33,921 | –0.9 | 2.1 |
| Total staff | 234,630 | 240,344 | 246,895 | 250,978 | 263,623 | 3.0 | 5.0 |

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Hospital activity 2006–07 to 2010–11

How much non-admitted patient activity?

Hospitals provide services to non-admitted patients through emergency departments, outpatient clinics and a range of other services. Overall, the number of non-admitted patient occasions of service provided by *Public acute hospitals* increased by 2.1% per year between 2006–07 and 2010–11 (Table 2.5).

Table 2.5: Non-admitted patient occasions of service^(a) ('000), public^(b) and private hospitals^{(b)(c)}, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|----------------------------------------|---------------|-------------|---------------|---------------|-------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public acute hospitals ^(b) | 46,141 | 48,355 | 49,161 | 49,471 | 50,177 | 2.1 | 1.4 |
| Other private hospitals ^(c) | 1,743 | n.a. | 1,520 | 2,077 | n.a. | n.a. | n.a. |
| Total^(d) | 47,884 | n.a. | 50,681 | 51,548 | n.a. | n.a. | n.a. |

(a) Excludes group occasions of service.

(b) Excludes *Public psychiatric hospitals* and *Private free-standing day hospital facilities*.

(c) Private hospital information was sourced from the Australian Bureau of Statistics' *Private hospitals Australia* reports (ABS 2008, 2010, 2011).

(d) The total for 2009–10 is underestimated by about 280,000 occasions of service that were not able to be reported for one hospital in Tasmania. For 2010–11, Tasmania excluded counts of outpatient services that were provided by private practices in public hospitals

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviations: n.a.—not available.

How much admitted patient activity?

Admission to hospital is a formal process, and follows a decision made by a medical officer that a patient needs to be admitted for appropriate management or treatment of their condition, or for appropriate care or assessment of needs.

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care by being discharged, dying, being transferred to another hospital or by a change of care type.

Between 2006–07 and 2010–11, the overall number of hospital separations rose from 7.6 million to 8.9 million separations. Over this period, the rate of growth in separations was higher for private hospitals than for public hospitals. In particular, the numbers of separations reported for *Private free-standing day hospital facilities* increased by an average of 9.1% each year.

Between 2009–10 and 2010–11, the rate of growth was higher in public hospitals (4.1%) than in private hospitals (3.2%). However, this was partly due to the reclassification in Victoria of some private hospital same-day mental health care as non-admitted patient activity (which was previously classified as admitted patient activity). After adjusting for the inclusion of

this activity in previous years, it is estimated that the national increase in separations between 2009–10 and 2010–11 was about 4.0% per year, 4.1% for public hospitals and 3.9% for private hospitals.

In 2010–11, private hospitals accounted for 40% of separations, compared with 39% in 2006–07 (Table 2.6). Over the same period, there was a fall in separations from *Public psychiatric hospitals*. In part, this reflects a change of service delivery arrangements including shifts from *Public psychiatric hospitals* to *Public acute hospitals* or to residential care.

Table 2.6: Separations ('000), public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------|--------------|--------------|--------------|--------------|--------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals | 4,646 | 4,729 | 4,880 | 5,269 | 5,269 | 3.2 | 4.2 |
| Public psychiatric hospitals ^(a) | 15 | 15 | 11 | 10 | 10 | –9.7 | –9.7 |
| <i>Total public hospitals</i> | <i>4,661</i> | <i>4,744</i> | <i>4,891</i> | <i>5,279</i> | <i>5,279</i> | <i>3.2</i> | <i>4.1</i> |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 570 | 668 | 729 | 783 | 809 | 9.1 | 3.3 |
| Other private hospitals | 2,371 | 2,462 | 2,528 | 2,678 | 2,764 | 3.9 | 3.2 |
| <i>Total private hospitals</i> | <i>2,942</i> | <i>3,130</i> | <i>3,257</i> | <i>3,462</i> | <i>3,573</i> | <i>5.0</i> | <i>3.2</i> |
| All hospitals | 7,603 | 7,874 | 8,148 | 8,531 | 8,853 | 3.9 | 3.8 |

(a) For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Between 2006–07 and 2010–11, the number of separations per 1,000 population rose by an average of 1.5% per year, with growth observed in all types of hospitals apart from *Public psychiatric hospitals* (Table 2.7). For *Public psychiatric hospitals*, the separation rate decreased by 38.4% between 2006–07 and 2010–11 with an average decrease of 11% per year. The highest growth in separation rate was observed in *Private free-standing day hospital facilities* (6.6% on average per year) (Table 2.7). Over the same period, private hospital overnight separation rates increased less (0.1% per year) than the overall separation rate.

How many same-day and overnight separations?

A **same-day separation** occurs when a patient is admitted and separated from hospital on the same date.

An **overnight separation** occurs when a patient is admitted and separated from hospital on different dates.

Between 2006–07 and 2010–11, the number of same-day separations rose at a greater rate than overnight separations (4.8% and 2.7% average per year, respectively) (Table 2.8), with the rate of increase being higher in the private sector. In 2010–11, same-day separations accounted for 57.8% of separations, compared with 55.8% of separations in 2006–07. For more information on same-day acute admitted patient care, see Chapter 8.

There was an increase in overnight separations between 2006–07 and 2010–11, with the rate of increase being higher for public hospitals (2.7%) than for private hospitals (2.5%). In 2010–11, overnight separations made up 49% of separations in public hospitals and 32% of separations in private hospitals. For more information on overnight acute admitted patient care, see Chapter 9.

Table 2.7: Separations per 1,000 population^(a), public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------|--------------|--------------|--------------|--------------|--------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals | 217.8 | 216.9 | 218.8 | 220.9 | 225.5 | 0.9 | 2.0 |
| Public psychiatric hospitals | 0.7 | 0.7 | 0.5 | 0.5 | 0.5 | –11.4 | –10.6 |
| <i>Total public hospitals</i> | 218.5 | 217.6 | 219.3 | 221.5 | 225.9 | 0.8 | 2.0 |
| Overnight separations | 110.5 | 110.4 | 110.0 | 110.2 | 112.2 | 0.4 | 1.7 |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 26.5 | 30.3 | 32.4 | 33.9 | 34.3 | 6.6 | 1.0 |
| Other private hospitals | 109.6 | 111.4 | 111.9 | 115.6 | 116.6 | 1.6 | 0.9 |
| <i>Total private hospitals</i> | 136.2 | 141.7 | 144.3 | 149.5 | 150.9 | 2.6 | 0.9 |
| Overnight separations | 48.3 | 48.6 | 47.9 | 48.7 | 48.5 | 0.1 | –0.6 |
| All hospitals | 354.7 | 359.3 | 363.6 | 370.9 | 376.8 | 1.5 | 1.6 |
| Overnight separations | 158.8 | 159.0 | 158.0 | 159.0 | 160.6 | 0.3 | 1.0 |

(a) Rates are directly age-standardised to the Australian population as at 30 June of each year. The Australian population as at 30 June 2001 is used as the reference population.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Time series data for separations for the years 2006–07 to 2010–11 are also presented in:

- Chapter 7 for public patients, private patients and other categories of patients in public and private hospitals
- Chapter 8 for same-day acute care in public and private hospitals
- Chapter 9 for overnight acute care in public and private hospitals
- Chapter 10 for admissions involving surgery in public and private hospitals, and for public hospital elective surgery waiting times
- Chapter 11 for sub- and non-acute care in public and private hospitals.

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). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (which includes elective and other planned care).

Tables 2.9 and 2.10 present information on the *Urgency of admission* by same-day/overnight status and the broad category of admitted patient service (*Childbirth, Specialist mental health,*

Surgical, Medical and Other). See 'What care was provided?' for more information on these broad categories of service.

Table 2.8: Same-day and overnight separations ('000), public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|----------------------------------------------------|--------------|--------------|--------------|--------------|--------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Same-day separations | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 2,331 | 2,362 | 2,460 | 2,573 | 2,685 | 3.6 | 4.3 |
| Public psychiatric hospitals | 2 | 2 | 1 | 1 | 1 | –26.0 | –8.0 |
| <i>Total</i> | 2,333 | 2,364 | 2,461 | 2,574 | 2,685 | 3.6 | 4.3 |
| <i>Proportion of total public separations (%)</i> | 50.0 | 49.8 | 50.3 | 50.8 | 50.9 | 0.4 | 0.2 |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 568 | 666 | 728 | 782 | 808 | 9.2 | 3.3 |
| Other private hospitals | 1,341 | 1,399 | 1,456 | 1,562 | 1,627 | 5.0 | 4.2 |
| <i>Total</i> | 1,909 | 2,065 | 2,184 | 2,344 | 2,435 | 6.3 | 3.9 |
| <i>Proportion of total private separations (%)</i> | 64.9 | 66.0 | 67.0 | 67.7 | 68.1 | 1.2 | 0.7 |
| All hospitals | 4,242 | 4,429 | 4,645 | 4,918 | 5,120 | 4.8 | 4.1 |
| Proportion of total separations (%) | 55.8 | 56.2 | 57.0 | 57.6 | 57.8 | 0.9 | 0.3 |
| Overnight separations | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 2,315 | 2,368 | 2,420 | 2,485 | 2,585 | 2.8 | 4.0 |
| Public psychiatric hospitals ^(a) | 13 | 13 | 10 | 11 | 9 | –7.7 | –9.8 |
| <i>Total</i> | 2,328 | 2,380 | 2,430 | 2,495 | 2,594 | 2.9 | 4.0 |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 2 | 2 | 1 | 1 | 1 | –13.4 | 8.3 |
| Other private hospitals | 1,031 | 1,062 | 1,073 | 1,117 | 1,137 | 2.5 | 1.8 |
| <i>Total</i> | 1,033 | 1,065 | 1,074 | 1,118 | 1,138 | 2.5 | 1.8 |
| All hospitals | 3,361 | 3,445 | 3,504 | 3,613 | 3,732 | 2.7 | 3.3 |

(a) For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Between 2006–07 and 2010–11, same-day separations with an urgency of admission of *Emergency* increased by 3.6% per year for public hospitals (Table 2.9). For *Non-emergency* admissions, same-day separations increased for both public and private hospitals (3.6% and 6.7% per year, respectively).

Table 2.9: Same-day separations by broad category of service, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Childbirth | 5,455 | 5,919 | 6,436 | 6,939 | 7,287 | 7.5 | 5.0 |
| Specialist mental health ^(a) | 12,821 | 10,644 | 16,268 | 11,153 | 10,642 | –4.6 | –4.6 |
| <i>Emergency</i> | <i>471,784</i> | <i>474,074</i> | <i>490,598</i> | <i>498,996</i> | <i>542,853</i> | 3.6 | 8.8 |
| Surgical | 20,002 | 19,933 | 20,361 | 19,879 | 20,686 | 0.8 | 4.1 |
| Medical | 447,202 | 449,855 | 465,923 | 474,705 | 518,281 | 3.8 | 9.2 |
| Other | 4,580 | 4,286 | 4,314 | 4,412 | 3,886 | –4.0 | –11.9 |
| <i>Non-emergency</i> | <i>1,842,748</i> | <i>1,872,963</i> | <i>1,947,577</i> | <i>2,056,971</i> | <i>2,126,475</i> | 3.6 | 3.3 |
| Surgical | 326,170 | 329,666 | 339,840 | 345,631 | 352,606 | 2.0 | 2.0 |
| Medical | 1,295,292 | 1,329,912 | 1,385,183 | 1,475,332 | 1,513,234 | 4.0 | 2.6 |
| Other | 221,286 | 213,385 | 222,554 | 236,008 | 258,527 | 4.0 | 9.5 |
| <i>Total</i> | <i>2,332,808</i> | <i>2,363,600</i> | <i>2,460,879</i> | <i>2,574,059</i> | <i>2,685,148</i> | 3.6 | 4.3 |
| Private hospitals | | | | | | | |
| Childbirth | 155 | 162 | 148 | 151 | 145 | –1.7 | –4.0 |
| Specialist mental health ^(b) | 89,740 | 88,905 | 103,897 | 114,838 | 99,742 | 2.7 | –13.1 |
| <i>Emergency</i> | <i>27,313</i> | <i>17,709</i> | <i>12,404</i> | <i>13,178</i> | <i>16,752</i> | –11.5 | 27.1 |
| Surgical | 8,363 | 5,850 | 2,621 | 2,749 | 3,893 | –17.4 | 41.6 |
| Medical | 12,971 | 8,833 | 8,263 | 8,576 | 10,120 | –6.0 | 18.0 |
| Other | 5,979 | 3,026 | 1,520 | 1,853 | 2,739 | –17.7 | 47.8 |
| <i>Non-emergency</i> | <i>1,791,493</i> | <i>1,958,325</i> | <i>2,067,217</i> | <i>2,215,398</i> | <i>2,318,630</i> | 6.7 | 4.7 |
| Surgical | 619,305 | 670,816 | 702,309 | 740,835 | 757,940 | 5.2 | 2.3 |
| Medical | 628,806 | 707,317 | 771,272 | 846,955 | 870,319 | 8.5 | 2.8 |
| Other | 543,382 | 580,192 | 593,636 | 627,608 | 690,371 | 6.2 | 10.0 |
| <i>Total</i> | <i>1,908,701</i> | <i>2,065,101</i> | <i>2,183,666</i> | <i>2,343,565</i> | <i>2,435,269</i> | 6.3 | 3.9 |
| Total same-day separations | 4,241,509 | 4,428,701 | 4,644,545 | 4,917,624 | 5,120,417 | 4.8 | 4.1 |

(a) For 2009–10, Tasmania was unable to fully identify specialised psychiatric care days in public acute. Tasmanian public acute hospitals accounted for about 200 same-day separations with specialised mental health care in 2008–09. For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

(b) The decrease in private hospital separations between 2009–10 and 2010–11 for Victoria was due to inconsistent reporting practices at some private hospitals in previous years. For 2010–11, Victoria excluded some types of mental health activity (mainly same day care) that had previously been reported as separations by some hospitals.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

For overnight separations (between 2006–07 and 2010–11), the number of separations with an urgency of admission of *Emergency* increased by 3.4% per year for public hospitals (Table 2.10). For *Non-emergency* admissions, overnight separations increased for both public and private hospitals (2.1% per year and 2.9% per year, respectively).

Table 2.10: Overnight separations by broad category of service, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Childbirth | 197,506 | 200,476 | 201,727 | 204,160 | 206,133 | 1.1 | 1.0 |
| Specialist mental health | 86,172 | 86,125 | 86,950 | 85,675 | 90,566 | 1.3 | 5.7 |
| <i>Emergency</i> | 1,376,590 | 1,418,342 | 1,449,896 | 1,479,756 | 1,570,668 | 3.4 | 6.1 |
| Surgical | 190,379 | 197,785 | 205,662 | 209,499 | 223,155 | 4.1 | 6.5 |
| Medical | 1,141,381 | 1,175,086 | 1,194,220 | 1,219,161 | 1,293,948 | 3.2 | 6.1 |
| Other | 44,830 | 45,471 | 50,014 | 51,096 | 53,565 | 4.6 | 4.8 |
| <i>Non-emergency</i> | 668,204 | 675,517 | 691,571 | 725,638 | 726,617 | 2.1 | 0.1 |
| Surgical | 311,314 | 311,767 | 320,068 | 329,369 | 334,509 | 1.8 | 1.6 |
| Medical | 333,427 | 340,135 | 349,600 | 373,664 | 369,262 | 2.6 | -1.2 |
| Other | 23,463 | 23,615 | 21,903 | 22,605 | 22,846 | -0.7 | 1.1 |
| <i>Total</i> | 2,328,472 | 2,380,460 | 2,430,144 | 2,495,229 | 2,593,984 | 2.7 | 4.0 |
| Private hospitals | | | | | | | |
| Childbirth | 79,479 | 80,925 | 81,242 | 84,169 | 79,859 | 0.1 | -5.1 |
| Specialist mental health | 25,703 | 26,921 | 27,481 | 30,805 | 30,350 | 4.2 | -1.5 |
| <i>Emergency</i> | 170,886 | 159,252 | 153,314 | 165,540 | 178,381 | 1.1 | 7.8 |
| Surgical | 31,931 | 27,798 | 27,683 | 30,062 | 32,724 | 0.6 | 8.9 |
| Medical | 129,021 | 122,245 | 116,374 | 125,349 | 134,429 | 1.0 | 7.2 |
| Other | 9,934 | 9,209 | 9,257 | 10,129 | 11,228 | 3.1 | 10.9 |
| <i>Non-emergency</i> | 756,868 | 797,686 | 811,722 | 837,636 | 849,559 | 2.9 | 1.4 |
| Surgical | 468,885 | 492,575 | 504,314 | 522,542 | 533,149 | 3.3 | 2.0 |
| Medical | 249,692 | 267,187 | 269,033 | 276,143 | 277,021 | 2.6 | 0.3 |
| Other | 38,291 | 37,924 | 38,375 | 38,951 | 39,389 | 0.7 | 1.1 |
| <i>Total</i> | 1,032,936 | 1,064,784 | 1,073,759 | 1,118,150 | 1,138,149 | 2.5 | 1.8 |
| Total overnight separations | 3,361,408 | 3,445,244 | 3,503,903 | 3,613,379 | 3,732,133 | 2.7 | 3.3 |

(a) For 2009–10, Tasmania was unable to fully identify specialised psychiatric care days in public acute hospitals that had accounted for about 1,900 overnight separations with specialised mental health care in 2008–09. For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 2.1 and 2.2 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 describing care by the following broad categories of service:

- *Childbirth*: separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

Between 2006–07 and 2010–11, private hospitals accounted for the majority of *Specialist mental health* same-day separations, (90% in 2010–11) (Table 2.9) and for about one-quarter of overnight separations for *Specialist mental health* care (25% in 2010–11) (Table 2.10).

Public hospitals consistently accounted for about 71% of overnight *Childbirth* separations between 2006–07 and 2010–11.

Average cost weight

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the theoretical average for all separations. The validity of comparisons of average cost weights across jurisdictions is limited by differences in the extent to which each jurisdiction's acute care psychiatric services are integrated into its public hospital system. Cost weights are of less use as a measure of resource requirements for acute psychiatric services because the relevant AR-DRGs are less homogenous than for other acute services.

In the first part of Table 2.11, public sector cost weights were used for both public and private hospitals to enable comparison between sectors, because public and private sector cost weights are not comparable.

Using public cost weights for both public and private hospitals, average cost weights were lower for private hospitals than for public hospitals and average costs declined slightly overall between 2006–07 and 2010–11 (Table 2.11). Over that period there was an increase in the average cost weight for *Public psychiatric hospitals*.

Applying private hospital cost weights to separations for private hospitals shows that the overall average cost weight for private hospitals declined slightly between 2006–07 and 2010–11, while cost weights for *Other private hospitals* increased slightly between 2006–07 and 2007–08.

Table 2.11: Average cost weight of separations, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Average public cost weight of separations^(a) | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 1.02 | 1.02 | 1.01 | 1.01 | 1.00 | –0.5 | –0.9 |
| Public psychiatric hospitals | 2.63 | 2.69 | 2.97 | 2.98 | 2.75 | 1.1 | –7.7 |
| <i>Total</i> | <i>1.02</i> | <i>1.02</i> | <i>1.01</i> | <i>1.01</i> | <i>1.00</i> | <i>–0.5</i> | <i>–0.9</i> |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 0.49 | 0.47 | 0.47 | 0.48 | 0.47 | –0.9 | –0.6 |
| Other private hospitals | 1.04 | 1.05 | 1.04 | 1.04 | 1.04 | 0.0 | –0.2 |
| <i>Total</i> | <i>0.93</i> | <i>0.92</i> | <i>0.91</i> | <i>0.91</i> | <i>0.90</i> | <i>–0.7</i> | <i>–0.4</i> |
| All hospitals | 0.99 | 0.98 | 0.97 | 0.97 | 0.96 | –0.6 | –0.7 |
| Average private cost weight of separations^(b) | | | | | | | |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 0.35 | 0.34 | 0.34 | 0.34 | 0.35 | –0.3 | 0.6 |
| Other private hospitals | 0.96 | 0.98 | 0.97 | 0.97 | 0.97 | 0.2 | 0.3 |
| <i>Total</i> | <i>0.84</i> | <i>0.84</i> | <i>0.82</i> | <i>0.82</i> | <i>0.82</i> | <i>–0.6</i> | <i>0.2</i> |

(a) AR-DRG version 5.2 public cost weights 2008–09 were used for all rows in *Average public cost weight of separations*.

(b) AR-DRG version 5.2 private cost weights 2008–09 were used for all rows in *Average private cost weight of separations*.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

How long did people stay in hospital?

In 2010–11, 69% of patient days were in public hospitals (Table 2.12). Patient days for *Public psychiatric hospitals* declined between 2006–07 and 2010–11. In part, this reflects a change in service delivery arrangements, such as the shifts from *Public psychiatric hospitals* to *Public acute hospitals* and residential care.

Between 2006–07 and 2010–11, the average length of stay for public acute and private hospitals fell slightly, but rose for *Public psychiatric hospitals*.

The length of stay for overnight separations is comparable with the length of stays reported by the Organization for Economic Co-operation and Development (OECD 2009) for other OECD countries (which do not include same-day activity). With same-day separations excluded, average lengths of stay in all hospitals combined decreased by 1.3% per year on average between 2006–07 and 2010–11 (Table 2.12).

Between 2006–07 and 2010–11, overall patient days per 1,000 population declined slightly for *Public acute hospitals* and for *Other private hospitals* (Table 2.13). Over the same period, patient days per 1,000 population increased by about 6.6% per year for *Private free-standing day hospital facilities*.

Table 2.12: Patient days and average length of stay, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|----------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Patient days ('000) | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 16,781 | 17,122 | 17,302 | 17,440 | 17,894 | 1.6 | 2.6 |
| Public psychiatric hospitals ^(a) | 658 | 714 | 587 | 663 | 593 | -2.6 | -10.6 |
| <i>Total</i> | 17,439 | 17,836 | 17,889 | 18,103 | 18,487 | 1.5 | 2.1 |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 570 | 668 | 729 | 783 | 809 | 9.1 | 3.3 |
| Other private hospitals | 6,915 | 7,139 | 7,164 | 7,479 | 7,598 | 2.4 | 1.6 |
| <i>Total</i> | 7,485 | 7,807 | 7,893 | 8,262 | 8,408 | 2.9 | 1.8 |
| All hospitals | 24,925 | 25,643 | 25,782 | 26,365 | 26,895 | 1.9 | 2.0 |
| Average length of stay (days) | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 3.6 | 3.6 | 3.5 | 3.4 | 3.4 | -1.5 | -1.5 |
| Public psychiatric hospitals ^(a) | 43.3 | 48.4 | 52.8 | 59.1 | 58.6 | 7.9 | -1.0 |
| <i>Total</i> | 3.7 | 3.8 | 3.7 | 3.6 | 3.5 | -1.6 | -1.9 |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 0.0 | 0.0 |
| Other private hospitals | 2.9 | 2.9 | 2.8 | 2.8 | 2.7 | -1.5 | -1.6 |
| <i>Total</i> | 2.5 | 2.5 | 2.4 | 2.4 | 2.4 | -1.9 | -1.4 |
| All hospitals | 3.3 | 3.3 | 3.2 | 3.1 | 3.0 | -1.9 | -1.7 |
| Average length of stay, excluding same-day separations (days) | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 6.2 | 6.2 | 6.1 | 6.0 | 5.9 | -1.5 | -1.6 |
| Public psychiatric hospitals ^(a) | 50.3 | 55.0 | 56.0 | 63.0 | 62.5 | 5.6 | -0.8 |
| <i>Total</i> | 6.5 | 6.5 | 6.3 | 6.2 | 6.1 | -1.6 | -2.1 |
| Private hospitals ^(b) | | | | | | | |
| Other private hospitals | 5.4 | 5.4 | 5.3 | 5.3 | 5.3 | -0.7 | -0.9 |
| All hospitals | 6.2 | 6.2 | 6.0 | 5.9 | 5.8 | -1.3 | -1.7 |

(a) For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

(b) Average overnight length of stay for *Private free-standing day hospital facilities* is not shown as it is based on a small number of records and is not meaningful.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Table 2.13: Patient days per 1,000 population^(a), public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals | 775.7 | 772.6 | 762.4 | 749.0 | 751.7 | –0.8 | 0.4 |
| Public psychiatric hospitals ^(b) | 31.5 | 33.2 | 27.0 | 29.7 | 26.2 | –4.5 | –11.8 |
| <i>Total</i> | <i>807.2</i> | <i>805.8</i> | <i>789.3</i> | <i>778.7</i> | <i>777.9</i> | <i>–0.9</i> | <i>–0.1</i> |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 26.5 | 30.3 | 32.4 | 33.9 | 34.3 | 6.6 | 1.1 |
| Other private hospitals | 315.9 | 318.3 | 311.9 | 317.5 | 314.6 | –0.1 | –0.9 |
| <i>Total</i> | <i>342.5</i> | <i>348.6</i> | <i>344.3</i> | <i>351.4</i> | <i>348.9</i> | <i>0.5</i> | <i>–0.7</i> |
| All hospitals | 1,149.7 | 1,154.4 | 1,133.7 | 1,130.1 | 1,126.8 | –0.5 | –0.3 |

(a) Rates are directly age-standardised to the Australian population as at 30 June of the year of interest. The Australian population as at 30 June 2001 is used as the reference population.

(b) For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Relative stay index

A relative stay index (RSI) greater than 1 indicates that the average episode's length of stay is higher than would be expected given the casemix for the category of interest (for example, by hospital sector or jurisdiction). An RSI of less than 1 indicates that the length of stay was less than would have been expected. More information on RSIs by *Medical*, *Surgical* and *Other* categories of AR-DRGs and by funding source is provided in Chapter 3. Details of the methods used are included in Appendix 2.

Table 2.14 presents RSI information for 2006–07 to 2010–11. The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2006–07 and 2010–11.

When interpreting RSI information, it should be noted that separation records from public psychiatric hospitals include some with very long individual lengths of stay, some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and patient day counts can also fluctuate markedly for these hospitals.

Table 2.14: Relative stay index, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Indirectly standardised relative stay index^(a) | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 1.00 | 1.00 | 0.99 | 0.97 | 0.96 | .. | .. |
| Public psychiatric hospitals | 1.20 | 1.19 | 1.24 | 1.24 | 1.31 | .. | .. |
| <i>Total</i> | <i>1.01</i> | <i>1.00</i> | <i>0.99</i> | <i>0.97</i> | <i>0.96</i> | .. | .. |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 0.76 | 0.74 | 0.76 | 0.75 | 0.75 | .. | .. |
| Other private hospitals | 1.07 | 1.06 | 1.05 | 1.04 | 1.03 | .. | .. |
| <i>Total</i> | <i>1.06</i> | <i>1.04</i> | <i>1.04</i> | <i>1.02</i> | <i>1.01</i> | .. | .. |
| All hospitals | 1.02 | 1.01 | 1.00 | 0.99 | 0.97 | .. | .. |
| Directly standardised relative stay index^(b) | | | | | | | |
| Public hospitals | | | | | | | |
| Public acute hospitals | 1.02 | 1.01 | 1.00 | 0.98 | 0.97 | -1.1 | -0.9 |
| Public psychiatric hospitals | 2.38 | 2.98 | 2.48 | 3.60 | 1.69 | -8.2 | -53.2 |
| <i>Total</i> | <i>1.02</i> | <i>1.01</i> | <i>1.00</i> | <i>0.99</i> | <i>0.98</i> | <i>-1.1</i> | <i>-0.9</i> |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 0.40 | 0.40 | 0.44 | 0.41 | 0.48 | 4.4 | 15.8 |
| Other private hospitals | 1.12 | 1.11 | 1.12 | 1.10 | 1.09 | -0.7 | -0.6 |
| <i>Total</i> | <i>1.11</i> | <i>1.10</i> | <i>1.11</i> | <i>1.08</i> | <i>1.08</i> | <i>-0.8</i> | <i>-0.5</i> |
| All hospitals | 1.02 | 1.01 | 1.00 | 0.99 | 0.98 | -1.1 | -0.9 |

(a) Relative stay index based on all hospitals combined for the 5-year period using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the 5-year average based on the casemix of that group. See Appendix 2 for details on the methodology.

(b) Relative stay index based on all hospitals combined for the 5-year period using the direct method. The directly standardised relative stay index is comparable between cells. See Appendix 2 for details on the methodology.

Note: See boxes 2.1 and 2.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable.

3 Hospital performance indicators

Performance indicators are defined as statistics or other units of information that, directly or indirectly, reflect either the extent to which an anticipated outcome is achieved or the quality of the processes leading to that outcome (NHPC 2001).

This chapter presents hospital performance indicators within the context of the National Health Performance Framework (NHPF).

The National Health Performance Framework

In 2001, the National Health Performance Committee (NHPC) developed a framework to report on the performance of the Australian health system, which was adopted by health ministers. In 2008, the Australian Health Ministers Advisory Committee's National Health Information Standards and Statistics Committee (NHISSC) endorsed a revised framework, termed the National Health Performance Framework 2009.

The NHPC describes the framework as a structure to guide the understanding and evaluation of the health system, facilitating consideration of how well the health system or program is performing. The framework has three domains: 'Health Status', 'Determinants of Health' and 'Health System Performance'. Questions are posed for each domain and a number of dimensions have been identified within each domain. The dimensions guide the development and selection of performance indicators that can be used together to answer that domain's questions. Sometimes, single indicators can provide information relevant to several dimensions of the framework.

The Health System Performance domain is most directly relevant to the assessment of the provision of hospital and other health-care services. The six dimensions are: *Effectiveness*, *Safety*, *Responsiveness*, *Continuity of care*, *Accessibility* and *Efficiency & sustainability* (Table 3.1).

The questions asked for the Health System Performance domain in the National Health Performance Framework 2009 are:

- How does the health system perform?
- What is the level of quality of care across the range of patient care needs?
- Does the system deliver value for money and is it sustainable?
- Is it the same for everyone?

What data are reported?

Eleven hospital performance indicators are presented in this chapter, and 7 others are included elsewhere in this report. The indicators are listed in Table 3.2 against the dimensions of the NHPF. Some indicators can be related to more than one dimension of the NHPF, even though they are presented here against only one dimension. For example, hospital accreditation could be related to *Safety* and *Responsiveness*, as well as *Effectiveness*.

Table 3.2 also shows whether the indicator is included in a nationally agreed set of performance indicators:

- the NHPF set as endorsed by health ministers for reporting in *Australia's health*
- the National Healthcare Agreement (NHA) (CRC 2011).

Most of the performance indicators presented in this report align with the NHA performance indicators for the outcome area of 'hospital and related care' (CRC 2011). The NHA includes 70 performance indicators and nine performance benchmarks (including a number for 'hospital and related care') that are to be reported regularly under the Intergovernmental Agreement on Federal Financial Relations. The NHA performance indicators based on 2007–08 to 2009–10 hospital data have been published by the COAG Reform Council (CRC 2010 and 2011). The performance indicators presented here are based on data for the 2010–11 financial year and on specifications anticipated to be used for the Council's 2013 report.

Additional data for some hospital performance indicators are presented elsewhere in this report. For example, summary information on waiting times in public hospital emergency departments is presented in this chapter, with more detailed information in Chapter 5.

Table 3.1: The National Health Performance Framework – Health System Performance domain

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Effectiveness Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.</p> | <p>Safety The avoidance or reduction to acceptable limits of actual or potential harm from healthcare management or the environment in which health care is delivered.</p> |
| <p>Continuity of care Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.</p> | <p>Accessibility People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.</p> |
| <p>Responsiveness Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.</p> | <p>Efficiency & sustainability Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.</p> |

Box 3.1: What are the limitations of the data?

The performance indicators presented here should be interpreted with consideration of the limitations of the data from which they are derived. Information on variation in data recording practices, data quality and database coverage are presented in Appendix 1. While the rates could be interpreted as reflecting hospital system performance, they may also reflect variation in underlying needs for hospitalisation, admission and data recording practices, and availability of non-hospital services.

Table 3.2: Hospital performance indicators in this report, by National Health Performance Framework dimension

| Table(s) | Indicator | Related national indicator set | |
|----------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------|------|
| | | NHA | NHPF |
| Effectiveness | | | |
| Table 3.4 | Accreditation of hospitals and beds | | ✓ |
| Safety | | | |
| Table 3.5 | Adverse events treated in hospitals | | ✓ |
| Table 3.6 | <i>Staphylococcus aureus</i> bacteraemia in public hospitals | ✓ | |
| To be included at a later date. | Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital) | ✓ | |
| Table A6.3, Appendix 6 | Falls resulting in patient harm in hospitals | ✓ Interim | ✓ |
| Table A6.4, Appendix 6 | Intentional self-harm in hospitals | ✓ Interim | |
| Responsiveness | | | |
| No indicators available | | | |
| Continuity of care | | | |
| No indicators available | | | |
| Accessibility | | | |
| Tables 3.7 and 3.8 | Waiting times for emergency department care | ✓ | ✓ |
| Tables 3.9 and 3.10 | Waiting times for elective surgery | ✓ | ✓ |
| Table 3.11, and Figures 3.1 to 3.3 | Rates of services: overnight separations | ✓ | |
| Tables 3.12, S3.9 | Rates of services: hospital procedures | ✓ | ✓ |
| Tables 3.13 and 3.14 | Rates of services: non-acute care separations | ✓ | |
| Table A6.2, Appendix 6 | Rates of services: outpatient occasions of service | ✓ Interim | |
| Efficiency & sustainability | | | |
| Tables 3.15, 3.16, S3.1 to S3.7 | Cost per casemix-adjusted separation for acute care episodes | ✓ | ✓ |
| Tables 3.17, S3.8 | Relative stay index | | ✓ |
| Figure 3.4, Table S3.10 | Average length of stay for selected AR-DRGs | | ✓ |

Abbreviations: AR-DRG—Australian Refined Diagnosis Related Group; NHA—National Healthcare Agreement; NHPF—National Health Performance Framework.

‘Interim’ or ‘proxy’ indicators include those measures that are of poor quality due to variation in reporting, or because the available data does not completely match the intent of the indicator. For more information on the interim indicators, see Appendix 6.

Table 3.3 lists four other NHA performance indicators that are presented elsewhere in this report. These indicators are not presented in this chapter as they are not indicators of hospital performance. They include one proxy measure for which the available data does not completely match the intent of the indicator.

Table 3.3: Other performance indicators in this report

| Indicator | Related national indicator set | | Section |
|------------------------------------------------------------------------------------|--------------------------------|-------|----------------------------------------------------------------------------------------------|
| | NHA | NHPF | |
| Selected potentially preventable hospitalisations | ✓ | ✓ | Chapter 7. Related to the NHA outcome area of primary and community health. |
| People aged 65 years or over receiving sub-acute services | ✓ | | Chapter 11. Related to the NHA outcome area of aged care. |
| Hospitalisation for injury and poisoning | ✓ | | Chapter 7. Related to the NHA outcome area of social inclusion and Indigenous health. |
| Hospital patient days used by those eligible and waiting for residential aged care | ✓ | Proxy | Appendix 6, Table A6.4. Related to the NHA outcome area of aged care. |

Abbreviations: NHA—National Healthcare Agreement; NHPF—National Health Performance Framework.

Box 3.2: What methods were used?

Readers should note the following:

- unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded
- separation rates are age-standardised (see Appendix 2)
- public hospitals include *Public acute* and *Public psychiatric* hospitals
- private hospitals include *Private free-standing day hospital facilities* and *Other private* hospitals.
- The abbreviation n.p. – not published may appear in a table to protect confidentiality of private hospital data, or for very small cell sizes (see Appendix 2).

Details of methods, including the selection of AR-DRGs, diagnoses and procedures used are presented in Appendix 2 for:

- adverse events treated in hospitals
- rates of service: hospital procedures
- cost per casemix-adjusted separation
- relative stay index
- average length of stay for selected AR-DRGs.

Effectiveness

Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.

Performance indicator: Hospital accreditation

Accreditation is recognised through a variety of bodies, including the Australian Council on Healthcare Standards, EQUiP, Business Excellence Australia, the Quality Improvement Council, and hospitals can be certified as compliant with the International Organization for Standardization's (ISO) 9000 quality family.

Accreditation at any point in time does not assume a fixed or continuing status as accredited.

For Australia as a whole, 681 public hospitals were accredited by one or more providers at 30 June 2011, with 56,545 public hospital beds (91% of public hospitals and 98% of public hospital beds) (Table 3.4). These hospitals delivered 99% of separations and 98% of patient days in public hospitals. The proportion of public hospitals that were accredited ranged from 17% in Tasmania to 100% in Victoria, Western Australia, the Australian Capital Territory and the Northern Territory.

The proportion of public hospital beds in accredited hospitals ranged from 87% in Tasmania to 100% in the 4 states and territories with complete accreditation (see above). The proportion of separations in accredited public hospitals ranged from 95% in Tasmania to 100% in the 4 states and territories with complete accreditation.

A total of 543 private hospitals were accredited in 2009–10, with 27,045 private hospital beds (93% of hospitals, accounting for 97% of the beds).

The comparability of accreditation data among states and territories is limited because of the voluntary nature of participation in award schemes for hospitals in some jurisdictions. As accreditation for public hospitals was counted as at 30 June 2011, hospitals that were accredited for the majority of the financial year, but had their accreditation status lapse shortly before this date, would have been counted as non-accredited.

Table 3.4: Selected accreditation statistics by state and territory, public hospitals 2010–11, private hospitals, 2009–10

| | NSW | Vic ^(a) | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------|-------------|--------------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|
| Public hospitals | | | | | | | | | |
| <i>Total hospitals</i> | 226 | 151 | 170 | 94 | 80 | 23 | 3 | 5 | 752 |
| Accredited hospitals | 192 | 151 | 159 | 94 | 73 | 4 | 3 | 5 | 681 |
| Accredited (%) | 85 | 100 | 94 | 100 | 91 | 17 | 100 | 100 | 91 |
| <i>Total beds^(b)</i> | 19,931 | 13,408 | 11,117 | 5,492 | 5,040 | 1,196 | 926 | 662 | 57,772 |
| Accredited beds | 18,982 | 13,408 | 11,108 | 5,492 | 4,927 | 1,039 | 926 | 662 | 56,545 |
| Accredited (%) | 95 | 100 | 100 | 100 | 98 | 87 | 100 | 100 | 98 |
| Separations in accredited hospitals (%) | 98 | 100 | 100 | 100 | 99 | 95 | 100 | 100 | 99 |
| Patient days in accredited hospitals (%) | 96 | 100 | 100 | 100 | 99 | 91 | 100 | 100 | 98 |
| Private hospitals^(c) | | | | | | | | | |
| <i>Total hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 581 |
| Accredited hospitals | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 543 |
| Accredited (%) | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 93 |
| <i>Total beds^(b)</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 27,748 |
| Accredited beds | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 27,045 |
| Accredited (%) | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 97 |

(a) For Victoria, 2 hospitals were enrolled in the accreditation process as at 30 June 2011. These hospitals are shown as accredited.

(b) The number of average available beds presented here may differ from the counts published elsewhere. For example, counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period.

(c) Accreditation statistics for private hospitals were sourced from the Australian Bureau of Statistics *Private hospitals Australia 2009–10* (ABS 2011).

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Safety

The avoidance or reduction to acceptable limits of actual or potential harm from health-care management or the environment in which health care is delivered.

Performance indicator: Adverse events treated in hospitals

Adverse events are defined as incidents in which harm resulted to a person receiving health care. They include infections, falls resulting in injuries, and problems with medication and medical devices. Some of these adverse events may be preventable.

Hospital separations data include information on diagnoses, places of occurrence and external causes of injury and poisoning that can indicate that an adverse event was treated and/or occurred during the hospitalisation. However, other diagnosis codes may also suggest that an adverse event has occurred, and some adverse events are not identifiable using these codes. A separation may be recorded against more than one category in Table 3.5 as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning).

In 2010–11, 5.1% of separations reported an ICD-10-AM code indicating an adverse event. The proportion of separations with an adverse event was 5.9% in the public sector and 3.9% in the private sector (Table 3.5). The data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

Table 3.5: Separations with an adverse event^(a), public and private hospitals, 2010–11

| Adverse event | Public hospitals | | Private hospitals | | Total | |
|-----------------------------------------------------------------|------------------|------------|-------------------|------------|----------------|------------|
| | Separations | Per 100 | Separations | Per 100 | Separations | Per 100 |
| External cause of injury and poisoning | | | | | | |
| Adverse effects of drugs, medicaments and biological substances | 111,939 | 2.1 | 26,674 | 0.7 | 138,613 | 1.6 |
| Misadventures to patients during surgical and medical care | 14,521 | 0.3 | 5,890 | 0.2 | 20,411 | 0.2 |
| Procedures causing abnormal reactions/complications | 168,022 | 3.2 | 98,387 | 2.8 | 266,409 | 3.0 |
| Other external causes of adverse events | 6,285 | 0.1 | 1,064 | 0.0 | 7,349 | 0.1 |
| Place of occurrence of injury and poisoning | | | | | | |
| Place of occurrence: Health service area | 302,903 | 5.7 | 134,684 | 3.8 | 437,587 | 4.9 |
| Diagnoses | | | | | | |
| Selected post-procedural disorders | 43,118 | 0.8 | 25,862 | 0.7 | 68,980 | 0.8 |
| Haemorrhage and haematoma complicating a procedure | 24,378 | 0.5 | 14,315 | 0.4 | 38,693 | 0.4 |
| Infection following a procedure | 22,652 | 0.4 | 11,305 | 0.3 | 33,957 | 0.4 |
| Complications of internal prosthetic devices | 63,298 | 1.2 | 39,024 | 1.1 | 102,322 | 1.2 |
| Other diagnoses of complications of medical and surgical care | 42,729 | 0.8 | 19,109 | 0.5 | 61,838 | 0.7 |
| Total (any of the above)^(b) | 313,864 | 5.9 | 138,347 | 3.9 | 452,211 | 5.1 |

(a) Separations that included ICD-10-AM diagnosis and/or external cause codes that indicated a possible adverse event was treated and/or occurred during the hospitalisation.

(b) Categories do not sum to the totals because multiple diagnoses and external causes can be recorded for each separation and external cause codes and diagnosis codes can be used together to describe adverse events.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

In the public sector, about 54% of separations with an adverse event reported *Procedures causing abnormal reactions/complications* and 36% reported *Adverse effects of drugs, medicaments and biological substances*.

In the private sector, about 71% of separations with an adverse event reported *Procedures causing abnormal reactions/complications* and 19% reported *Adverse effects of drugs, medicaments and biological substances*.

The data presented in Table 3.5 can be interpreted as representing selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals. Some of the adverse events included in these tables may represent events that occurred before admission. Condition onset flag information (see Appendix 2) could be used in the future to exclude conditions that arose before admission and to include conditions not currently used to indicate adverse events, in order to provide

more accurate estimates of adverse events occurring and treated within single episodes of care.

Performance indicator: *Staphylococcus aureus* bacteraemia (SAB) in Australian public hospitals

'*Staphylococcus aureus* bacteraemia (SAB) in Australian public hospitals' is regarded as an indicator of the safety of care. Patients who develop bloodstream infections such as SAB are more likely to suffer complications that result in a longer hospital stay and an increased cost of hospitalisation. Serious infections may also result in death.

Hospital-associated SAB infections are monitored by surveillance arrangements in public hospitals. The SAB cases reported include those associated with both admitted and non-admitted hospital care.

The aim is to have as few cases of SAB as possible. A national benchmark is specified in the National Healthcare Agreement for public hospitals that no more than 2.0 cases of SAB occur for every 10,000 days of patient care.

In 2010–11, there were 1,873 cases of SAB reported for Australian public hospitals overall. These cases occurred during approximately 17 million days of patient care under SAB surveillance. More than two-thirds (73%) were methicillin sensitive, and would therefore have been treatable with commonly used antibiotics (Table 3.6).

All states and territories had rates of SAB below the national benchmark of 2.0 cases per 10,000 patient days, ranging from 0.9 cases per 10,000 patient days in Victoria, South Australia and the Australian Capital Territory to 1.4 in the Northern Territory (Table 3.6).

Table 3.6: Cases of *Staphylococcus aureus* (including MRSA) bacteraemia (SAB) in public hospitals, MRSA and MSSA, by state/territory, 2010–11^(a)

| | NSW | Vic | Qld ^(b) | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------|------------|------------|--------------------|------------|------------|------------|------------|------------|--------------|
| Rate per 10,000 patient days | | | | | | | | | |
| Methicillin-resistant <i>Staphylococcus aureus</i> | 0.4 | 0.2 | 0.3 | 0.2 | 0.2 | 0.2 | 0.2 | 0.6 | 0.3 |
| Methicillin-sensitive <i>Staphylococcus aureus</i> | 0.9 | 0.7 | 0.9 | 0.9 | 0.7 | 1.1 | 0.7 | 0.8 | 0.8 |
| Total^(c) | 1.2 | 0.9 | 1.2 | 1.0 | 0.9 | 1.3 | 0.9 | 1.4 | 1.1 |
| Number of cases | | | | | | | | | |
| Methicillin resistant <i>Staphylococcus aureus</i> | 232 | 118 | 72 | 23 | 30 | 6 | 6 | 18 | 505 |
| Methicillin sensitive <i>Staphylococcus aureus</i> | 535 | 322 | 218 | 117 | 93 | 35 | 23 | 25 | 1,368 |
| Total | 767 | 440 | 290 | 140 | 123 | 41 | 29 | 43 | 1,873 |
| Patient days under SAB surveillance ('000) | 6,279 | 4,791 | 2,440 | 1,335 | 1,300 | 305 | 313 | 301 | 17,064 |
| Coverage ^(d) (per cent) | 97 | 99 | 77 | 83 | 81 | 81 | 98 | 100 | 91 |

(a) The SAB cases were associated with both admitted patient care and with non-admitted patient care (including emergency departments and outpatient clinics). The comparability of the SAB rates among jurisdictions is limited because of coverage differences and because the count of patient days reflects the amount of admitted patient activity, but does not necessarily reflect the amount of non-admitted patient activity.

(b) Only includes patients aged 14 and over.

(c) Total may not equal sum of components due to rounding.

(d) Coverage and patient day estimates may be preliminary. Coverage is the number of patient days for hospitals included in the SAB surveillance arrangements as a proportion of total patient days for all public hospitals.

Performance indicator: Unplanned /unexpected readmissions following selected surgical episodes of care (same public hospital)

'Unplanned /unexpected readmissions following selected surgical episodes of care (same public hospital)' are defined as the number of separations where the principal diagnosis indicates an unplanned or unexpected readmission following a surgical episode of care, and where admission occurred within a specified period (in days) of an initial episode of care involving one of the selected procedures.

The measure is regarded as an indicator of the safety of care. It could also be regarded as an indicator of effectiveness of care.

The specification for this indicator is currently under development and will differ from the readmission indicator presented in previous *Australian hospital statistics* reports. The revised specification will include specific values for each of the procedures for the:

- reference periods (for the initial episode of care in which the procedure was performed),
- readmission intervals (days between the initial episode of care and the readmission)
- principal diagnoses used to define unplanned/unexpected readmissions for each of the selected procedures.

Information on unplanned/unexpected readmissions will be reported on the AIHW website after the specification has been finalised.

Responsiveness

Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.

There are no indicators of responsiveness available for hospitals.

Continuity of care

Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.

There are no indicators of continuity of care available for hospitals.

Accessibility

People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Performance indicator: Waiting times for emergency department care

Emergency department waiting time to service delivery is 'the time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse'.

Emergency department waiting times information is summarised as the proportion of presentations in which patients were treated within the recommended time (for the urgency of their condition), and is presented for emergency departments in hospitals classified as *Principal referral and specialist women's and children's* hospitals and *Large* hospitals. The urgency of treatment is categorised using the National Triage Scale that has five categories that incorporate the time by which the patient should receive care (HDSC 2008). For more information on triage categories see Chapter 5.

For 2010–11, for all triage categories overall, the proportion of presentations in which patients received emergency department care within the required time was 69%, ranging from 52% in the Northern Territory to 74% in New South Wales (Table 3.7).

Table 3.7: Proportion^(a) of emergency presentations^(b) seen on time, by triage category, peer group A and B hospitals^(c), states and territories, 2010–11

| Triage category | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Resuscitation | 100 | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 100 |
| Emergency | 83 | 81 | 78 | 71 | 77 | 70 | 82 | 65 | 79 |
| Urgent | 70 | 69 | 59 | 49 | 65 | 51 | 54 | 50 | 64 |
| Semi-urgent | 71 | 64 | 67 | 64 | 70 | 59 | 49 | 48 | 66 |
| Non-urgent | 85 | 85 | 90 | 92 | 88 | 81 | 76 | 83 | 86 |
| Total | 74 | 70 | 66 | 62 | 71 | 59 | 58 | 52 | 69 |

(a) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) Records with a type of visit of *Emergency presentation*.

(c) For emergency department presentations reported for hospitals classified as *Principal referral and specialist women's and children's* hospitals and *Large* hospitals for which episode-level data were available. For more information, see the text of Chapter 5 and Appendix 2.

There were variations between states and territories in the proportion of emergency presentations seen on time, by hospital peer group, Indigenous status, remoteness area of residence and socioeconomic status of area of residence. Overall, 67% of emergency presentations were seen on time for *Principal referral and specialist women's and children's* hospitals and 73% were seen on time for *Large* hospitals (Table 3.8).

There were relatively slight differences in the proportion of presentations seen on time for Indigenous Australians compared to other Australians (67% and 69% respectively). Patients from *Very remote* areas were the group with the lowest proportion of presentations seen on time (62%).

Additional information on the proportion seen on time by triage category and by state and territory is included in tables that accompany this report online. More information on triage categories and emergency department waiting times for all public hospitals for which data were available (including hospitals that were not *Principal referral and specialist women's and children's* hospitals and *Large* hospitals) is available in Chapter 5.

Table 3.8: Proportion^(a) of emergency presentations^(b) seen on time by triage category, peer group A and B hospitals^(c), 2010–11

| | Resuscitation | Emergency | Urgent | Semi-urgent | Non-urgent | Total |
|----------------------------------------------------------------|---------------|-----------|-----------|-------------|------------|-----------|
| Hospital peer group | | | | | | |
| Principal referral and specialist women's and children's | 100 | 79 | 62 | 65 | 85 | 67 |
| Large hospitals | 99 | 81 | 70 | 70 | 88 | 73 |
| Indigenous status^(d) | | | | | | |
| Indigenous | 100 | 77 | 63 | 64 | 86 | 67 |
| Other Australians | 100 | 79 | 64 | 66 | 86 | 69 |
| Remoteness of residence^(e) | | | | | | |
| Major cities | 100 | 79 | 63 | 65 | 85 | 68 |
| Inner regional | 99 | 77 | 64 | 67 | 87 | 69 |
| Outer regional | 100 | 79 | 68 | 70 | 90 | 72 |
| Remote | 100 | 79 | 70 | 69 | 91 | 72 |
| Very remote | 100 | 73 | 61 | 57 | 88 | 62 |
| Socioeconomic status of area of residence^(f) | | | | | | |
| 1—Lowest | 100 | 80 | 65 | 66 | 86 | 69 |
| 2 | 100 | 78 | 65 | 67 | 85 | 70 |
| 3 | 100 | 78 | 63 | 66 | 87 | 68 |
| 4 | 100 | 78 | 60 | 64 | 85 | 66 |
| 5—Highest | 100 | 82 | 65 | 68 | 88 | 71 |
| Total | 100 | 79 | 64 | 66 | 86 | 69 |

(a) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.

(b) Records with a type of visit of *Emergency presentation*.

(c) For emergency department presentations reported for hospitals classified as *Principal referral and specialist women's and children's* hospitals and *Large* hospitals for which episode-level data were available. For more information, see the text of Chapter 5 and Appendix 2.

(d) Other Australians includes presentations for which the Indigenous status was not reported. Excludes data for Tasmania and the Australian Capital Territory.

(e) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

(f) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Performance indicator: Waiting times for elective surgery

Elective surgery waiting times data provide information on patients removed from public hospital elective surgery waiting lists for their surgery. Waiting times for elective surgery are an indicator of the provision of timely care. The median waiting time indicates the time within which 50% of patients were admitted for the awaited procedure. The 90th percentile waiting time indicates the amount of time within which 90% of patients were admitted for the awaited procedure.

The NHA indicator is prepared using linked elective surgery waiting times and admitted patient care data (for which demographic data were available), allowing analyses by remoteness areas and socioeconomic status groups. The linked data accounted for about 97% of the records provided with waiting times. There was some variation in the linked data coverage between states and territories, ranging from 90% for the Northern Territory to 99% for Queensland and South Australia.

Table 3.10 presents waiting time statistics for all patients admitted from public hospital waiting lists for elective surgery and for those records with demographic data available.

In 2010–11, the median waiting time for patients who were admitted from waiting lists was 36 days. It ranged from 29 days in Queensland and Western Australia to 76 days in the Australian Capital Territory. The 90th percentile for waiting time ranged from 148 days in Queensland to 378 days in the Australian Capital Territory, with an overall value of 250 days (Table 3.9). In 2010–11, 2.9% of patients admitted from public hospital waiting lists waited over a year for their elective surgery.

Table 3.9: Waiting time statistics for patients admitted from public hospital waiting lists for elective surgery^{(a)(b)}, states and territories, 2010–11

| | NSW | Vic | Qld | WA ^(c) | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------|---------|---------|---------|-------------------|--------|--------|--------|-------|---------|
| Elective surgery waiting times data^(a) | | | | | | | | | |
| Number of admissions | 204,820 | 157,073 | 113,876 | 64,785 | 46,081 | 16,497 | 11,338 | 6,429 | 620,899 |
| Days waited at 50th percentile | 47 | 36 | 29 | 29 | 38 | 38 | 76 | 33 | 36 |
| Days waited at 90th percentile | 333 | 182 | 148 | 159 | 208 | 359 | 378 | 223 | 252 |
| Per cent waited more than 365 days | 3.6 | 2.5 | 1.3 | 1.6 | 2.0 | 9.6 | 10.8 | 3.9 | 2.9 |

(a) Includes records with a reason for removal of *Admitted as an elective patient for awaited procedure in this hospital*.

(b) Records from the National Elective Surgery Waiting Times Collection for which demographic information was obtained from the National Hospital Morbidity Database. The linked records represent about 97% of records in the National Elective Surgery Waiting Times Data Collection for 2010–11.

(c) The data for Western Australia do not include non-metropolitan hospitals.

Table 3.10 presents waiting time statistics by Indigenous status, remoteness area and socioeconomic status, using the linked elective surgery waiting times and admitted patient care data.

There was a difference in the overall median waiting time for Indigenous Australians compared to other Australians (39 days and 36 days respectively) (Table 3.10). There were also variations by socioeconomic area of residence, with persons living in areas classified as being in the higher socioeconomic groups having shorter overall median waiting times than those living in areas classified as being in the lower socioeconomic groups. Persons residing in *Outer regional* areas had longer overall median waiting times than persons from other areas. However, these overall data do not take into account variations in the types of surgery awaited by patients from different socioeconomic groups or different remoteness areas.

For more information on elective surgery waiting times, see Chapter 10.

Table 3.10: Median waiting time (in days) for patients admitted from public hospital waiting lists for elective surgery^(a), by Indigenous status, remoteness area of residence and socioeconomic status of area of residence, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Number of admissions | 200,745 | 150,310 | 113,208 | 62,965 | 45,661 | 15,569 | 11,025 | 5,800 | 605,283 |
| Proportion of all elective surgery records (%) | 98 | 96 | 99 | 97 | 99 | 94 | 97 | 90 | 97 |
| Indigenous status^(b) | | | | | | | | | |
| Indigenous | 50 | 35 | 34 | 31 | 33 | 40 | 67 | 43 | 39 |
| Other Australians | 47 | 36 | 29 | 30 | 38 | 36 | 75 | 30 | 36 |
| Remoteness of residence^(c) | | | | | | | | | |
| Major cities | 42 | 37 | 28 | 31 | 41 | .. | 77 | .. | 36 |
| Inner regional | 56 | 32 | 29 | 27 | 33 | 35 | 63 | .. | 38 |
| Outer regional | 61 | 28 | 34 | 29 | 29 | 38 | .. | 29 | 39 |
| Remote | 43 | 36 | 28 | 33 | 28 | 38 | .. | 33 | 32 |
| Very remote | 27 | .. | 35 | 27 | 26 | 55 | .. | 50 | 35 |
| Socioeconomic status of area of residence^(d) | | | | | | | | | |
| 1—Lowest | 52 | 41 | 30 | 29 | 40 | 37 | n.p. | 42 | 41 |
| 2 | 56 | 35 | 28 | 30 | 40 | 37 | n.p. | 39 | 41 |
| 3 | 42 | 38 | 29 | 29 | 37 | 34 | 72 | 29 | 35 |
| 4 | 43 | 35 | 29 | 31 | 35 | 32 | 78 | 30 | 35 |
| 5—Highest | 28 | 30 | 25 | 29 | 35 | .. | 73 | 34 | 30 |
| Total | 47 | 36 | 29 | 30 | 38 | 36 | 75 | 34 | 36 |

(a) For the 97% of elective surgery records for which demographic data were available (see Table 3.10). (c) The linked data for New South Wales does not include the data for Hawkesbury Hospital, which was included in the National Elective Surgery Waiting Times Data Collection.

(b) Excludes data for Tasmania and the Australian Capital Territory. Other Australians includes records for which the Indigenous status was not reported.

(c) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

(d) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Abbreviations: ..—not applicable; n.p.—not published.

Performance indicator: Rates of service—overnight separations

The number of overnight separations per 1,000 population is regarded as an indicator of the accessibility of hospital services. The number of overnight separations is considered to be more comparable among the states and territories, and between the public and private sectors, than the total number of separations. This is due to variations in admission practices which lead to variation, in particular, in the number of same-day admissions.

Rates of overnight separations in public hospitals ranged from 92 per 1,000 in Tasmania to 189 per 1,000 in the Northern Territory (Table 3.11). For private hospitals, rates of overnight separations ranged from 38 per 1,000 in New South Wales to 61 per 1,000 in Queensland. Separation rates presented by the state or territory of hospitalisation will include separations for patients not usually resident in that state or territory. For the Australian Capital Territory, about 77% of separations were for Australian Capital Territory residents, with most of the remainder being residents of New South Wales.

Table 3.11: Overnight separations per 1,000 population, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total ^(a) |
|----------------------------------------------------------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|----------------------|
| Hospital sector | | | | | | | | | |
| Public | 114.5 | 111.3 | 103.8 | 111.4 | 118.7 | 92.2 | 128.2 | 189.4 | 112.0 |
| Private | 37.9 | 50.3 | 60.5 | 56.3 | 50.0 | n.p. | n.p. | n.p. | 48.4 |
| Indigenous status^(a) | | | | | | | | | |
| Indigenous | 252.4 | 259.8 | 279.2 | 395.8 | 366.6 | 104.4 | 315.6 | 380.4 | 303.8 |
| Other Australians | 152.0 | 162.6 | 161.0 | 161.1 | 168.1 | 92.0 | 126.0 | 118.0 | 158.6 |
| Remoteness of residence^(b) | | | | | | | | | |
| Major cities | 147.3 | 154.0 | 155.3 | 156.1 | 158.9 | .. | 142.8 | .. | 152.3 |
| Inner regional | 158.0 | 180.2 | 173.2 | 174.0 | 165.3 | 133.6 | n.p. | .. | 167.9 |
| Outer regional | 170.9 | 192.9 | 168.0 | 194.0 | 220.3 | 138.8 | .. | 160.1 | 177.1 |
| Remote | 231.6 | 263.8 | 219.5 | 219.0 | 208.9 | 143.7 | .. | 239.7 | 221.6 |
| Very remote | 231.2 | .. | 253.9 | 270.1 | 241.7 | 175.8 | .. | 300.0 | 271.6 |
| Socioeconomic status of area of residence^(c) | | | | | | | | | |
| 1—Lowest | 163.2 | 165.3 | 190.0 | 267.0 | 196.4 | 134.0 | n.p. | 258.0 | 176.9 |
| 2 | 152.7 | 182.2 | 179.5 | 176.5 | 167.5 | 177.6 | n.p. | 236.8 | 167.8 |
| 3 | 157.8 | 167.1 | 159.3 | 161.9 | 174.2 | 135.1 | 333.3 | 262.9 | 162.8 |
| 4 | 141.2 | 155.2 | 151.9 | 162.5 | 143.1 | 127.6 | 195.4 | 138.0 | 150.7 |
| 5—Highest | 137.6 | 141.4 | 135.9 | 145.0 | 135.5 | .. | 132.4 | 163.4 | 139.0 |
| Total | 152.4 | 161.5 | 164.3 | 167.7 | 168.7 | n.p. | n.p. | n.p. | 160.4 |

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separation rates by Indigenous status are calculated for public hospitals only. *Other Australians* includes records for which the Indigenous status was not reported. The total excludes data for Tasmania, the Australian Capital Territory and private hospitals in the Northern Territory.

(b) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

(c) Disaggregation by socioeconomic group is based on the patient's usual residence, not the location of the hospital. The socioeconomic status of area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

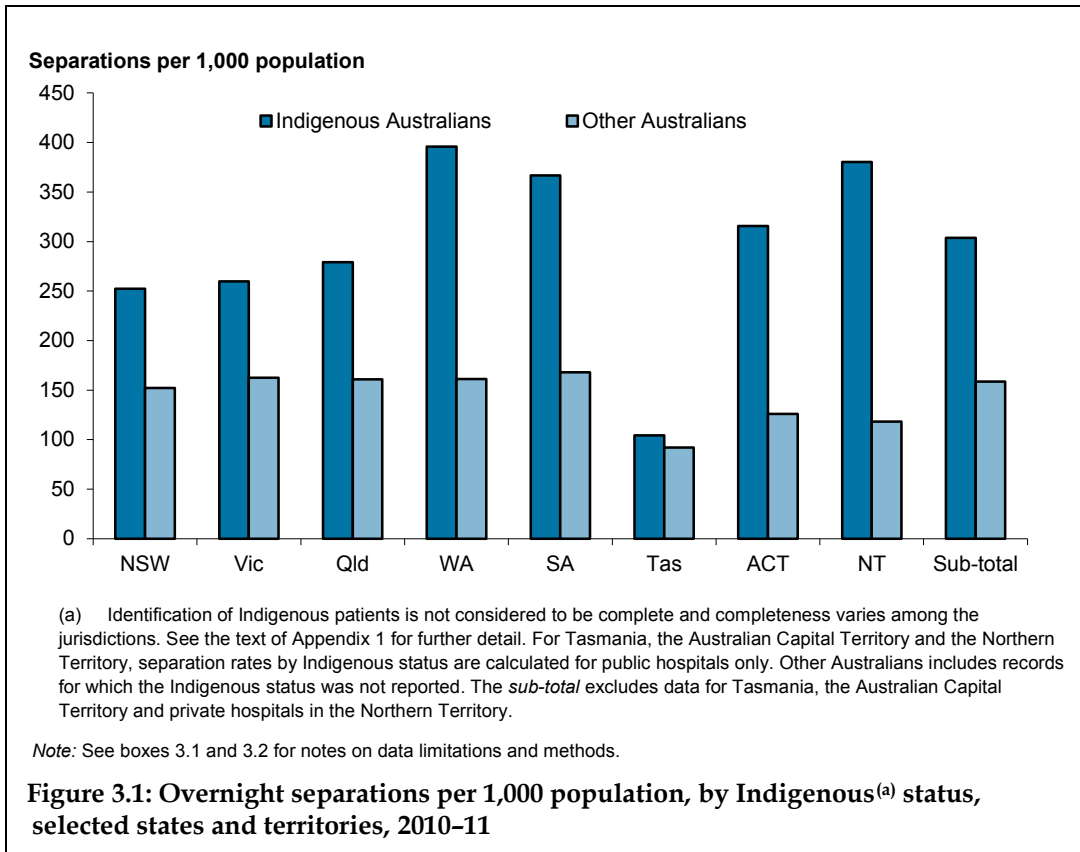
Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Abbreviations: ..—not applicable; n.p.—not published.

There were variations in rates of overnight separations by Indigenous status, remoteness area of residence and socioeconomic status of area of residence.

There were 304 overnight separations for patients reported as Indigenous per 1,000 Indigenous persons. This was almost twice the rate for other Australians (159 per 1,000) (see Figure 3.1). The overall overnight separation rates by Indigenous status are presented in the 'sub-total' for the six jurisdictions with data of sufficient quality for analytical purposes (see Appendix 1).

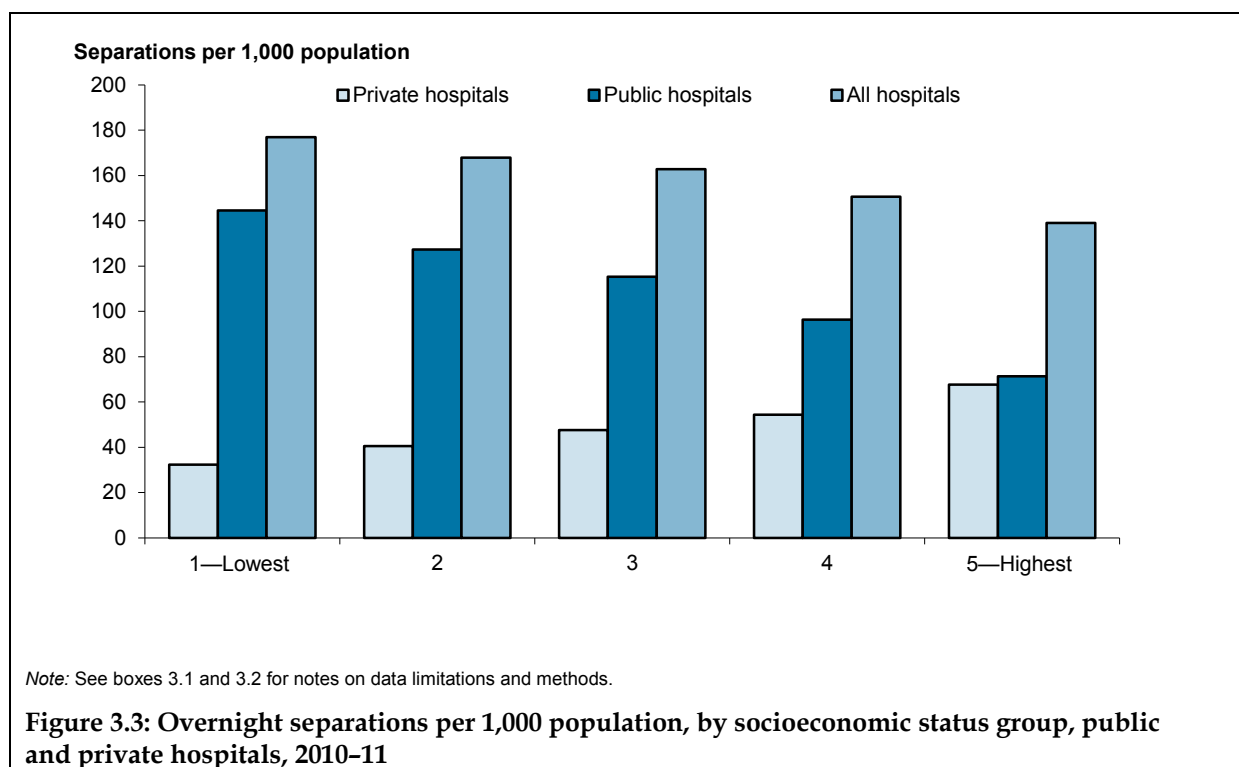
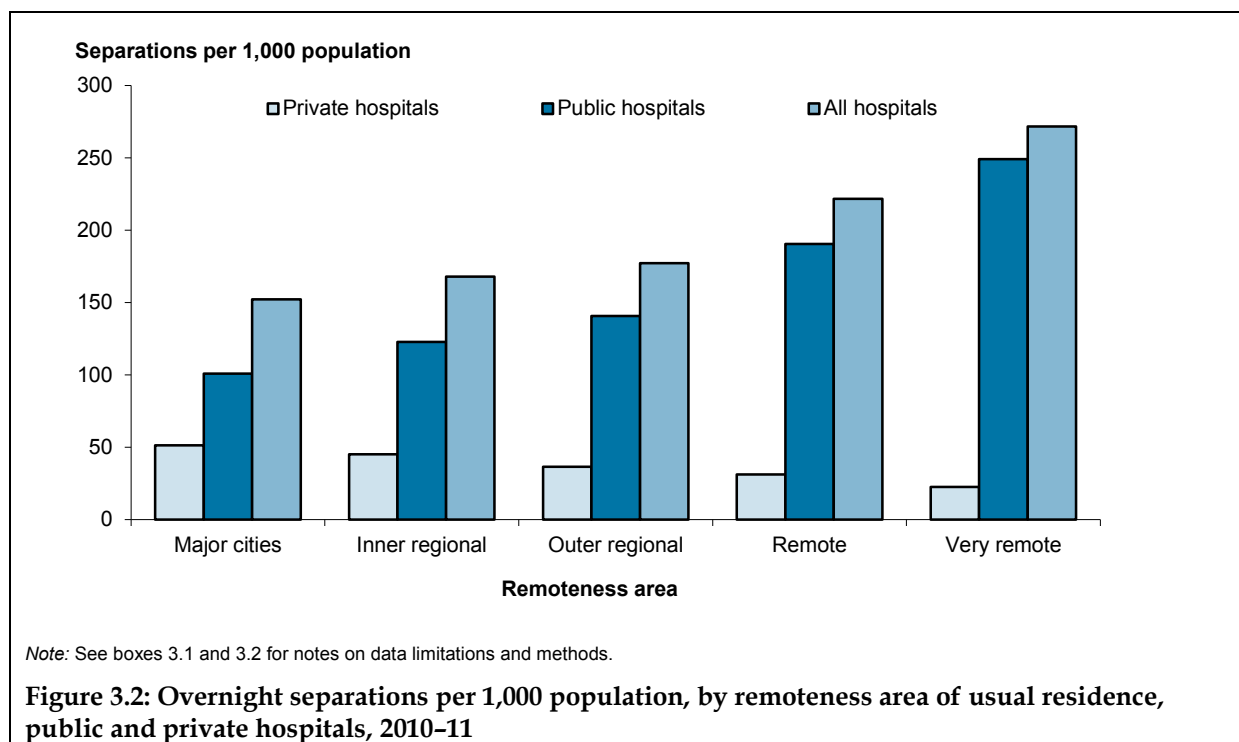
More information on the number of separations, separations per 1,000 population and the standardised separation rate ratio (SRR) by Indigenous status is available in chapters 7, 8, 9, 10 and 11.



There were also large variations in overnight separation rates by area of residence. Persons usually resident in *Very remote* areas had 272 overnight separations per 1,000 population compared with 152 per 1,000 for persons usually resident in *Major cities*. For public hospitals, rates of overnight separations increased with remoteness of the patient's area of usual residence, ranging from 101 per 1,000 population in *Major cities* to 249 per 1,000 in *Very remote* areas (Figure 3.2). For private hospitals, rates of overnight separations decreased with remoteness, ranging from 51 per 1,000 in *Major cities* to 23 per 1,000 in *Very remote* areas.

There was less variation by socioeconomic group, with persons living in areas classified as being in the lowest socioeconomic group having an overnight separation rate about 1.3 times as high as the rate for persons living in areas classified as being in the highest socioeconomic group. Rates of overnight separations in public hospitals increased with socioeconomic disadvantage, and for private hospitals decreased with socioeconomic disadvantage (Figure 3.3).

More information on overnight acute separations, including demographic and clinical data, is available in Chapter 9. Similar information for same-day acute separations is available in Chapter 8.



Performance indicator: Rates of services—hospital procedures

This indicator relates to accessibility of hospitals services and may also relate to the appropriateness of hospital care. Generally, the procedures were selected because of the frequency with which they are undertaken, because they are often elective and discretionary and because alternative treatments are sometimes available.

There was some variation in the numbers of separations per 1,000 population for the selected procedures among states and territories. For example, separations for *Cataract extraction* ranged from 6.7 per 1,000 population in the Australian Capital Territory to 10.3 per 1,000 population in Western Australia (Table 3.12). However, as data are not available for private free-standing day hospitals in the Australian Capital Territory, this is likely to underestimate the separation rate for cataract extractions in the Australian Capital Territory.

Table 3.12: Separations per 1,000 population for hospital procedures^(a), all hospitals, states and territories, 2010–11

| Procedure | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------|-----|-----|-----|------|-----|-----|-----|-----|-------|
| Cataract extraction | 8.5 | 8.1 | 8.5 | 10.3 | 8.0 | 9.6 | 6.7 | 8.5 | 8.6 |
| Cholecystectomy | 2.2 | 2.3 | 2.4 | 2.1 | 2.4 | 2.4 | 2.5 | 1.8 | 2.2 |
| Coronary angioplasty | 1.5 | 1.6 | 1.5 | 1.7 | 1.5 | 1.2 | 3.0 | .. | 1.6 |
| Coronary artery bypass graft | 0.5 | 0.6 | 0.6 | 0.4 | 0.6 | 0.4 | 0.6 | .. | 0.5 |
| Cystoscopy | 4.0 | 5.4 | 5.2 | 7.0 | 5.8 | 5.7 | 5.6 | 3.3 | 5.1 |
| Haemorrhoidectomy | 2.7 | 1.6 | 1.5 | 1.1 | 1.3 | 2.0 | 1.3 | 2.1 | 1.9 |
| Hip replacement | 1.4 | 1.5 | 1.3 | 1.7 | 1.7 | 1.9 | 2.5 | 0.7 | 1.5 |
| Hysterectomy, females aged 15–69 ^(b) | 2.1 | 2.1 | 2.5 | 2.4 | 2.6 | 2.5 | 2.6 | 2.0 | 2.3 |
| Inguinal herniorrhaphy | 2.2 | 2.1 | 2.2 | 2.3 | 2.0 | 2.2 | 2.7 | 1.8 | 2.2 |
| Knee replacement | 1.8 | 1.5 | 1.8 | 2.0 | 2.0 | 1.7 | 2.9 | 0.8 | 1.8 |
| Myringotomy | 1.6 | 2.0 | 1.6 | 2.2 | 3.2 | 1.4 | 2.5 | 0.8 | 1.9 |
| Prostatectomy ^(c) | 2.8 | 3.2 | 2.6 | 2.6 | 2.6 | 3.0 | 3.7 | 1.7 | 2.9 |
| Septoplasty | 1.0 | 1.4 | 0.8 | 0.9 | 1.3 | 0.5 | 1.1 | 0.5 | 1.1 |
| Tonsillectomy | 2.2 | 2.3 | 2.2 | 2.7 | 2.7 | 1.7 | 3.9 | 1.0 | 2.3 |
| Varicose veins stripping and ligation | 0.5 | 0.8 | 0.5 | 0.6 | 0.6 | 0.5 | 1.1 | 0.4 | 0.6 |

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes in Appendix 2.

(b) For *Hysterectomy*, the rate per 1,000 population was calculated for the estimated resident female population aged 15 to 69 years.

(c) For *Prostatectomy*, the rate per 1,000 population was calculated for the estimated resident male population.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods. Additional information is available in Table S3.9 at the end of this chapter.

Abbreviation: ..—not applicable.

Additional information for these procedures for public and private hospitals, and by Indigenous status, remoteness area of usual residence and socioeconomic status is available in tables that accompany this report online.

Performance indicator: Rates of service—non-acute care separations

Table 3.13 presents rates of overnight separations for non-acute care by state and territory. Caution should be used in interpreting these data as there are apparent variations in the practices of recording statistical discharges and in the assignment of care types between jurisdictions.

There was a large difference in the overall rate of overnight non-acute care between public and private hospitals (5.7 per 1,000 population and 2.5 per 1,000, respectively) (Table 3.14). The overnight non-acute separation rate for Indigenous Australians was about 30% higher than the rate for other Australians (10.7 per 1,000 and 8.4 per 1,000 respectively).

There were also variations by remoteness of area of residence, with persons residing in *Remote* areas having the lowest rate of non-acute overnight separations and persons residing in *Major cities* having the highest rate.

Table 3.13: Overnight separations for non-acute care per 1,000 population, states and territories, all hospitals, 2010-11

| Care type | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|------------|
| Rehabilitation | 5.2 | 5.2 | 4.1 | 5.1 | 4.0 | n.p. | n.p. | n.p. | 4.8 |
| Palliative care | 1.2 | 1.1 | 1.7 | 1.3 | 0.9 | n.p. | n.p. | n.p. | 1.3 |
| Geriatric evaluation and management | 0.6 | 2.3 | 0.5 | 0.3 | 0.7 | n.p. | n.p. | n.p. | 1.0 |
| Psychogeriatric care | 0.1 | 0.2 | 0.1 | 0.7 | 0.1 | n.p. | n.p. | n.p. | 0.2 |
| Maintenance care | 0.9 | 0.1 | 1.5 | 0.6 | 1.2 | n.p. | n.p. | n.p. | 0.9 |
| Total | 8.0 | 9.0 | 7.9 | 8.1 | 7.0 | n.p. | n.p. | n.p. | 8.2 |

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table 3.14: Overnight separations for non-acute care per 1,000 population by hospital sector, Indigenous status, remoteness area and socioeconomic status, states and territories, 2010-11

| | NSW | Vic | Qld | WA | SA | Tas ^(a) | ACT ^(a) | NT ^(a) | Total |
|----------------------------------------------------------------|------------|------------|------------|------------|------------|--------------------|--------------------|-------------------|------------|
| Hospital sector | | | | | | | | | |
| Public | 5.5 | 5.9 | 5.5 | 5.8 | 4.8 | 3.1 | 15.7 | 7.3 | 5.7 |
| Private | 2.5 | 3.1 | 2.3 | 2.3 | 2.2 | n.p. | n.p. | n.p. | 2.5 |
| Indigenous status^(a) | | | | | | | | | |
| Indigenous | 8.7 | 12.9 | 11.1 | 13.0 | 9.5 | 3.5 | 37.5 | 11.1 | 10.7 |
| Other Australians | 8.3 | 9.3 | 7.8 | 8.1 | 7.4 | 4.5 | 18.2 | 7.1 | 8.4 |
| Remoteness of residence^(b) | | | | | | | | | |
| Major cities | 8.4 | 9.5 | 8.5 | 8.4 | 7.6 | .. | 14.9 | .. | 8.8 |
| Inner regional | 7.3 | 8.0 | 7.1 | 7.1 | 4.7 | 5.2 | n.p. | .. | 7.3 |
| Outer regional | 6.8 | 6.5 | 6.4 | 7.2 | 5.6 | 2.8 | .. | 9.7 | 6.5 |
| Remote | 7.6 | 7.5 | 6.3 | 7.3 | 5.5 | 2.1 | .. | 6.6 | 6.4 |
| Very remote | 11.3 | .. | 6.7 | 8.2 | 4.3 | 1.5 | .. | 8.4 | 7.3 |
| Socioeconomic status of area of residence^(c) | | | | | | | | | |
| 1—Lowest | 7.3 | 8.7 | 8.2 | 9.1 | 7.3 | 3.7 | n.p. | 8.2 | 7.6 |
| 2 | 7.2 | 8.1 | 8.6 | 8.9 | 6.7 | 4.3 | n.p. | 7.2 | 7.8 |
| 3 | 8.4 | 9.1 | 7.6 | 7.7 | 7.3 | 5.2 | 39.7 | 12.9 | 8.3 |
| 4 | 7.6 | 9.0 | 7.7 | 8.5 | 6.7 | 6.2 | 19.3 | 8.7 | 8.2 |
| 5—Highest | 9.6 | 9.7 | 7.3 | 7.5 | 6.8 | .. | 13.8 | 8.7 | 9.1 |
| Total | 8.0 | 9.0 | 7.9 | 8.1 | 7.0 | n.p. | n.p. | n.p. | 8.2 |

(a) For Indigenous status, the separations rates for Tasmania, the Australian Capital Territory and the Northern Territory are calculated for public hospitals only. The total excludes data for Tasmania, the Australian Capital Territory and private hospitals in the Northern Territory. Other Australians includes records for which the Indigenous status was not reported. The populations used for calculating age standardised separations rates by Indigenous status use different age groups compared with the populations used to calculate all other rates presented in this table. Therefore, the separation rates by Indigenous status are not directly comparable with the rates by hospital sector, remoteness of residence or socioeconomic status.

(b) Disaggregation by remoteness area is by usual residence, not remoteness of hospital. However, state/territory data are reported by jurisdiction of the hospital, regardless of the jurisdiction of residence.

(c) Disaggregation by socioeconomic group is based on the patient's usual residence, not the location of the hospital. The socioeconomic status of the area of residence is based on the ABS Index of Relative Socio-economic Disadvantage (IRSD). These socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Abbreviations: ..—not applicable; n.p.—not published.

More information on sub-and non-acute admitted patient care, for both same-day and overnight separations is available in Chapter 11.

Efficiency & sustainability

Achieving desired results with most cost-effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.

Performance indicator: Cost per casemix-adjusted separation

The cost per casemix-adjusted separation is a measure of the average cost of providing care for each admitted patient separation, accounting for the relative complexity of the patient's condition. It is calculated for selected public acute hospitals as the average recurrent admitted patient expenditure for each separation, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. As such it can be taken as a measure of the relative technical efficiency of hospitals.

Box 3.3: Cost per casemix-adjusted separation

Details of the methods used in this analysis are presented in Appendix 2.

The scope of the analysis includes public hospitals that provide mainly acute care. These are the hospitals in the public hospital peer groups of *Principal referral and specialist women's and children's hospitals*, *Large hospitals*, *Medium hospitals* and *Small acute hospitals*.

Hospitals included in this analysis accounted for 97% of separations in public acute and psychiatric hospitals in 2010–11, and 94% of recurrent expenditure on public hospitals (excluding depreciation).

Casemix-adjusted separations is calculated as the product of *Total separations* and *Average cost weight*. Separations data are sourced from the National Hospital Morbidity Database, and the cost weights used are the 2008–09 AR-DRG version 5.2 cost weights (DoHA 2010).

Included are separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported.

Nationally, the average cost per casemix-adjusted separation was \$4,918 (excluding depreciation). There was some variation in the cost per casemix-adjusted separation by state and territory (Table 3.15).

A large portion of the total cost was attributed to *Non-medical labour* and *Medical labour* costs. Nationally these costs were \$2,448 and \$1,066, respectively, per casemix-adjusted separation. Depreciation added an average of 4.1% (\$201) to the cost of each separation. More detailed information is available in Table S3.1, at the end of this chapter.

Interpretation of the cost per casemix-adjusted separation data should take into consideration factors such as costs incurred that are beyond the control of a jurisdiction. For example, the Northern Territory has high staffing and transport costs, and treats a greater proportion of Aboriginal and Torres Strait Islander patients than other jurisdictions. The cost disabilities associated with providing hospital services in the Northern Territory have been recognised by the Commonwealth Grants Commission.

Table 3.15: Cost (\$) per casemix-adjusted separation (excluding depreciation), selected public hospitals^(a), states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Medical labour costs | 1,124 | 834 | 1,152 | 1,202 | 1,156 | 1,238 | 1,271 | 1,154 | 1,066 |
| <i>Non-medical labour costs</i> | 2,338 | 2,383 | 2,783 | 2,371 | 2,186 | 2,893 | 2,690 | 2,851 | 2,448 |
| Nursing | 1,243 | 1,158 | 1,389 | 1,143 | 1,249 | 1,461 | 1,409 | 1,728 | 1,250 |
| Other staff (includes superannuation) | 1,096 | 1,225 | 1,394 | 1,228 | 937 | 1,433 | 1,281 | 1,123 | 1,198 |
| Other recurrent costs (excludes depreciation) | 1,442 | 1,291 | 1,388 | 1,423 | 1,511 | 1,782 | 1,440 | 1,641 | 1,404 |
| Depreciation | 169 | 294 | 185 | 140 | 156 | 149 | 169 | 51 | 201 |
| Total (excludes depreciation) | 4,904 | 4,508 | 5,323 | 4,996 | 4,854 | 5,913 | 5,401 | 5,645 | 4,918 |

(a) *Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services* are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 2 for further information.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods. Additional information is available in tables S3.1 to S3.7 at the end of this chapter.

Table 3.16 presents cost per casemix-adjusted separation data for selected public hospital peer groups. Public hospitals can be classified into peer groups that allow a more meaningful comparison of cost data. The peer group classification allocates hospitals into broadly similar groups in terms of their level of admitted patient activity and their geographical location (see Appendix 2). For more information on the characteristics of public hospitals, see Chapter 4.

Table 3.16: Cost (\$) per casemix-adjusted separation (excluding depreciation), by public hospital peer group, selected public hospitals^(a), states and territories, 2010–11

| Hospital peer group | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------------------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Principal referral and specialist women's and children's hospitals | 4,897 | 4,477 | 5,420 | 4,720 | 4,929 | 5,779 | 5,401 | 5,595 | 4,904 |
| Large hospitals | 4,576 | 4,667 | 4,230 | 5,180 | 4,945 | n.p. | .. | .. | 4,754 |
| Medium hospitals | 5,115 | 4,403 | 5,138 | 5,336 | 4,530 | n.p. | .. | .. | 4,942 |
| Small acute hospitals | 6,112 | 5,556 | 5,183 | 7,516 | 4,159 | 5,773 | .. | 6,027 | 5,920 |
| Total (selected hospitals) | 4,904 | 4,508 | 5,323 | 4,996 | 4,854 | 5,913 | 5,401 | 5,645 | 4,918 |

(a) *Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services* are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 2 for further information.

Note: See boxes 3.1, 3.2 and 3.3 for notes on data limitations and methods. Additional information is available in tables S3.1 to S3.7 at the end of this chapter.

Abbreviation: ..—not applicable.

Performance indicator: Relative stay indexes

Relative stay indexes (RSIs) are calculated as the observed number of patient days for separations in selected AR-DRGs, divided by the expected number of patient days (based on national figures), standardised for casemix. The adjustment for casemix allows variation in the types of services provided to be taken into account.

A RSI greater than 1 indicates that an average patient's length of stay is longer than would be expected given the casemix for the category of interest (for example, hospital sector or

jurisdiction). A RSI of less than 1 indicates that the length of stay was shorter than would have been expected. More detail on these methods is included in Appendix 2.

The indirectly standardised RSI is not technically comparable between cells (for example, between hospital groups) but is a comparison of the hospital group with the national average based on the casemix of that group. The directly standardised RSI is re-scaled so that each group represents the national casemix and allows comparison of RSI values across groups of hospitals.

Table 3.17 presents both indirectly and directly standardised RSIs for all hospitals for 2010–11. For the hospitals included in the cost per casemix-adjusted separation analysis (see above), the RSI was 1.00 overall.

Overall, the directly standardised RSI for private hospitals was 1.11 compared to 1.00 for public hospitals, indicating relatively shorter lengths of stay in the public sector compared with the private sector.

Table 3.17 also presents RSI information for the *Medical*, *Surgical* and *Other* categories of AR-DRGs (DoHA 2010). These figures indicate relatively shorter lengths of stay for *Medical* separations in public hospitals, and for *Surgical* and *Other* separations in private hospitals.

RSIs for selected acute and non-acute public hospitals are presented in tables S3.1 to S3.7 with a range of other information on these hospitals at the end of this chapter.

Performance indicator: Average lengths of stay for selected AR-DRGs

The selected AR-DRGs (Figure 3.4 and Table S3.10) were chosen on the basis of:

- homogeneity, where variation is more likely to be attributable to the hospital's performance rather than variations in the patients themselves
- representativeness across clinical groups (Major Diagnostic Categories) and surgical and medical AR-DRGs
- differences between jurisdictions and/or sectors
- policy interest as evidenced by:
 - inclusion of similar groups in other tables in *Australian hospital statistics*, such as indicator procedures for elective surgery waiting times
 - high volume and/or cost
 - changes in volume over years.

More information on the basis of selection for the AR-DRGs is included in Appendix 2. Due to changes in the classification between AR-DRG version 5.2 and AR-DRG version 6.0, the data presented here are not comparable to that presented in previous reports.

Figure 3.4 presents the average length of stay for selected AR-DRGs in public and private hospitals. There were notable differences (more than 1 day) in the average length of stay between public and private hospitals for 7 of the 18 selected AR-DRGs. For example, the average length of stay for E65B *Chronic obstructive airways disease without catastrophic complications or comorbidities* was 4.7 days for public hospitals and 7.7 days for private hospitals.

Public hospitals accounted for more than 70% of separations for 8 of the 18 selected AR-DRGs and private hospitals accounted for more than 80% of separations for I16Z *Other shoulder procedures*.

Additional information on the average length of stay for selected AR-DRGs is available by state and territory in the accompanying online material.

Table 3.17: Relative stay index by medical/surgical/other type of AR-DRG^(a), public and private hospitals, states and territories, 2010–11

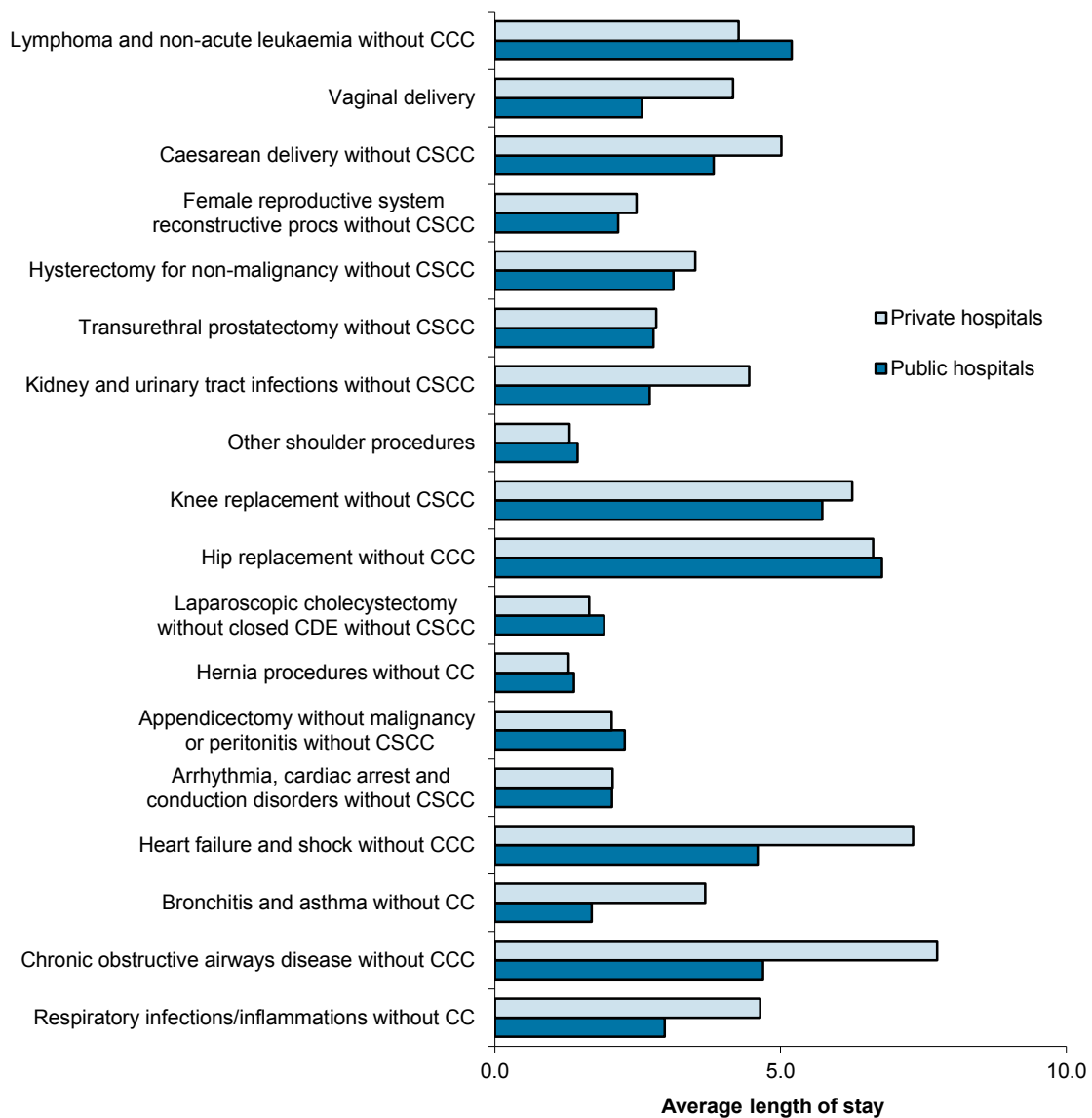
| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Indirectly standardised relative stay index^(b) | | | | | | | | | |
| <i>Public hospitals</i> | <i>1.04</i> | <i>0.91</i> | <i>0.93</i> | <i>0.99</i> | <i>1.02</i> | <i>1.09</i> | <i>0.97</i> | <i>1.16</i> | <i>0.98</i> |
| Medical | 1.02 | 0.89 | 0.90 | 0.96 | 1.01 | 1.12 | 0.99 | 1.09 | 0.96 |
| Surgical | 1.09 | 0.96 | 1.00 | 1.06 | 1.05 | 1.03 | 0.94 | 1.36 | 1.03 |
| Other | 1.14 | 0.95 | 1.02 | 1.02 | 1.06 | 1.02 | 1.02 | 1.22 | 1.05 |
| <i>Private hospitals</i> | <i>1.04</i> | <i>1.05</i> | <i>1.06</i> | <i>1.03</i> | <i>0.98</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1.04</i> |
| Medical | 1.20 | 1.15 | 1.16 | 1.09 | 1.03 | n.p. | n.p. | n.p. | 1.15 |
| Surgical | 0.95 | 0.98 | 0.97 | 0.99 | 0.96 | n.p. | n.p. | n.p. | 0.97 |
| Other | 0.90 | 0.93 | 0.98 | 0.99 | 0.95 | n.p. | n.p. | n.p. | 0.94 |
| All hospitals | 1.04 | 0.95 | 0.98 | 1.00 | 1.01 | n.p. | n.p. | n.p. | 1.00 |
| Medical | 1.05 | 0.95 | 0.97 | 0.99 | 1.01 | n.p. | n.p. | n.p. | 1.00 |
| Surgical | 1.03 | 0.97 | 0.98 | 1.03 | 1.01 | n.p. | n.p. | n.p. | 1.00 |
| Other | 1.05 | 0.94 | 1.00 | 1.01 | 1.01 | n.p. | n.p. | n.p. | 1.00 |
| Directly standardised relative stay index^(c) | | | | | | | | | |
| <i>Public hospitals</i> | <i>1.06</i> | <i>0.93</i> | <i>0.95</i> | <i>1.01</i> | <i>1.03</i> | <i>1.10</i> | <i>1.02</i> | <i>1.24</i> | <i>1.00</i> |
| Medical | 1.03 | 0.90 | 0.90 | 0.96 | 1.01 | 1.13 | 1.02 | 1.10 | 0.96 |
| Surgical | 1.10 | 0.98 | 1.02 | 1.09 | 1.06 | 1.06 | 1.00 | 1.49 | 1.04 |
| Other | 1.15 | 0.99 | 1.05 | 1.02 | 1.06 | 1.04 | 1.06 | 1.22 | 1.06 |
| <i>Private hospitals</i> | <i>1.14</i> | <i>1.12</i> | <i>1.14</i> | <i>1.11</i> | <i>1.06</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1.11</i> |
| Medical | 1.26 | 1.20 | 1.23 | 1.18 | 1.12 | n.p. | n.p. | n.p. | 1.20 |
| Surgical | 0.96 | 0.98 | 0.99 | 0.99 | 0.97 | n.p. | n.p. | n.p. | 0.98 |
| Other | 0.94 | 0.96 | 1.01 | 1.02 | 0.98 | n.p. | n.p. | n.p. | 0.97 |
| All hospitals | 1.05 | 0.96 | 0.98 | 1.01 | 1.02 | n.p. | n.p. | n.p. | 1.00 |
| Medical | 1.05 | 0.95 | 0.97 | 1.00 | 1.02 | n.p. | n.p. | n.p. | 1.00 |
| Surgical | 1.03 | 0.97 | 0.99 | 1.03 | 1.02 | n.p. | n.p. | n.p. | 1.00 |
| Other | 1.05 | 0.94 | 1.00 | 1.01 | 1.01 | n.p. | n.p. | n.p. | 1.00 |

(a) Separations for which the care type was reported as *Acute* or *Newborn* with qualified days, or was *Not reported*. Relative stay index based on all hospitals using AR-DRG version 6.0.

(b) The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average based on the casemix of that group.

(c) The directly standardised relative stay index is re-scaled so each group represents the national casemix and is therefore directly comparable between cells.

Note: See boxes 3.1 and 3.2 for notes on data limitations and methods. Additional information on RSI by funding source is available in Table S3.8.



Note: See boxes 3.1 and 3.2 for notes on data limitations and methods.

Abbreviations: CC—complications and comorbidities; CDE—common duct exploration; CSCC—catastrophic and/or severe complications and comorbidities.

Figure 3.4: Average length of stay (days) for selected AR-DRGs version 6.0, public and private hospitals, 2010-11

Supplementary tables

Box 3.4: Notes – Chapter 3 supplementary tables

Tables S3.1 to S3.7:

- (a) *Psychiatric hospitals, Drug and alcohol services, Mothercraft hospitals, Unpeered and other, Hospices, Rehabilitation facilities, Small non-acute hospitals and Multi-purpose services* are excluded from this table. The data are based on hospital establishments for which expenditure data were provided, including networks of hospitals in some jurisdictions. Some small hospitals with incomplete expenditure data were not included. See Appendix 2 for further information.
- (b) These figures should be interpreted in conjunction with the consideration of cost disabilities associated with hospital service delivery in the Northern Territory (see text). Superannuation figures were not available for the Northern Territory.
- (c) *Casemix-adjusted separations* are the product of total separations and average cost weight. The average cost weight is calculated using the 2008–09 AR-DRG version 5.2 cost weights (DoHA 2010) for separations for which the care type was reported as *Acute, Newborn* (with qualified days) or was not reported.
- (d) Services purchased from the private sector rather than being provided by public hospitals will result in higher medical supplies costs, lower total full-time equivalent staff and lower total recurrent expenditure.
- (e) Depreciation was not reported for a small number of South Australian and Tasmanian hospitals.
- (f) Estimated private patient medical costs were calculated as the sum of *Salary/sessional* and *Visiting medical officer* payments multiplied by the proportion of patient days that were for private patients. This is a notional estimate of the medical costs for all non-public patients, including those *Self-funded* and those funded by *Private health insurance, Compensation* and the *Department of Veterans' Affairs*.
- (g) The number of different AR-DRGs version 6.0 provided by a hospital for which there were at least five acute separations.
- (h) *Average cost weight* from the National Hospital Morbidity Database, based on separations for which the care type was *Acute, Newborn* (with qualified days) or was not reported, using the 2008–09 AR-DRG version 5.2 cost weights (DoHA 2010).
- (i) Indirectly standardised relative stay index calculated as observed divided by expected length of stay modelled on age and AR-DRG version 6.0, for public hospitals using the indirect method. The indirectly standardised relative stay index is not technically comparable between cells but is a comparison of the hospital group with the national average of public hospitals based on the casemix of that group. See Appendix 2 for details on the methodology.
- (j) For the Australian Capital Territory, the information presented for RSI, average cost weight and cost per casemix-adjusted separation data are only presented for hospitals reporting admitted patient activity (excludes a mothercraft hospital).

Table S3.1: Cost (\$) per casemix-adjusted separation and average cost data for selected public acute hospitals^(a), states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT ^(b) | Total |
|----------------------------------------------------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------------|--------------|
| Non-medical labour costs per casemix-adjusted separation^(c) (\$) | | | | | | | | | |
| Nursing | 1,243 | 1,158 | 1,389 | 1,143 | 1,249 | 1,461 | 1,409 | 1,728 | 1,250 |
| Diagnostic/allied health | 332 | 453 | 367 | 302 | 256 | 311 | 363 | 364 | 364 |
| Administrative | 321 | 272 | 370 | 380 | 241 | 422 | 368 | 341 | 320 |
| Other staff | 201 | 263 | 359 | 292 | 196 | 317 | 157 | 418 | 260 |
| Superannuation | 241 | 238 | 297 | 254 | 244 | 383 | 392 | n.a. | 255 |
| <i>Total non-medical labour costs</i> | <i>2,338</i> | <i>2,383</i> | <i>2,783</i> | <i>2,371</i> | <i>2,186</i> | <i>2,893</i> | <i>2,690</i> | <i>2,851</i> | <i>2,448</i> |
| Other recurrent costs per casemix-adjusted separation^(c) (\$) | | | | | | | | | |
| Domestic services | 149 | 101 | 114 | 121 | 87 | 109 | 193 | 136 | 122 |
| Repairs/maintenance | 104 | 80 | 97 | 179 | 99 | 72 | 65 | 141 | 102 |
| Medical supplies ^(d) | 540 | 390 | 582 | 332 | 335 | 780 | 467 | 414 | 471 |
| Drug supplies | 254 | 239 | 257 | 267 | 238 | 317 | 144 | 243 | 250 |
| Food supplies | 35 | 44 | 36 | 32 | 30 | 48 | 38 | 48 | 48 |
| Administration | 268 | 271 | 282 | 219 | 150 | 261 | 388 | 181 | 258 |
| Other | 92 | 166 | 19 | 274 | 572 | 195 | 147 | 477 | 163 |
| <i>Total other recurrent costs excluding depreciation</i> | <i>1,442</i> | <i>1,291</i> | <i>1,388</i> | <i>1,423</i> | <i>1,511</i> | <i>1,782</i> | <i>1,440</i> | <i>1,641</i> | <i>1,404</i> |
| Depreciation ^(e) | 169 | 294 | 185 | 140 | 156 | 149 | 169 | 51 | 201 |
| <i>Total excluding medical labour costs and depreciation</i> | <i>3,781</i> | <i>3,673</i> | <i>4,171</i> | <i>3,794</i> | <i>3,697</i> | <i>4,676</i> | <i>4,130</i> | <i>4,492</i> | <i>3,852</i> |
| Medical labour costs per casemix-adjusted separation^(c) (\$) | | | | | | | | | |
| Public patients | | | | | | | | | |
| Salaried/sessional staff | 591 | 626 | 964 | 889 | 788 | 978 | 792 | 967 | 730 |
| Visiting medical officer payments | 242 | 67 | 70 | 158 | 189 | 3 | 286 | 131 | 144 |
| Private patients (estimated) ^(f) | 291 | 142 | 118 | 155 | 180 | 257 | 193 | 56 | 192 |
| <i>Total medical labour costs</i> | <i>1,124</i> | <i>834</i> | <i>1,152</i> | <i>1,202</i> | <i>1,156</i> | <i>1,238</i> | <i>1,271</i> | <i>1,154</i> | <i>1,066</i> |
| Total cost per casemix-adjusted separation^(c) excluding depreciation | 4,904 | 4,508 | 5,323 | 4,996 | 4,854 | 5,913 | 5,401 | 5,645 | 4,918 |
| Total cost per casemix-adjusted separation^(c) including depreciation | 5,074 | 4,802 | 5,508 | 5,137 | 5,010 | 6,062 | 5,571 | 5,696 | 5,120 |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviation: n.a.—not available.

Table S3.2: Cost (\$) per casemix-adjusted separation^(c) and other statistics, acute, non-acute and total selected public hospitals^(a), states and territories, 2010–11

| | Number of hospitals | Separations per hospital | AR-DRGs (5+) per hospital ^(g) | Average cost weight ^(h) | Relative stay index ⁽ⁱ⁾ | Cost/casemix - adjusted sep excl dep(\$) | Cost/casemix -adjusted sep incl dep(\$) |
|------------------------------------------------------------------------------------------------------|---------------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------|
| Total benchmarking hospitals in cost per casemix-adjusted separation analysis^(a) | | | | | | | |
| NSW | 125 | 12,185 | 189 | 1.06 | 1.08 | 4,904 | 5,074 |
| Vic | 66 | 22,197 | 248 | 0.97 | 0.91 | 4,508 | 4,802 |
| Qld | 75 | 12,464 | 162 | 1.01 | 0.94 | 5,323 | 5,508 |
| WA | 35 | 15,050 | 187 | 0.93 | 1.00 | 4,996 | 5,137 |
| SA ^(e) | 36 | 10,247 | 159 | 1.09 | 1.04 | 4,854 | 5,010 |
| Tas ^(e) | 11 | 8,877 | 143 | 1.06 | 1.11 | 5,913 | 6,062 |
| ACT | 2 | 46,873 | 453 | 1.00 | 0.98 | 5,401 | 5,571 |
| NT | 5 | 20,887 | 230 | 0.69 | 1.17 | 5,645 | 5,696 |
| Total | 355 | 4,407 | 191 | 1.00 | 1.00 | 4,918 | 5,120 |
| Non-acute hospitals excluded from cost per casemix-adjusted separation analysis^(a) | | | | | | | |
| NSW | 53 | 751 | 15 | 0.84 | 0.83 | n.p. | n.p. |
| Vic | 22 | 684 | 16 | 0.86 | 1.41 | n.p. | n.p. |
| Qld | 30 | 878 | 35 | 0.79 | 0.95 | n.p. | n.p. |
| WA | 44 | 397 | 13 | 1.01 | 1.12 | n.p. | n.p. |
| SA ^(e) | 23 | 618 | 22 | 0.76 | 1.06 | n.p. | n.p. |
| Tas ^(e) | 1 | 543 | 23 | 0.92 | n.p. | n.p. | n.p. |
| ACT | 1 | n.a. | n.a. | n.a. | n.a. | n.p. | n.p. |
| NT | 0 | .. | .. | .. | .. | n.p. | n.p. |
| Total | 174 | 652 | 19 | 0.85 | 1.01 | n.p. | n.p. |
| All public hospitals (including Psychiatric and unpeered)^(a) | | | | | | | |
| NSW | 227 | 6,973 | 108 | 1.06 | 1.07 | n.p. | n.p. |
| Vic | 105 | 14,248 | 160 | 0.96 | 0.92 | n.p. | n.p. |
| Qld | 170 | 5,673 | 78 | 1.00 | 0.94 | n.p. | n.p. |
| WA | 94 | 5,833 | 76 | 0.94 | 1.01 | n.p. | n.p. |
| SA ^(e) | 80 | 4,877 | 79 | 1.08 | 1.05 | n.p. | n.p. |
| Tas ^(e) | 24 | 4,139 | 68 | 1.05 | 1.14 | n.p. | n.p. |
| ACT ^(l) | 3 | 31,248 | 302 | 1.00 | 0.98 | n.p. | n.p. |
| NT | 5 | 20,887 | 230 | 0.69 | 1.17 | n.p. | n.p. |
| Total | 708 | 7,456 | 101 | 1.00 | 1.00 | n.p. | n.p. |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviations: ..—not applicable; dep—depreciation; excl—excluding; incl—including; n.a.—not available; n.p.—not published; sep—separation.

Table S3.3: Principal referral and specialist women's and children's hospitals – cost (\$) per casemix-adjusted separation^(c) and selected other statistics, 2010–11

| | Number of hospitals | Separations per hospital | AR-DRGs (5+) per hospital ^(g) | Average cost weight ^(h) | Relative stay index ⁽ⁱ⁾ | Cost/casemix - adjusted sep excl dep(\$) | Cost/casemix -adjusted sep incl dep(\$) |
|---------------------------------------------------------------------------------|---------------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------|
| Principal referral hospitals: Major cities and Regional | | | | | | | |
| NSW | 27 | 38,759 | 447 | 1.10 | 1.10 | 4,855 | 5,019 |
| Vic | 19 | 59,972 | 532 | 0.99 | 0.89 | 4,395 | 4,670 |
| Qld | 16 | 44,334 | 431 | 1.05 | 0.96 | 5,373 | 5,550 |
| WA | 5 | 57,800 | 464 | 1.00 | 1.03 | 4,696 | 4,808 |
| SA | 4 | 52,727 | 501 | 1.21 | 1.06 | 4,820 | 4,986 |
| Tas | 2 | 38,563 | 492 | 1.06 | 1.08 | 5,779 | 5,940 |
| ACT | 2 | 46,873 | 453 | 1.00 | 0.98 | 5,401 | 5,571 |
| NT | 2 | 44,269 | 410 | 0.72 | 1.21 | 5,595 | 5,643 |
| <i>Total</i> | <i>77</i> | <i>47,463</i> | <i>469</i> | <i>1.04</i> | <i>1.00</i> | <i>4,851</i> | <i>5,046</i> |
| Specialist women's and children's hospitals | | | | | | | |
| NSW | 3 | 19,553 | 243 | 1.21 | 1.10 | 5,682 | 5,903 |
| Vic | 2 | 29,588 | 239 | 1.27 | 1.00 | 5,803 | 6,212 |
| Qld | 3 | 15,446 | 205 | 1.21 | 0.98 | 6,071 | 6,303 |
| WA | 2 | 20,837 | 206 | 1.24 | 1.08 | 4,856 | 4,971 |
| SA | 1 | 29,872 | 312 | 1.09 | n.p. | n.p. | n.p. |
| Tas | 0 | .. | .. | .. | .. | .. | .. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| <i>Total</i> | <i>11</i> | <i>21,429</i> | <i>231</i> | <i>1.22</i> | <i>1.07</i> | <i>5,635</i> | <i>5,868</i> |
| Total Principal referral and specialist women's and children's hospitals | | | | | | | |
| NSW | 30 | 36,839 | 426 | 1.11 | 1.10 | 4,897 | 5,064 |
| Vic | 21 | 57,079 | 504 | 1.00 | 0.89 | 4,477 | 4,760 |
| Qld | 19 | 39,772 | 395 | 1.06 | 0.96 | 5,420 | 5,601 |
| WA | 7 | 47,239 | 390 | 1.03 | 1.04 | 4,720 | 4,832 |
| SA | 5 | 48,156 | 463 | 1.20 | 1.08 | 4,929 | 5,089 |
| Tas | 2 | 38,563 | 492 | 1.06 | 1.08 | 5,779 | 5,940 |
| ACT | 2 | 46,873 | 453 | 1.00 | 0.98 | 5,401 | 5,571 |
| NT | 2 | 44,269 | 410 | 0.72 | 1.21 | 5,595 | 5,643 |
| Total | 88 | 44,209 | 439 | 1.05 | 1.01 | 4,904 | 5,101 |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviations: ..—not applicable; dep—depreciation; excl—excluding; incl—including; n.p.—not published; sep—separation.

Table S3.4: Large hospitals – cost (\$) per casemix-adjusted separation^(c) and selected other statistics, 2010–11

| | Number of hospitals | Separations per hospital | AR-DRGs (5+) per hospital ^(g) | Average cost weight ^(h) | Relative stay index ⁽ⁱ⁾ | Cost/casemix - adjusted sep excl dep(\$) | Cost/casemix -adjusted sep incl dep(\$) |
|---------------------------------------------|---------------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------|
| Large hospitals: Major cities | | | | | | | |
| NSW | 11 | 14,451 | 286 | 1.09 | 1.04 | 4,474 | 4,612 |
| Vic | 2 | 17,034 | 119 | 0.90 | 0.95 | 5,244 | 5,674 |
| Qld | 2 | 22,931 | 293 | 0.84 | 0.85 | 3,767 | 3,911 |
| WA | 3 | 20,768 | 290 | 0.76 | 0.92 | 5,012 | 5,170 |
| SA | 2 | 17,447 | 287 | 1.16 | 0.95 | 4,944 | 5,083 |
| Tas | 0 | .. | .. | .. | .. | .. | .. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| <i>Total</i> | <i>20</i> | <i>16,805</i> | <i>270</i> | <i>0.98</i> | <i>0.98</i> | <i>4,608</i> | <i>4,784</i> |
| Large hospitals: Regional and Remote | | | | | | | |
| NSW | 3 | 11,394 | 242 | 0.80 | 0.99 | 5,207 | 5,381 |
| Vic | 7 | 17,041 | 349 | 0.86 | 0.97 | 4,548 | 4,770 |
| Qld | 2 | 13,406 | 260 | 0.78 | 0.91 | 5,095 | 5,216 |
| WA | 4 | 15,049 | 258 | 0.67 | 0.94 | 5,371 | 5,560 |
| SA | 0 | .. | .. | .. | .. | .. | .. |
| Tas | 1 | 8,375 | 260 | 1.36 | n.p. | n.p. | n.p. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| <i>Total</i> | <i>17</i> | <i>14,638</i> | <i>293</i> | <i>0.82</i> | <i>0.97</i> | <i>4,978</i> | <i>5,166</i> |
| Total Large hospitals | | | | | | | |
| NSW | 14 | 13,796 | 276 | 1.04 | 1.03 | 4,576 | 4,718 |
| Vic | 9 | 17,039 | 298 | 0.87 | 0.97 | 4,667 | 4,948 |
| Qld | 4 | 18,168 | 277 | 0.82 | 0.87 | 4,230 | 4,366 |
| WA | 7 | 17,500 | 272 | 0.72 | 0.93 | 5,180 | 5,352 |
| SA | 2 | 17,447 | 287 | 1.16 | 0.95 | 4,944 | 5,083 |
| Tas | 1 | 8,375 | 260 | 1.36 | n.p. | n.p. | n.p. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| Total | 37 | 15,809 | 281 | 0.91 | 0.98 | 4,754 | 4,936 |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviations: ..—not applicable; dep—depreciation; excl—excluding; incl—including; n.p.—not published; sep—separation.

Table S3.5: Medium hospitals – cost (\$) per casemix-adjusted separation^(c) and selected other statistics, states and territories, 2010–11

| | Number of hospitals | Separations per hospital | AR-DRGs (5+) per hospital ^(g) | Average cost weight ^(h) | Relative stay index ⁽ⁱ⁾ | Cost/casemix - adjusted sep excl dep(\$) | Cost/casemix -adjusted sep incl dep(\$) |
|--------------------------------------------------------------------------------------------------------|---------------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------|
| Medium hospitals: Major cities (<10,000 acute weighted separations) and Regional (<8,000) | | | | | | | |
| NSW | 11 | 8,726 | 203 | 0.85 | 0.92 | 4,597 | 4,756 |
| Vic | 4 | 9,227 | 209 | 0.69 | 0.99 | 4,444 | 4,844 |
| Qld | 3 | 10,556 | 213 | 0.66 | 0.57 | 4,099 | 4,237 |
| WA | 3 | 10,556 | 122 | 0.90 | 0.98 | 5,279 | 5,424 |
| SA | 4 | 9,666 | 206 | 0.77 | 0.92 | 4,661 | 4,799 |
| Tas | 1 | 9,328 | 208 | 0.79 | n.p. | n.p. | n.p. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| <i>Total</i> | <i>26</i> | <i>9,393</i> | <i>196</i> | <i>0.79</i> | <i>0.90</i> | <i>4,707</i> | <i>4,890</i> |
| Medium hospitals: Major cities and Regional (<5,000 acute weighted separations) | | | | | | | |
| NSW | 23 | 3,536 | 114 | 0.84 | 1.06 | 5,708 | 5,912 |
| Vic | 12 | 4,171 | 115 | 0.72 | 1.06 | 4,386 | 4,723 |
| Qld | 8 | 4,231 | 135 | 0.78 | 0.85 | 5,959 | 6,189 |
| WA | 2 | 3,709 | 131 | 0.77 | 0.88 | 5,605 | 5,806 |
| SA | 9 | 3,899 | 130 | 0.81 | 0.89 | 4,384 | 4,538 |
| Tas | 0 | .. | .. | .. | .. | .. | .. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| <i>Total</i> | <i>54</i> | <i>3,847</i> | <i>121</i> | <i>0.80</i> | <i>0.99</i> | <i>5,205</i> | <i>5,447</i> |
| Total Medium hospitals | | | | | | | |
| NSW | 34 | 5,215 | 143 | 0.85 | 0.99 | 5,115 | 5,295 |
| Vic | 16 | 5,435 | 138 | 0.71 | 1.03 | 4,403 | 4,759 |
| Qld | 11 | 5,956 | 157 | 0.72 | 0.73 | 5,138 | 5,328 |
| WA | 5 | 7,817 | 126 | 0.87 | 0.96 | 5,336 | 5,492 |
| SA | 13 | 5,674 | 153 | 0.79 | 0.90 | 4,530 | 4,675 |
| Tas | 1 | 9,328 | 208 | 0.79 | n.p. | n.p. | n.p. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| Total | 80 | 5,649 | 145 | 0.79 | 0.94 | 4,942 | 5,154 |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviations: ..—not applicable; dep—depreciation; excl—excluding; incl—including; n.p.—not published; sep—separation.

Table S3.6: Small acute hospitals – cost (\$) per casemix-adjusted separation^(c) and selected other statistics, 2010–11

| | Number of hospitals | Separations per hospital | AR-DRGs (5+) per hospital ^(g) | Average cost weight ^(h) | Relative stay index ⁽ⁱ⁾ | Cost/casemix - adjusted sep excl dep(\$) | Cost/casemix -adjusted sep incl dep(\$) |
|---------------------------------------|---------------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------|
| Small regional acute hospitals | | | | | | | |
| NSW | 42 | 1,032 | 45 | 0.79 | 1.04 | 5,989 | 6,293 |
| Vic | 20 | 1,300 | 44 | 0.69 | 1.27 | 5,556 | 6,438 |
| Qld | 25 | 1,160 | 52 | 0.76 | 0.91 | 4,951 | 5,272 |
| WA | 4 | 1,166 | 55 | 0.80 | 1.12 | 5,756 | 6,135 |
| SA | 13 | 1,008 | 48 | 0.81 | 1.03 | 4,285 | 4,467 |
| Tas | 6 | 426 | 19 | 0.87 | 1.83 | 5,887 | 6,144 |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 0 | .. | .. | .. | .. | .. | .. |
| <i>Total</i> | <i>110</i> | <i>1,079</i> | <i>45</i> | <i>0.76</i> | <i>1.07</i> | <i>5,453</i> | <i>5,862</i> |
| Remote acute hospitals | | | | | | | |
| NSW | 5 | 822 | 36 | 0.67 | 0.88 | 7,580 | 8,064 |
| Vic | 0 | .. | .. | .. | .. | .. | .. |
| Qld | 16 | 746 | 35 | 0.77 | 1.00 | 5,746 | 6,115 |
| WA | 12 | 2,486 | 88 | 0.77 | 0.86 | 7,775 | 8,163 |
| SA | 3 | 2,120 | 74 | 0.77 | 0.98 | 3,882 | 4,049 |
| Tas | 1 | 268 | 9 | 0.76 | n.p. | n.p. | n.p. |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 3 | 5,299 | 110 | 0.53 | 0.92 | 6,027 | 6,099 |
| <i>Total</i> | <i>40</i> | <i>1,710</i> | <i>59</i> | <i>0.71</i> | <i>0.91</i> | <i>6,687</i> | <i>7,017</i> |
| Total Small acute hospitals | | | | | | | |
| NSW | 47 | 1,010 | 44 | 0.78 | 1.03 | 6,112 | 6,431 |
| Vic | 20 | 1,300 | 44 | 0.69 | 1.27 | 5,556 | 6,438 |
| Qld | 41 | 998 | 45 | 0.76 | 0.93 | 5,183 | 5,517 |
| WA | 16 | 2,156 | 79 | 0.77 | 0.90 | 7,516 | 7,900 |
| SA | 16 | 1,217 | 53 | 0.79 | 1.02 | 4,158 | 4,336 |
| Tas | 7 | 403 | 17 | 0.86 | 1.77 | 5,773 | 6,052 |
| ACT | 0 | .. | .. | .. | .. | .. | .. |
| NT | 3 | 5,299 | 110 | 0.53 | 0.92 | 6,027 | 6,099 |
| Total | 150 | 1,247 | 49 | 0.74 | 1.02 | 5,920 | 6,295 |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviations: ..—not applicable; dep—depreciation; excl—excluding; incl—including; n.p.—not published; sep—separation.

Table S3.7: Teaching hospitals – cost (\$) per casemix-adjusted separation^(c) and selected other statistics, states and territories, 2010–11

| | Number of hospitals | Separations per hospital | AR-DRGs (5+) per hospital ^(g) | Average cost weight ^(h) | Relative stay index ⁽ⁱ⁾ | Cost/casemix -adjusted sep excl dep(\$) | Cost/casemix -adjusted sep incl dep(\$) |
|--------------|---------------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------|-----------------------------------------|-----------------------------------------|
| NSW | 20 | 42,086 | 426 | 1.15 | 1.12 | 4,927 | 5,103 |
| Vic | 16 | 48,592 | 397 | 1.15 | 0.92 | 5,686 | 6,045 |
| Qld | 22 | 34,350 | 350 | 1.07 | 0.96 | 5,445 | 5,628 |
| WA | 6 | 47,280 | 346 | 1.06 | 1.06 | 4,806 | 4,917 |
| SA | 9 | 31,977 | 360 | 1.18 | 1.06 | 4,943 | 5,100 |
| Tas | 3 | 28,500 | 414 | 1.09 | 1.08 | 5,876 | 6,028 |
| ACT | 2 | 46,873 | 453 | 1.00 | 0.98 | 5,401 | 5,571 |
| NT | 2 | 44,269 | 410 | 0.72 | 1.21 | 5,595 | 5,643 |
| Total | 80 | 40,177 | 386 | 1.11 | 1.02 | 5,276 | 5,489 |

Note: See boxes 3.1 to 3.3 for notes on limitations of the data and methods. See Box 3.4 for footnotes specific to this table.

Abbreviations: dep—depreciation; excl—excluding; incl—including; sep—separation.

Box 3.5: Notes - Chapter 3 supplementary tables

Table S3.8:

- (a) *Public patients*: separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *Reciprocal health care agreements*, *Other hospital or public authority* (with a *Public patient* election status) and *No charge raised* (in public hospitals).
- (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*: 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.

Table S3.8: Relative stay index (indirectly standardised), by funding source, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Public hospitals | | | | | | | | | |
| Public patients ^(a) | 1.03 | 0.91 | 0.92 | 0.97 | 1.01 | 1.07 | 0.98 | 1.15 | 0.97 |
| Private health insurance | 1.07 | 0.97 | 1.02 | 1.11 | 1.11 | 1.17 | 0.96 | 0.96 | 1.04 |
| Self-funded ^(b) | 1.10 | 0.91 | 0.92 | 1.03 | 0.92 | 1.00 | 1.05 | 1.20 | 1.04 |
| Workers compensation | 1.15 | 0.98 | 1.11 | 1.13 | 1.21 | 1.14 | 0.91 | 1.46 | 1.10 |
| Motor vehicle third party personal claim | 1.22 | 0.91 | 1.13 | 1.21 | 1.28 | 1.12 | 1.23 | 1.39 | 1.10 |
| Department of Veterans' Affairs | 0.99 | 0.91 | 0.89 | 0.93 | 1.01 | 1.30 | 0.77 | 0.99 | 0.96 |
| Other ^(c) | 1.70 | 1.10 | 1.02 | 1.18 | 1.15 | 1.03 | 1.08 | 1.43 | 1.29 |
| Total | 1.04 | 0.91 | 0.93 | 0.99 | 1.02 | 1.09 | 0.97 | 1.16 | 0.98 |
| Private hospitals | | | | | | | | | |
| Public patients ^(a) | 0.84 | 1.06 | 0.89 | 1.08 | 0.86 | n.p. | n.p. | n.p. | 0.90 |
| Private health insurance | 1.04 | 1.05 | 1.05 | 1.02 | 0.99 | n.p. | n.p. | n.p. | 1.04 |
| Self-funded ^(b) | 0.94 | 0.97 | 0.86 | 0.86 | 0.83 | n.p. | n.p. | n.p. | 0.92 |
| Workers compensation | 0.99 | 1.06 | 0.96 | 0.91 | 0.89 | n.p. | n.p. | n.p. | 0.98 |
| Motor vehicle third party personal claim | 0.82 | 1.03 | 1.05 | 0.93 | 0.86 | n.p. | n.p. | n.p. | 0.99 |
| Department of Veterans' Affairs | 1.18 | 1.08 | 1.21 | 1.25 | 1.04 | n.p. | n.p. | n.p. | 1.16 |
| Other ^(c) | 1.28 | 1.02 | 1.01 | 1.06 | 1.18 | n.p. | n.p. | n.p. | 1.03 |
| Total | 1.04 | 1.05 | 1.06 | 1.03 | 0.98 | n.p. | n.p. | n.p. | 1.04 |
| All hospitals | | | | | | | | | |
| Public patients ^(a) | 1.03 | 0.91 | 0.92 | 0.97 | 1.01 | n.p. | n.p. | n.p. | 0.97 |
| Private health insurance | 1.05 | 1.03 | 1.05 | 1.04 | 1.01 | n.p. | n.p. | n.p. | 1.04 |
| Self-funded ^(b) | 1.00 | 0.96 | 0.87 | 0.87 | 0.85 | n.p. | n.p. | n.p. | 0.96 |
| Workers compensation | 1.04 | 1.03 | 1.02 | 0.96 | 0.97 | n.p. | n.p. | n.p. | 1.02 |
| Motor vehicle third party personal claim | 1.20 | 0.93 | 1.12 | 1.18 | 1.25 | n.p. | n.p. | n.p. | 1.09 |
| Department of Veterans' Affairs | 1.05 | 1.00 | 1.14 | 1.13 | 1.02 | n.p. | n.p. | n.p. | 1.07 |
| Other ^(c) | 1.63 | 1.10 | 1.01 | 1.15 | 1.16 | n.p. | n.p. | n.p. | 1.18 |
| Total | 1.04 | 0.95 | 0.98 | 1.00 | 1.01 | n.p. | n.p. | n.p. | 1.00 |

Note: See Box 3.5.

Abbreviation: n.p.—not published.

Table S3.9: Separation statistics for selected hospital procedures^(a), all hospitals, states and territories, 2010–11

| Procedure | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total^(c) |
|--------------------------------------------------------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|----------------------------|
| Cataract extraction^(b) | | | | | | | | | |
| Separations | 68,558 | 49,384 | 38,580 | 22,805 | 16,437 | 5,976 | 2,008 | 1,012 | 204,760 |
| Separations not within state of residence (%) | 1 | 2 | 2 | <1 | 2 | 31 | 23 | <1 | 3 |
| Proportion of separations public patients ^(b) (%) | 29 | 29 | 14 | 43 | 34 | 11 | 56 | 52 | 28 |
| Separation rate ^(c) | 8.5 | 8.1 | 8.5 | 10.3 | 8.0 | 9.6 | 6.7 | 8.5 | 8.6 |
| Standardised separation rate ratio | 1.0 | 1.0 | 1.0 | 1.2 | 0.9 | 1.1 | 0.8 | 1.0 | |
| Cholecystectomy | | | | | | | | | |
| Separations | 16,245 | 12,941 | 10,772 | 4,757 | 4,104 | 1,311 | 896 | 381 | 51,407 |
| Separations not within state of residence (%) | 2 | 2 | 2 | 1 | 2 | 3 | 20 | 8 | 2 |
| Proportion of separations public patients (%) | 61 | 62 | 50 | 55 | 60 | 57 | 54 | 72 | 58 |
| Separation rate ^(c) | 2.2 | 2.3 | 2.4 | 2.1 | 2.4 | 2.4 | 2.5 | 1.8 | 2.2 |
| Standardised separation rate ratio | 1.0 | 1.0 | 1.1 | 0.9 | 1.1 | 1.1 | 1.1 | 0.8 | |
| Coronary angioplasty | | | | | | | | | |
| Separations | 11,961 | 9,881 | 6,975 | 3,888 | 2,966 | 760 | 1,004 | 4 | 37,439 |
| Separations not within state of residence (%) | 2 | 4 | 10 | 2 | 10 | 4 | 45 | n.p. | 6 |
| Proportion of separations public patients (%) | 48 | 46 | 46 | 43 | 53 | 57 | 50 | n.p. | 47 |
| Separation rate ^(c) | 1.5 | 1.6 | 1.5 | 1.7 | 1.5 | 1.2 | 3.0 | n.p. | 1.6 |
| Standardised separation rate ratio | 1.0 | 1.1 | 1.0 | 1.1 | 1.0 | 0.8 | 1.9 | n.p. | |
| Coronary artery bypass graft | | | | | | | | | |
| Separations | 3,810 | 3,403 | 2,667 | 820 | 1,179 | 256 | 184 | 0 | 12,319 |
| Separations not within state of residence (%) | 4 | 4 | 8 | 1 | 12 | 2 | 49 | .. | 6 |
| Proportion of separations public patients (%) | 51 | 51 | 51 | 51 | 52 | 59 | 52 | .. | 51 |
| Separation rate ^(c) | 0.5 | 0.6 | 0.6 | 0.4 | 0.6 | 0.4 | 0.6 | .. | 0.5 |
| Standardised separation rate ratio | 0.9 | 1.1 | 1.1 | 0.7 | 1.2 | 0.8 | 1.2 | .. | |

(continued)

Table S3.9 (continued): Separation statistics for selected hospital procedures^(a), all hospitals, states and territories, 2010–11

| Procedure | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total^(c) |
|-----------------------------------------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|----------------------------|
| Cystoscopy | | | | | | | | | |
| Separations | 31,855 | 32,318 | 24,096 | 16,002 | 11,106 | 3,430 | 1,820 | 470 | 121,097 |
| Separations not within state of residence (%) | 2 | 2 | 3 | <1 | 1 | 4 | 28 | 4 | 2 |
| Proportion of separations public patients (%) | 36 | 46 | 33 | 38 | 39 | 27 | 47 | 55 | 39 |
| Separation rate ^(c) | 4.0 | 5.4 | 5.2 | 7.0 | 5.8 | 5.7 | 5.6 | 3.3 | 5.1 |
| Standardised separation rate ratio | 0.8 | 1.1 | 1.0 | 1.4 | 1.1 | 1.1 | 1.1 | 0.7 | |
| Haemorrhoidectomy | | | | | | | | | |
| Separations | 20,485 | 8,984 | 6,836 | 2,682 | 2,381 | 1,139 | 457 | 441 | 43,405 |
| Separations not within state of residence (%) | 1 | 2 | 1 | <1 | 1 | 4 | 17 | 1 | 2 |
| Proportion of separations public patients (%) | 29 | 40 | 23 | 40 | 30 | 31 | 33 | 22 | 31 |
| Separation rate ^(c) | 2.7 | 1.6 | 1.5 | 1.1 | 1.3 | 2.0 | 1.3 | 2.1 | 1.9 |
| Standardised separation rate ratio | 1.4 | 0.8 | 0.8 | 0.6 | 0.7 | 1.1 | 0.7 | 1.1 | |
| Hip replacement | | | | | | | | | |
| Separations | 11,086 | 9,503 | 5,939 | 3,906 | 3,421 | 1,174 | 820 | 81 | 35,930 |
| Separations not within state of residence (%) | 2 | 2 | 5 | <1 | 4 | 3 | 36 | 6 | 3 |
| Proportion of separations public patients (%) | 38 | 38 | 35 | 39 | 35 | 34 | 41 | 69 | 37 |
| Separation rate ^(c) | 1.4 | 1.5 | 1.3 | 1.7 | 1.7 | 1.9 | 2.5 | 0.7 | 1.5 |
| Standardised separation rate ratio | 0.9 | 1.1 | 0.9 | 1.2 | 1.1 | 1.3 | 1.7 | 0.5 | |
| Hysterectomy, females aged 15–69 | | | | | | | | | |
| Separations | 7,810 | 6,109 | 5,711 | 2,800 | 2,194 | 666 | 472 | 214 | 25,976 |
| Separations not within state of residence (%) | 2 | 2 | 3 | <1 | 2 | 3 | 24 | 1 | 3 |
| Proportion of separations public patients (%) | 41 | 49 | 37 | 34 | 45 | 45 | 32 | 47 | 42 |
| Separation rate ^(c) | 2.1 | 2.1 | 2.5 | 2.4 | 2.6 | 2.5 | 2.6 | 2.0 | 2.3 |
| Standardised separation rate ratio | 0.9 | 0.9 | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 0.9 | |

(continued)

Table S3.9 (continued): Separation statistics for selected hospital procedures^(a), all hospitals, states and territories, 2010–11

| Procedure | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total^(c) |
|-----------------------------------------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|----------------------------|
| Inguinal herniorrhaphy | | | | | | | | | |
| Separations | 16,437 | 12,387 | 10,263 | 5,257 | 3,585 | 1,279 | 941 | 337 | 50,486 |
| Separations not within state of residence (%) | 2 | 2 | 2 | <1 | 2 | 6 | 21 | 4 | 2 |
| Proportion of separations public patients (%) | 40 | 44 | 35 | 39 | 42 | 40 | 39 | 39 | 40 |
| Separation rate ^(c) | 2.2 | 2.1 | 2.2 | 2.3 | 2.0 | 2.2 | 2.7 | 1.8 | 2.2 |
| Standardised separation rate ratio | 1.0 | 1.0 | 1.0 | 1.0 | 0.9 | 1.0 | 1.3 | 0.8 | |
| Knee replacement | | | | | | | | | |
| Separations | 14,456 | 9,344 | 8,606 | 4,622 | 4,002 | 1,061 | 945 | 94 | 43,130 |
| Separations not within state of residence (%) | 1 | 3 | 5 | <1 | 5 | 3 | 35 | 2 | 3 |
| Proportion of separations public patients (%) | 35 | 34 | 26 | 29 | 30 | 28 | 31 | 61 | 31 |
| Separation rate ^(c) | 1.8 | 1.5 | 1.8 | 2.0 | 2.0 | 1.7 | 2.9 | 0.8 | 1.8 |
| Standardised separation rate ratio | 1.0 | 0.9 | 1.0 | 1.1 | 1.1 | 0.9 | 1.6 | 0.4 | |
| Myringotomy (with insertion of tube) | | | | | | | | | |
| Separations | 11,286 | 10,532 | 7,445 | 4,982 | 4,762 | 711 | 861 | 202 | 40,781 |
| Separations not within state of residence (%) | 2 | 2 | 4 | <1 | 1 | 14 | 21 | 0 | 3 |
| Proportion of separations public patients (%) | 26 | 36 | 28 | 33 | 34 | 36 | 29 | 60 | 31 |
| Separation rate ^(c) | 1.6 | 2.0 | 1.6 | 2.2 | 3.2 | 1.4 | 2.5 | 0.8 | 1.9 |
| Standardised separation rate ratio | 0.9 | 1.1 | 0.9 | 1.2 | 1.7 | 0.8 | 1.3 | 0.4 | |
| Prostatectomy | | | | | | | | | |
| Separations | 10,750 | 9,174 | 5,957 | 2,861 | 2,475 | 898 | 561 | 108 | 32,784 |
| Separations not within state of residence (%) | 2 | 3 | 5 | <1 | 2 | 4 | 31 | 1 | 3 |
| Proportion of separations public patients (%) | 33 | 34 | 26 | 29 | 32 | 30 | 26 | 58 | 31 |
| Separation rate ^(c) | 2.8 | 3.2 | 2.6 | 2.6 | 2.6 | 3.0 | 3.7 | 1.7 | 2.9 |
| Standardised separation rate ratio | 1.0 | 1.1 | 0.9 | 0.9 | 0.9 | 1.1 | 1.3 | 0.6 | |

(continued)

Table S3.9 (continued): Separation statistics for selected hospital procedures^(a), all hospitals, states and territories, 2010–11

| Procedure | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total ^(c) |
|-----------------------------------------------|--------|--------|-------|-------|-------|-----|-------|-----|----------------------|
| Septoplasty | | | | | | | | | |
| Separations | 7,529 | 7,701 | 3,678 | 2,193 | 2,208 | 277 | 408 | 113 | 24,107 |
| Separations not within state of residence (%) | 3 | 2 | 4 | <1 | 3 | 1 | 26 | 1 | 3 |
| Proportion of separations public patients (%) | 24 | 33 | 16 | 23 | 32 | 25 | 39 | 35 | 27 |
| Separation rate ^(c) | 1.0 | 1.4 | 0.8 | 0.9 | 1.3 | 0.5 | 1.1 | 0.5 | 1.1 |
| Standardised separation rate ratio | 1.0 | 1.3 | 0.8 | 0.9 | 1.2 | 0.5 | 1.0 | 0.4 | |
| Tonsillectomy | | | | | | | | | |
| Separations | 15,196 | 11,912 | 9,755 | 5,945 | 4,030 | 821 | 1,326 | 259 | 49,244 |
| Separations not within state of residence (%) | 2 | 3 | 3 | <1 | 1 | 1 | 28 | 2 | 3 |
| Proportion of separations public patients (%) | 33 | 47 | 29 | 40 | 39 | 45 | 38 | 61 | 38 |
| Separation rate ^(c) | 2.2 | 2.3 | 2.2 | 2.7 | 2.7 | 1.7 | 3.9 | 1.0 | 2.3 |
| Standardised separation rate ratio | 1.0 | 1.0 | 0.9 | 1.1 | 1.2 | 0.7 | 1.7 | 0.4 | |
| Varicose veins, stripping and ligation | | | | | | | | | |
| Separations | 3,842 | 4,473 | 2,373 | 1,364 | 1,092 | 283 | 411 | 76 | 13,914 |
| Separations not within state of residence (%) | 1 | 1 | 2 | <1 | 2 | 6 | 29 | 0 | 2 |
| Proportion of separations public patients (%) | 31 | 39 | 29 | 22 | 44 | 19 | 33 | 38 | 33 |
| Separation rate ^(c) | 0.5 | 0.8 | 0.5 | 0.6 | 0.6 | 0.5 | 1.1 | 0.4 | 0.6 |
| Standardised separation rate ratio | 0.8 | 1.3 | 0.9 | 1.0 | 1.0 | 0.8 | 1.9 | 0.6 | |

(a) The procedures are defined using ACHI codes as detailed in Appendix 2.

(b) Ophthalmological services purchased from the private sector rather than being provided by public hospitals will result in an understating of *Cataract extraction* separation rates in the public sector.

(c) Separations per 1,000 population was directly age-standardised as detailed in Appendix 2.

Abbreviation: . . —not applicable; n.p.—not published.

Table S3.10: Average length of stay (days)^(a) for selected AR-DRGs^(b) version 6.0, public and private hospitals, states and territories, 2010-11

| AR-DRG | Hospital sector | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------|------------------------------------------------------------------------------------------------|--------|--------|--------|-------|-------|-------------|-------------|-------------|--------|
| E62C | Respiratory infections/inflamations without complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 3.4 | 2.6 | 2.7 | 2.9 | 3.2 | 4.0 | 3.1 | 3.2 | 3.0 |
| | Private | 5.0 | 4.9 | 4.5 | 4.9 | 3.8 | n.p. | n.p. | n.p. | 4.6 |
| | <i>Total</i> | 3.4 | 3.0 | 3.0 | 3.1 | 3.3 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 3.2 |
| Separations | Public | 11,148 | 7,702 | 6,843 | 3,233 | 2,517 | 552 | 626 | 810 | 33,431 |
| | Private | 618 | 1,744 | 1,874 | 430 | 620 | n.p. | n.p. | n.p. | 5,457 |
| | <i>Total</i> | 11,766 | 9,446 | 8,717 | 3,663 | 3,137 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 38,888 |
| E65B | Chronic obstructive airways disease without catastrophic complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 5.1 | 4.2 | 4.4 | 4.5 | 4.7 | 5.7 | 5.2 | 4.4 | 4.7 |
| | Private | 8.6 | 7.6 | 7.7 | 8.0 | 6.9 | n.p. | n.p. | n.p. | 7.7 |
| | <i>Total</i> | 5.3 | 4.8 | 5.2 | 5.0 | 5.0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 5.1 |
| Separations | Public | 14,705 | 9,419 | 8,581 | 3,628 | 3,572 | 1,157 | 457 | 957 | 42,476 |
| | Private | 838 | 1,959 | 2,506 | 597 | 581 | n.p. | n.p. | n.p. | 6,715 |
| | <i>Total</i> | 15,543 | 11,378 | 11,087 | 4,225 | 4,153 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 49,191 |
| E69B | Bronchitis and asthma without complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 1.8 | 1.5 | 1.6 | 1.8 | 1.8 | 1.8 | 1.8 | 1.8 | 1.7 |
| | Private | 3.3 | 4.1 | 3.4 | 3.7 | 3.9 | n.p. | n.p. | n.p. | 3.7 |
| | <i>Total</i> | 1.9 | 1.7 | 1.9 | 1.9 | 1.9 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1.8 |
| Separations | Public | 11,309 | 9,329 | 5,975 | 2,721 | 2,923 | 456 | 413 | 379 | 33,505 |
| | Private | 233 | 607 | 963 | 160 | 195 | n.p. | n.p. | n.p. | 2,183 |
| | <i>Total</i> | 11,542 | 9,936 | 6,938 | 2,881 | 3,118 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 35,688 |
| F62B | Heart failure and shock without catastrophic complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 5.2 | 3.9 | 4.3 | 4.3 | 4.9 | 5.9 | 5.2 | 4.2 | 4.6 |
| | Private | 8.3 | 7.2 | 7.3 | 7.0 | 6.6 | n.p. | n.p. | n.p. | 7.3 |
| | <i>Total</i> | 5.4 | 4.7 | 5.2 | 4.8 | 5.3 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 5.1 |
| Separations | Public | 9,250 | 6,503 | 4,497 | 2,480 | 2,184 | 573 | 334 | 384 | 26,205 |
| | Private | 865 | 2,117 | 1,922 | 539 | 687 | n.p. | n.p. | n.p. | 6,356 |
| | <i>Total</i> | 10,115 | 8,620 | 6,419 | 3,019 | 2,871 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 32,561 |

(continued)

Table S3.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 6.0, public and private hospitals, states and territories, 2010–11

| AR-DRG | Hospital sector | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------|--------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|-------|-------|-------------|-------------|-------------|--------|
| F76B | Arrhythmia, cardiac arrest and conduction disorders without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 2.4 | 1.8 | 1.9 | 1.7 | 2.2 | 2.5 | 2.2 | 1.9 | 2.0 |
| | Private | 1.9 | 2.2 | 2.3 | 1.7 | 1.8 | n.p. | n.p. | n.p. | 2.1 |
| | <i>Total</i> | 2.3 | 1.9 | 2.1 | 1.7 | 2.1 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2.1 |
| Separations | Public | 13,686 | 10,735 | 7,428 | 3,481 | 3,333 | 630 | 650 | 336 | 40,279 |
| | Private | 2,592 | 3,576 | 4,083 | 1,812 | 1,727 | n.p. | n.p. | n.p. | 14,280 |
| | <i>Total</i> | 16,278 | 14,311 | 11,511 | 5,293 | 5,060 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 54,559 |
| G07B | Appendicectomy without malignancy or peritonitis without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 2.5 | 2.2 | 2.0 | 2.2 | 2.3 | 2.0 | 2.5 | 2.6 | 2.3 |
| | Private | 2.1 | 2.2 | 1.9 | 2.1 | 2.1 | n.p. | n.p. | n.p. | 2.0 |
| | <i>Total</i> | 2.4 | 2.2 | 2.0 | 2.2 | 2.2 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2.2 |
| Separations | Public | 5,936 | 4,497 | 3,601 | 2,202 | 1,193 | 493 | 444 | 239 | 18,605 |
| | Private | 601 | 1,021 | 1,615 | 577 | 274 | n.p. | n.p. | n.p. | 4,275 |
| | <i>Total</i> | 6,537 | 5,518 | 5,216 | 2,779 | 1,467 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 22,880 |
| G10B | Hernia Procedures without complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 1.4 | 1.4 | 1.3 | 1.3 | 1.6 | 1.4 | 1.5 | 1.6 | 1.4 |
| | Private | 1.3 | 1.3 | 1.2 | 1.4 | 1.3 | n.p. | n.p. | n.p. | 1.3 |
| | <i>Total</i> | 1.4 | 1.4 | 1.2 | 1.3 | 1.5 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1.3 |
| Separations | Public | 9,372 | 7,637 | 5,233 | 2,915 | 2,259 | 680 | 462 | 219 | 28,777 |
| | Private | 11,119 | 7,846 | 8,186 | 3,893 | 2,428 | n.p. | n.p. | n.p. | 35,292 |
| | <i>Total</i> | 20,491 | 15,483 | 13,419 | 6,808 | 4,687 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 64,069 |
| H08B | Laparoscopic cholecystectomy without closed CDE without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 2.0 | 1.9 | 1.7 | 1.9 | 2.0 | 1.7 | 2.1 | 2.6 | 1.9 |
| | Private | 1.5 | 1.8 | 1.7 | 1.7 | 1.8 | n.p. | n.p. | n.p. | 1.6 |
| | <i>Total</i> | 1.8 | 1.9 | 1.7 | 1.8 | 1.9 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1.8 |
| Separations | Public | 7,374 | 5,619 | 4,129 | 2,010 | 1,767 | 567 | 333 | 186 | 21,985 |
| | Private | 5,449 | 4,022 | 4,354 | 1,771 | 1,336 | n.p. | n.p. | n.p. | 17,847 |
| | <i>Total</i> | 12,823 | 9,641 | 8,483 | 3,781 | 3,103 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 39,832 |

(continued)

Table S3.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 6.0, public and private hospitals, states and territories, 2010–11

| AR-DRG | Hospital sector | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------|----------------------------------------------------------------------------------------------------------|--------|--------|--------|-------|-------|-------------|-------------|-------------|--------|
| I03B | Hip replacement without catastrophic complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 7.2 | 6.1 | 7.1 | 6.7 | 7.0 | 6.8 | 5.7 | n.p. | 6.8 |
| | Private | 6.2 | 6.9 | 6.4 | 7.2 | 7.1 | n.p. | n.p. | n.p. | 6.6 |
| | <i>Total</i> | 6.6 | 6.6 | 6.6 | 7.0 | 7.1 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 6.7 |
| Separations | Public | 3,726 | 2,680 | 1,534 | 1,274 | 916 | 340 | 256 | 39 | 10,765 |
| | Private | 4,834 | 4,467 | 2,955 | 1,796 | 1,658 | n.p. | n.p. | n.p. | 16,719 |
| | <i>Total</i> | 8,560 | 7,147 | 4,489 | 3,070 | 2,574 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 27,484 |
| I04B | Knee replacement without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 5.7 | 5.4 | 5.9 | 6.6 | 5.6 | 5.6 | 4.1 | n.p. | 5.7 |
| | Private | 6.1 | 6.5 | 5.8 | 7.3 | 6.2 | n.p. | n.p. | n.p. | 6.3 |
| | <i>Total</i> | 6.0 | 6.1 | 5.8 | 7.1 | 6.0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 6.1 |
| Separations | Public | 3,961 | 2,238 | 1,678 | 1,022 | 993 | 235 | 225 | 38 | 10,390 |
| | Private | 6,462 | 4,678 | 4,945 | 2,479 | 2,070 | n.p. | n.p. | n.p. | 21,689 |
| | <i>Total</i> | 10,423 | 6,916 | 6,623 | 3,501 | 3,063 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 32,079 |
| I16Z | Other shoulder procedures | | | | | | | | | |
| ALOS (days) | Public | 1.4 | 1.4 | 1.4 | 1.4 | 1.5 | 1.3 | 1.4 | 2.7 | 1.4 |
| | Private | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 | n.p. | n.p. | n.p. | 1.3 |
| | <i>Total</i> | 1.3 | 1.3 | 1.3 | 1.3 | 1.4 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1.3 |
| Separations | Public | 1,930 | 1,702 | 1,153 | 1,197 | 672 | 110 | 114 | 87 | 6,965 |
| | Private | 8,684 | 7,817 | 6,984 | 5,568 | 3,047 | n.p. | n.p. | n.p. | 33,526 |
| | <i>Total</i> | 10,614 | 9,519 | 8,137 | 6,765 | 3,719 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 40,491 |
| L63B | Kidney and urinary tract infections without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 3.2 | 2.2 | 2.5 | 2.6 | 3.0 | 3.8 | 2.8 | 2.9 | 2.7 |
| | Private | 5.0 | 4.5 | 4.1 | 4.2 | 5.2 | n.p. | n.p. | n.p. | 4.5 |
| | <i>Total</i> | 3.3 | 2.5 | 2.8 | 2.8 | 3.3 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2.9 |
| Separations | Public | 12,431 | 9,918 | 7,912 | 4,177 | 2,637 | 527 | 575 | 483 | 38,660 |
| | Private | 813 | 1,637 | 2,354 | 555 | 487 | n.p. | n.p. | n.p. | 6,061 |
| | <i>Total</i> | 13,244 | 11,555 | 10,266 | 4,732 | 3,124 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 44,721 |

(continued)

Table S3.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 6.0, public and private hospitals, states and territories, 2010–11

| AR-DRG | Hospital sector | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------|---------------------------------------------------------------------------------------------------------------------------|--------|--------|--------|-------|-------|-------------|-------------|-------------|--------|
| M02B | Transurethral prostatectomy without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 2.9 | 2.6 | 2.7 | 2.6 | 3.1 | 2.5 | 3.1 | n.p. | 2.8 |
| | Private | 2.8 | 2.8 | 2.8 | 2.5 | 3.0 | n.p. | n.p. | n.p. | 2.8 |
| | <i>Total</i> | 2.8 | 2.8 | 2.8 | 2.6 | 3.1 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2.8 |
| Separations | Public | 2,126 | 1,803 | 997 | 582 | 487 | 141 | 67 | 41 | 6,244 |
| | Private | 3,664 | 3,223 | 2,357 | 1,090 | 940 | n.p. | n.p. | n.p. | 11,788 |
| | <i>Total</i> | 5,790 | 5,026 | 3,354 | 1,672 | 1,427 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 18,032 |
| N04B | Hysterectomy for non-malignancy without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 3.2 | 3.2 | 2.9 | 3.3 | 3.1 | 3.0 | 3.3 | 3.1 | 3.1 |
| | Private | 3.5 | 3.9 | 3.1 | 3.4 | 3.9 | n.p. | n.p. | n.p. | 3.5 |
| | <i>Total</i> | 3.4 | 3.5 | 3.0 | 3.4 | 3.5 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 3.3 |
| Separations | Public | 2,846 | 2,616 | 1,733 | 820 | 888 | 246 | 111 | 87 | 9,347 |
| | Private | 3,693 | 2,487 | 2,984 | 1,575 | 924 | n.p. | n.p. | n.p. | 12,342 |
| | <i>Total</i> | 6,539 | 5,103 | 4,717 | 2,395 | 1,812 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 21,689 |
| N06B | Female reproductive system reconstructive procedures without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 2.3 | 2.2 | 1.8 | 2.3 | 2.1 | 2.0 | 2.5 | n.p. | 2.2 |
| | Private | 2.6 | 2.6 | 2.1 | 2.5 | 2.8 | n.p. | n.p. | n.p. | 2.5 |
| | <i>Total</i> | 2.5 | 2.4 | 2.0 | 2.4 | 2.5 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2.4 |
| Separations | Public | 1,908 | 1,410 | 1,039 | 469 | 558 | 175 | 60 | 30 | 5,649 |
| | Private | 3,273 | 2,127 | 2,407 | 1,032 | 916 | n.p. | n.p. | n.p. | 10,234 |
| | <i>Total</i> | 5,181 | 3,537 | 3,446 | 1,501 | 1,474 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 15,883 |
| O01B | Caesarean delivery without catastrophic or severe complications or comorbidities | | | | | | | | | |
| ALOS (days) | Public | 3.9 | 3.8 | 3.5 | 3.9 | 4.2 | 4.0 | 3.7 | 4.8 | 3.8 |
| | Private | 5.2 | 5.0 | 4.6 | 5.4 | 5.2 | n.p. | n.p. | n.p. | 5.0 |
| | <i>Total</i> | 4.3 | 4.3 | 4.0 | 4.6 | 4.5 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 4.3 |
| Separations | Public | 14,886 | 11,031 | 8,956 | 4,399 | 3,227 | 861 | 809 | 617 | 44,786 |
| | Private | 7,917 | 6,473 | 7,050 | 3,856 | 1,657 | n.p. | n.p. | n.p. | 28,376 |
| | <i>Total</i> | 22,803 | 17,504 | 16,006 | 8,255 | 4,884 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 73,162 |

(continued)

Table S3.10 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 6.0, public and private hospitals, states and territories, 2010–11

| AR-DRG | Hospital sector | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------|---------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|-------------|-------------|-------------|---------|
| O60Z | Vaginal delivery | | | | | | | | | |
| | ALOS (days) | | | | | | | | | |
| | Public | 2.7 | 2.5 | 2.3 | 2.7 | 2.8 | 2.7 | 2.3 | 3.1 | 2.6 |
| | Private | 4.3 | 4.2 | 3.9 | 4.4 | 4.2 | n.p. | n.p. | n.p. | 4.2 |
| | <i>Total</i> | 3.0 | 2.9 | 2.6 | 3.2 | 3.1 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2.9 |
| | Separations | | | | | | | | | |
| | Public | 50,538 | 35,658 | 29,563 | 14,220 | 9,728 | 2,794 | 2,844 | 2,050 | 147,395 |
| | Private | 12,846 | 11,580 | 9,138 | 5,274 | 2,773 | n.p. | n.p. | n.p. | 44,307 |
| | <i>Total</i> | 63,384 | 47,238 | 38,701 | 19,494 | 12,501 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 191,702 |
| R61B | Lymphoma and non-acute leukaemia without catastrophic complications or comorbidities | | | | | | | | | |
| | ALOS (days) | | | | | | | | | |
| | Public | 5.3 | 4.8 | 5.3 | 5.1 | 5.6 | 5.4 | 7.0 | 3.8 | 5.2 |
| | Private | 4.3 | 3.7 | 5.6 | 3.0 | 4.9 | n.p. | n.p. | n.p. | 4.3 |
| | <i>Total</i> | 5.1 | 4.2 | 5.5 | 3.9 | 5.3 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 4.8 |
| | Separations | | | | | | | | | |
| | Public | 2,678 | 1,975 | 985 | 766 | 742 | 270 | 123 | 63 | 7,602 |
| | Private | 492 | 2,075 | 1,579 | 1,093 | 576 | n.p. | n.p. | n.p. | 5,950 |
| | <i>Total</i> | 3,170 | 4,050 | 2,564 | 1,859 | 1,318 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 13,552 |

(a) Separations for which the care type was reported as *Acute, Newborn* (with qualified days) or was not reported. Excludes separations where the length of stay was greater than 120 days. Average length of stay suppressed for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory, or if fewer than 50 separations were reported.

(b) For more information on the selected AR-DRGs, see Appendix 2 and Table A2.5 accompanying this report online.

Abbreviations: ALOS—average length of stay; CDE—common duct exploration; n.p.—not published.

4 Australia's hospital resources

This chapter presents an overview of public and private hospitals in 2010–11, covering the number and types of hospitals and availability of beds. This chapter also describes public hospitals in terms of public hospital expenditure and revenue, the number of full-time equivalent staff employed and specialised services provided.

What data are reported?

The hospital types reported in this chapter are:

- public hospitals (acute and psychiatric hospitals)
- private free-standing day hospital facilities and other private hospitals (acute and psychiatric hospitals).

Information on public hospital resources was derived from the National Public Hospital Establishments Database (NPHEd). Financial data reported from the NPHEd are not directly comparable with data reported in the annual AIHW publication *Health expenditure Australia 2009–10* (AIHW 2011e). In the latter, trust fund expenditure is included (whereas it is not included in the data here) and hospital expenditure may be defined to cover activity not covered by this data collection.

Private hospital information on the numbers of hospitals, beds, expenditure and revenue was sourced from the Australian Bureau of Statistics' Private Hospital Establishments Collection (PHEC). Caution should be used in comparing the data for private hospitals and public hospitals as there are variations in the data definitions used between the NPHEd and the PHEC.

Box 4.1: What are the limitations of the data?

Hospitals

- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses (see Chapter 2 and Appendix 2).

Hospital beds

- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix). For example, hospitals may have different proportions of beds available for special and more general purposes, or for use as same-day care only or as overnight beds. Public and private hospital bed numbers presented in this chapter are based on different definitions.
- The number of average available beds presented in this report may differ from the counts published elsewhere. For example, counts based on a specified date, such as 30 June, may differ from the average available beds for the reporting period.
- The collection of *Average available beds for overnight-stay patients* and *Average available beds for same-day patients* was mandated for national reporting in the Public Hospital Establishments National Minimum Data Set (NMDS) commencing 1 July 2009. Due to changes in the definitions, the numbers of beds reported before 1 July 2009 may not be comparable to the numbers of beds reported after 1 July 2009.

(continued)

Box 4.1 (continued)

- Before 1 July 2009, **average available beds** were the average number of beds which were immediately available for use by an admitted patient within the establishment. Surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-admitted patient care were excluded. Beds in wards which were closed for any reason were also excluded.
- **Average available beds for same-day patients** are the number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period.
- **Average available beds for overnight-stay patients** are the number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period.

Public hospital financial data

- A small number of establishments in 2010–11 did not report any financial data, or reported incomplete financial data.

Public hospital expenditure

- Capital expenditure is not reported in this publication. Not all jurisdictions were able to report using the *National health data dictionary* (HDSC 2008) categories and the comparability of the data may not be adequate for reporting.
- Recurrent expenditure reported in this chapter was largely expenditure by hospitals and may not necessarily include all expenditure spent on hospital services by each state or territory government. For example, recurrent expenditure on purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals may not be included.
- Expenditure on public patients hospitalised in other jurisdictions may not be included.

Public hospital revenue

- Revenue reported in this chapter was largely revenue received by individual hospitals, and may not necessarily include all revenue received by each state or territory government for the provision of public hospital services.
- There was some variation among the states and territories in the treatment of revenue data, for example, in the treatment of Australian Government grants and asset sales.

Public hospital staffing

- The collection of data by staffing category was not consistent among states and territories – for some jurisdictions, best estimates were reported for some staffing categories. There was variation in the reporting of *Other personal care staff* and *Domestic and other staff*. Queensland noted that there was little difference between these categories and that an employee may perform different functions within these two categories on different days (see Appendix 1).

(continued)

Box 4.1 (continued)

- The outsourcing of services with a large labour-related component (such as food services and domestic services) can have a substantial impact on staffing figures. Differences in outsourcing may explain some of the differences in full-time equivalent staff in some staffing categories and also some of the differences between the states and territories.
- Different reporting practices and use of outsourced services may also explain some of the variation in average salaries reported for *Diagnostic and allied health professionals*, *Other personal care staff* and *Domestic and other staff*. The degree of outsourcing of higher paid versus lower paid staffing functions affect the comparison of averages. For example, outsourcing the provision of domestic services but retaining domestic service managers to oversee the activities of the contractors tends to result in higher average salaries for the domestic service staff.
- Information on numbers of visiting medical officers (VMOs), who were contracted by hospitals to provide services to public patients and paid on sessional or fee-for-service basis in public hospitals, was not available.

Box 4.2: What methods were used?

- The *remoteness area* of hospital presented in this chapter was based on the ABS 2006 Australian Standard Geographical Classification (see Appendix 2). Beds per 1,000 population by remoteness areas are reported as crude rates based on the 30 June 2010 population in the remoteness area in question.
- Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions.

How do hospitals vary across states and territories?

In 2010–11, there were 752 public hospitals reported, compared with 758 public hospitals in 2006–07.

From 2009–10, the data for the Albury Base Hospital (located in New South Wales) was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. The Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. Data for Albury Base Hospital are therefore included in statistics for Victoria from 2009–10 whereas they were formerly reported by and included in statistics for New South Wales.

For Tasmania, the Statewide Mental Health Services (SMHS), which was previously reported as three separate public psychiatric hospitals, was reported as one entity in 2009–10. Therefore the number of reporting units changed between 2008–09 and 2009–10, but the number of public psychiatric hospital campuses remained the same. In 2010–11, an alcohol and drug service (previously reported separately) was also included under SMHS. In addition, a decrease in the number of available beds for Tasmania between 2009–10 and 2010–11 was mainly due to a classification change of 76 beds from ‘acute mental health beds’ to ‘residential care beds’, and the result of an audit of beds in acute care facilities.

Table 4.1: Number of hospitals and average available beds, public hospitals, states and territories, 2006–07 to 2010–11^(a)

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|---------------------------------------|---------------|---------------|---------------|---------------|---------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(b) | | | | | | | |
| Public hospitals | 228 | 228 | 227 | 226 | 226 | -0.2 | 0.0 |
| Average available beds | 19,924 | 20,006 | 19,805 | 19,608 | 19,931 | 0.0 | 1.6 |
| Available beds per 1,000 population | 2.9 | 2.9 | 2.8 | 2.8 | 2.8 | -1.4 | 0.3 |
| Victoria^(b) | | | | | | | |
| Public hospitals | 144 | 148 | 149 | 150 | 151 | 1.2 | 0.7 |
| Average available beds | 12,434 | 12,682 | 12,869 | 13,186 | 13,408 | 1.9 | 1.7 |
| Available beds per 1,000 population | 2.4 | 2.4 | 2.4 | 2.4 | 2.4 | -0.1 | 0.0 |
| Queensland | | | | | | | |
| Public hospitals | 177 | 177 | 170 | 170 | 170 | -1.0 | 0.0 |
| Average available beds | 10,354 | 10,651 | 10,805 | 10,911 | 11,117 | 1.8 | 1.9 |
| Available beds per 1,000 population | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 | -0.6 | 0.1 |
| Western Australia | | | | | | | |
| Public hospitals | 95 | 94 | 94 | 95 | 94 | -0.3 | -1.1 |
| Average available beds | 5,558 | 5,405 | 5,369 | 5,376 | 5,492 | -0.3 | 2.2 |
| Available beds per 1,000 population | 2.7 | 2.6 | 2.5 | 2.4 | 2.4 | -2.9 | 0.1 |
| South Australia | | | | | | | |
| Public hospitals | 79 | 80 | 80 | 80 | 80 | 0.3 | 0.0 |
| Average available beds | 4,895 | 4,981 | 4,874 | 4,859 | 5,040 | 0.7 | 3.7 |
| Available beds per 1,000 population | 3.1 | 3.1 | 3.0 | 3.0 | 3.1 | -0.5 | 2.5 |
| Tasmania | | | | | | | |
| Public hospitals ^{(c)(d)} | 27 | 27 | 29 | 24 | 23 | -3.9 | -4.2 |
| Average available beds ^(d) | 1,353 | 1,275 | 1,449 | 1,359 | 1,196 | -3.0 | -12.0 |
| Available beds per 1,000 population | 2.8 | 2.6 | 2.9 | 2.7 | 2.4 | -3.9 | -12.7 |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 3 | 3 | 3 | 3 | 3 | 0.0 | 0.0 |
| Average available beds | 785 | 851 | 875 | 907 | 926 | 4.2 | 2.1 |
| Available beds per 1,000 population | 2.3 | 2.5 | 2.5 | 2.6 | 2.6 | 2.4 | 0.3 |
| Northern Territory | | | | | | | |
| Public hospitals | 5 | 5 | 5 | 5 | 5 | 0.0 | 0.0 |
| Average available beds | 600 | 616 | 650 | 694 | 662 | 2.5 | -4.6 |
| Available beds per 1,000 population | 2.8 | 2.9 | 2.9 | 3.1 | 2.9 | 0.3 | -5.9 |
| Total | | | | | | | |
| Public hospitals | 758 | 762 | 757 | 753 | 752 | -0.2 | -0.1 |
| Average available beds | 55,904 | 56,467 | 56,696 | 56,900 | 57,772 | 0.8 | 1.5 |
| Available beds per 1,000 | 2.7 | 2.7 | 2.6 | 2.6 | 2.6 | -1.0 | -0.1 |

(a) Due to changes in the definitions of available beds, the numbers of beds reported before 1 July 2009 may not be comparable to the numbers of beds reported after 1 July 2009.

(b) From 2009–10, the data for the Albury Base Hospital are included in statistics for Victoria whereas they were formerly reported by, and included in statistics for New South Wales. See Box 2.1 for more information.

(c) From 2009–10, Tasmania's Statewide Mental Health Services, which was previously reported as three separate public psychiatric hospitals, was reported as one entity. Therefore, the number of reporting units changed, but the number of public psychiatric hospital campuses remained the same.

(d) In 2010–11, a detoxification unit in Tasmania was re-classified as a mental health service and data for this establishment was not reported to NPHEd. In addition, Tasmania reclassified 76 beds from 'acute mental health beds' to 'residential care beds', decreasing both the number of beds reported for public psychiatric hospitals in Tasmania.

While average available bed numbers rose overall between 2006–07 and 2010–11, the number of available beds per 1,000 population generally fell (from 2.7 per 1,000 to 2.6 per 1,000).

For the Australian Capital Territory and the Northern Territory, both the average available beds and the number of available beds per 1,000 population increased over the period 2006–07 to 2010–11 (Table 4.1).

In 2009–10 there were 581 private hospitals, compared with 547 private hospitals in 2005–06. South Australia and Victoria accounted for most of the increase in private hospital numbers. Between 2005–06 and 2009–10, the number of average available beds increased (0.6%). Available beds per 1,000 population fell by 1.2% over the same period (Table 4.2).

Table 4.2: Number of hospitals and average available beds, private hospitals, states and territories, 2005–06 to 2009–10

| | 2005–06 | 2006–07 | 2007–08 ^(a) | 2008–09 | 2009–10 | Change (per cent) | |
|------------------------------------------------------------------------------------|---------------|---------------|------------------------|---------------|---------------|-----------------------|---------------|
| | | | | | | Average since 2005–06 | Since 2008–09 |
| New South Wales | 178 | 175 | n.a. | 176 | 179 | 0.1 | 1.7 |
| Victoria | 146 | 155 | n.a. | 152 | 161 | 2.5 | 5.9 |
| Queensland | 108 | 109 | n.a. | 106 | 106 | –0.5 | 0.0 |
| Western Australia | 56 | 54 | n.a. | 54 | 55 | –0.4 | 1.9 |
| South Australia | 37 | 40 | n.a. | 50 | 57 | 11.4 | 14.0 |
| Australian Capital Territory, Northern Territory and Tasmania ^(b) | 22 | 24 | n.a. | 26 | 23 | 1.1 | –11.5 |
| Total private hospitals | 547 | 557 | n.a. | 564 | 581 | 1.5 | 3.0 |
| Average available beds^(c) | 27,040 | 26,678 | n.a. | 27,180 | 27,748 | 0.6 | 2.1 |
| Available beds per 1,000 population^(d) | 1.3 | 1.3 | n.a. | 1.2 | 1.2 | –1.2 | 0.6 |

(a) Data for the 2007–08 reference year are not available.

(b) Australian Capital Territory, Northern Territory and Tasmania have been aggregated to protect the confidentiality of the small number of hospitals in these states/territories

(c) Available beds/chairs (average for the year).

(d) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 31 December 2010.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Source: Australian Bureau of Statistics, *Private hospitals Australia 2009–10* (ABS 2011).

Abbreviation: n.a.—not available.

How many hospitals?

Table 4.3 presents the number of public and private hospitals by state and territory for 2010–11.

The data presented for private hospitals in Table 4.3 are counts of private hospitals provided by the states and territories for 2010–11. The three largest states together accounted for about three-quarters of all reported hospitals.

Table 4.3: Public and private hospitals^(a), states and territories, 2010–11

| | NSW | Vic ^(b) | Qld ^(c) | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------|------------|--------------------|--------------------|------------|------------|-----------|-----------|----------|--------------|
| Public hospitals | | | | | | | | | |
| Public acute hospitals | 218 | 150 | 166 | 93 | 78 | 22 | 3 | 5 | 735 |
| Public psychiatric hospitals | 8 | 1 | 4 | 1 | 2 | 1 | 0 | 0 | 17 |
| Private hospitals | | | | | | | | | |
| Private free-standing day hospital facilities | 91 | 85 | 53 | 34 | 28 | 2 | 9 | 1 | 303 |
| Other private hospitals | 86 | 81 | 53 | 24 | 31 | 6 | 3 | 1 | 285 |
| Total | 403 | 317 | 276 | 156 | 139 | 31 | 15 | 7 | 1,340 |

(a) The numbers of private hospitals for 2010–11, data provided by the jurisdiction.

(b) The number of public hospitals in Victoria is reported as a count of the campuses that reported data separately to the National Hospital Morbidity Database in 2010–11.

(c) The count of private hospitals in Queensland was based on data as at 30 June 2011.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

How many hospital beds?

In 2010–11, the number of available beds in public acute hospitals ranged from 2.3 per 1,000 population in Western Australia, Tasmania and Queensland, to 2.9 per 1,000 in South Australia and the Northern Territory (Table 4.4).

In 2010–11 the total number of available beds per 1,000 population, in public and private hospitals, was 3.8 per 1,000.

The collection of *Average available beds for overnight-stay patients* and *Average available beds for same-day patients* was mandated for national reporting in the Public Hospital Establishments NMDS commencing 1 July 2009.

Nationally, about 88% of beds in public acute hospitals were available for overnight-stay patients (Table 4.4). The proportion of beds in public acute hospitals that were for same-day patients ranged from 5% in the Northern Territory to 16% in Queensland and the Australian Capital Territory. For public psychiatric hospitals, the majority of states and territories did not report any *Average available beds for same-day patients*.

The comparability of bed numbers can be affected by the casemix of hospitals including the extent to which hospitals provide same-day admitted patient services and other specialised services.

Table 4.4: Public and private hospital average available beds^{(a)(b)} and number of average available beds per 1,000 population^(c), states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---------------|
| Average available beds^(a) | | | | | | | | | |
| Public hospitals | | | | | | | | | |
| <i>Public acute hospitals</i> | 19,007 | 13,254 | 10,660 | 5,278 | 4,816 | 1,186 | 926 | 662 | 55,789 |
| Same-day beds/chairs | 1,447 | 2,037 | 1,733 | 672 | 330 | 177 | 152 | 34 | 6,582 |
| Overnight beds | 17,560 | 11,217 | 8,927 | 4,607 | 4,486 | 1,009 | 774 | 628 | 49,207 |
| Public psychiatric hospitals | 925 | 154 | 457 | 214 | 224 | 10 | .. | .. | 1,983 |
| <i>Private hospitals (2009-10)^(b)</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 27,748 |
| Private free-standing day hospital facilities | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 2,822 |
| Other private hospitals | 6,584 | 6,880 | 5,945 | <i>n.a.</i> | 2,158 | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 24,926 |
| Total beds^(a) | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 85,520 |
| Available or licensed beds per 1,000 population^(c) | | | | | | | | | |
| Public hospitals | 2.7 | 2.4 | 2.4 | 2.4 | 3.1 | 2.3 | 2.6 | 2.9 | 2.6 |
| Public acute hospitals | 2.6 | 2.4 | 2.3 | 2.3 | 2.9 | 2.3 | 2.6 | 2.9 | 2.5 |
| Public psychiatric hospitals | 0.1 | 0.0 | 0.1 | 0.1 | 0.1 | 0.0 | .. | .. | 0.1 |
| Private hospitals ^(b) | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 1.2 |
| Private free-standing day hospital facilities | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 0.1 |
| Other private hospitals | 0.9 | 1.2 | 1.3 | <i>n.a.</i> | 1.1 | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 1.1 |
| Total beds per 1,000 population^(c) | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | <i>n.a.</i> | 3.8 |

(a) The number of average available beds presented here may differ from the counts published elsewhere. For example counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period.

(b) Source: Australian Bureau of Statistics' *Private hospitals Australia 2009–10* (ABS 2011).

(c) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 31 December 2010.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable, n.a.—not available.

Public hospitals

How diverse are public hospitals?

Public hospital peer groups were designed to explain variability in hospital costs by grouping hospitals according to the type and volume of their admitted patient activity and their geographical location. A range of other statistics are presented about public hospital peer groups in chapters 3, 5 and 10. Detailed information on the public hospital peer group classification is included in Appendix 2.

The 752 public hospitals are very diverse in size and type of services they provide for admitted and non-admitted patients (Table 4.5). The diversity of admitted patient services provided by each type can be gauged by the average number of Australian Refined Diagnosis Related Groups (AR-DRGs) reported.

In 2010–11, there were:

- 78 *Principal referral* hospitals – located mainly in major cities, with at least one in each state and territory. They provided a wide range of services, including emergency department, outpatient and admitted patient services (including 5 or more separations for 431 AR-DRGs on average). These hospitals accounted for a total of 3.6 million separations or 66% of the total for public hospitals (Figure 4.1), and for 11.5 million days or 62% of the total for public hospitals (Figure 4.2).
- 11 *Specialist women's and children's* hospitals – located in Sydney, Melbourne, Brisbane, Perth and Adelaide. They delivered an average of over 21,429 separations per hospital, specialising in maternity and other specialist services for women, and/or specialist paediatric services.
- 41 *Large* hospitals – 24 in major cities and 17 in regional and remote areas. They provided emergency department, outpatient and admitted patient services, generally with a range of activities less than for the *Principal referral* hospitals (5 or more separations for 249 AR-DRGs), with an average of 16,094 separations per hospital.
- 88 *Medium* hospitals – 22 in major cities and 66 in regional areas. They delivered an average of 6,154 separations per hospital (with a narrower range of services than the *Large* hospitals), most provided emergency services (rather than formal emergency departments) and some had outpatient clinics.
- 155 *Small acute* hospitals – 115 in regional areas and 41 in remote areas. They delivered mainly acute care for admitted patients, with an average of 1,294 separations per hospital in the year, with a relatively narrow range of services (5 or more separations for an average of 49 AR-DRGs). They generally did not have emergency departments although most provided emergency services.
- 17 *Psychiatric* hospitals – specialising in the treatment and care of people with mental health problems. They were located in Sydney, Melbourne, Brisbane, Perth, Adelaide and Hobart, with 3 in regional Queensland centres.
- 8 specialist *Rehabilitation* hospitals – located in Sydney, Perth, Adelaide, Wollongong and 2 in regional areas.
- 8 specialist *Mothercraft* hospitals – located in Sydney, Melbourne, Brisbane and Canberra.
- 82 *Small non-acute* hospitals – mainly in rural and remote areas. The services they provided were mainly non-acute, so the average length of stay was longer than in the hospitals that provided mainly acute care.
- 77 *Multi-purpose services* – in regional and remote areas. These hospitals were generally combined with services for residential aged care and mainly provide sun and non-acute admitted patient care.
- 187 other hospitals, mainly small or specialist hospitals.

More information on hospital peer groups by state and territory is presented in the supplementary tables at the end of Chapter 3.

Table 4.5: The diversity of public hospitals, 2010–11

| Hospital type | Number of hospitals | | | | | | | | Average beds | Separations (average) | Average length of stay (days) | Non-acute care (patient days %) | AR-DRGs (5+) ^(e) |
|-----------------------------------|---------------------|------------|------------|------------|--------------------------------------|-----------------------------------------|-----------------------------------|---------------------------------|--------------|-----------------------|-------------------------------|---------------------------------|-----------------------------|
| | Location | | | | Services provided | | | | | | | | |
| | Major cities | Regional | Remote | Total | Emergency departments ^(a) | Other emergency services ^(b) | Outpatient clinics ^(c) | Elective surgery ^(d) | | | | | |
| Principal referral | 52 | 25 | 1 | 78 | 78 | 78 | 77 | 76 | 415 | 44,444 | 3.3 | 8.9 | 431 |
| Specialist women's and children's | 11 | 0 | 0 | 11 | 9 | 9 | 11 | 11 | 207 | 21,429 | 3.1 | 0.5 | 224 |
| Large | 24 | 16 | 1 | 41 | 39 | 39 | 40 | 33 | 140 | 16,094 | 2.9 | 14.0 | 249 |
| Medium | 22 | 66 | 0 | 88 | 30 | 73 | 8 | 50 | 66 | 6,154 | 3.1 | 25.4 | 134 |
| Small acute | 0 | 115 | 40 | 155 | 21 | 149 | 3 | 18 | 21 | 1,294 | 2.9 | 8.9 | 49 |
| Psychiatric | 12 | 5 | 0 | 17 | 0 | 0 | 0 | 0 | 117 | 608 | 59.5 | 50.1 | 7 |
| Rehabilitation | 6 | 2 | 0 | 8 | 0 | 1 | 1 | 1 | 63 | 1,095 | 19.5 | 89.4 | 15 |
| Mothercraft | 8 | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 27 | 1,755 | 3.7 | 0.0 | 11 |
| Small non-acute | 14 | 55 | 13 | 82 | 4 | 64 | 1 | 5 | 32 | 872 | 10.0 | 71.5 | 33 |
| Multi-purpose services | 0 | 45 | 32 | 77 | 0 | 69 | 0 | 0 | 12 | 350 | 4.2 | 34.0 | 14 |
| Other | 32 | 87 | 68 | 187 | 6 | 120 | 0 | 0 | 11 | 273 | 9.6 | 79.8 | 5 |
| Total | 181 | 418 | 155 | 752 | 187 | 602 | 141 | 194 | 77 | 7,031 | 3.5 | 17.1 | 94 |

(a) This is the number of hospitals reporting episode-level non-admitted patient emergency department care data to the National Non-admitted Patient Emergency Department Care Database.

(b) This is the number of hospitals reporting establishment-level emergency occasions of service data to the National Public Hospital Establishments Database.

(c) This is the number of hospitals reporting outpatient clinic-level non-admitted patient data to the National Outpatient Care Database.

(d) This is the number of hospitals reporting data to the National Elective Surgery Waiting Times Data Collection.

(e) This is the average number of AR-DRGs for which there were at least five separations.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

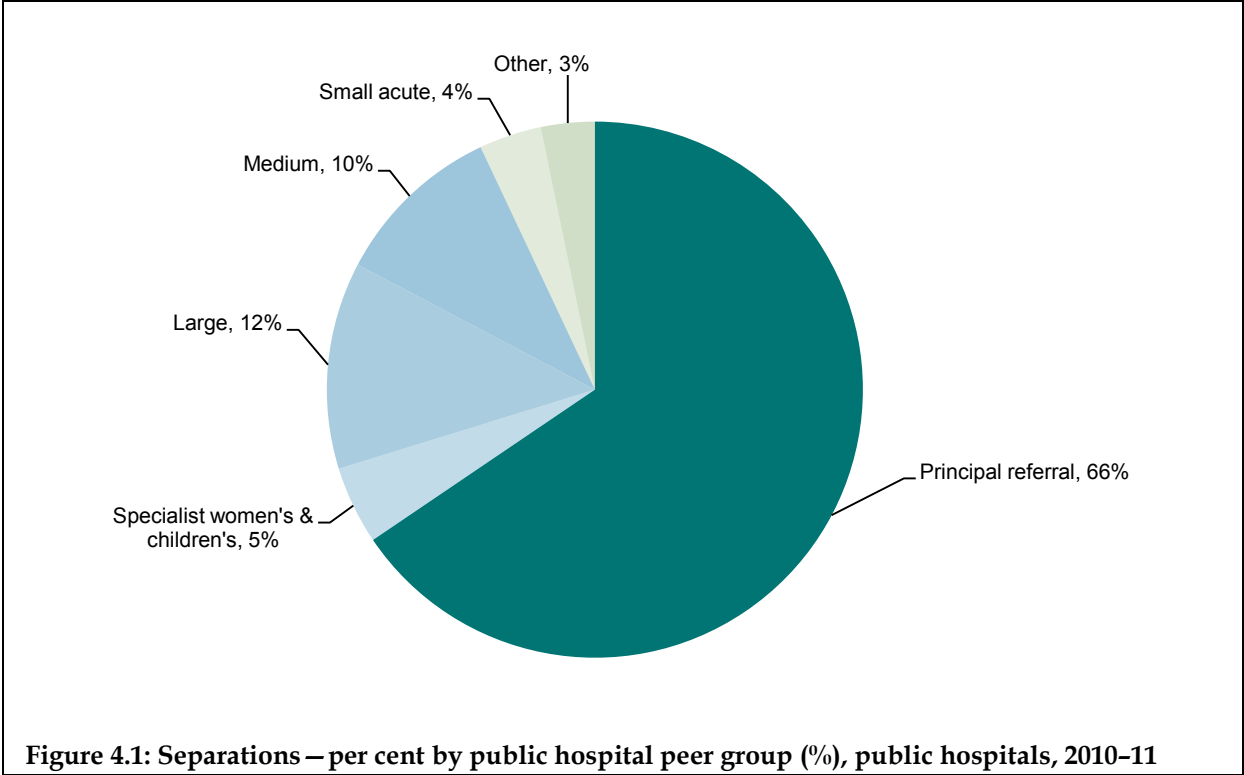


Figure 4.1: Separations – per cent by public hospital peer group (%), public hospitals, 2010-11

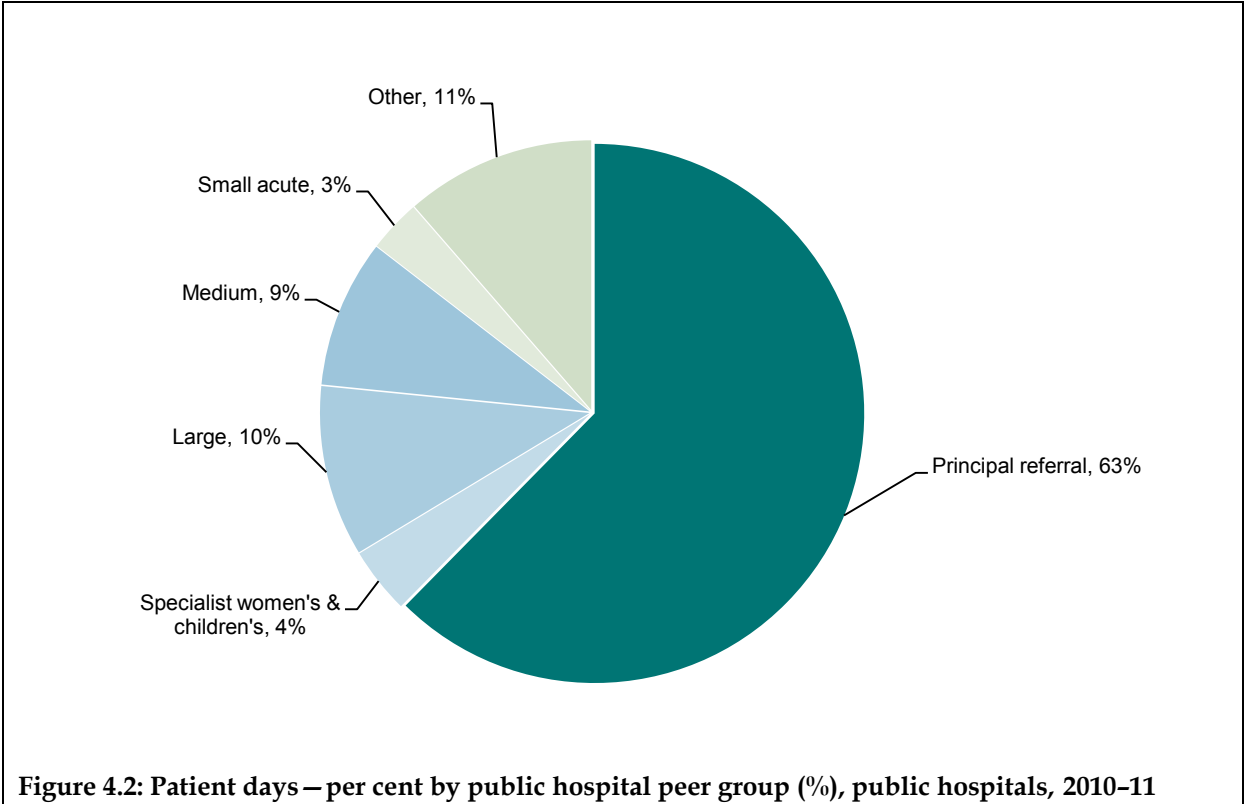


Figure 4.2: Patient days – per cent by public hospital peer group (%), public hospitals, 2010-11

How many public hospital beds?

Grouping hospitals by number of available beds showed that the majority of hospitals were very small (Table 4.6). This was particularly the case in jurisdictions that covered large geographical areas. The majority of beds were in larger hospitals and in more densely populated areas. The largest hospital had 1,011 beds and was located in Brisbane. Over 71% of hospitals had 50 or fewer beds.

The proportion of hospital beds in different size hospitals varied by jurisdiction. The Northern Territory did not have any public hospitals with either more than 500 beds or 10 beds or fewer. For Victoria, almost 38% of hospital beds were in hospitals with more than 200 to 500 beds (Table S4.1)

Table 4.6: Number of public acute and psychiatric hospitals and average available beds, by hospital size, 2010–11

| Hospital size | Hospitals | Proportion of total public hospitals (%) | Total average available beds | Proportion of total public hospital beds (%) |
|---------------------------|------------|------------------------------------------|------------------------------|----------------------------------------------|
| 10 or fewer beds | 212 | 28.2 | 930 | 1.6 |
| More than 10 to 50 beds | 322 | 42.8 | 7,862 | 13.6 |
| More than 50 to 100 beds | 73 | 9.7 | 5,263 | 9.1 |
| More than 100 to 200 beds | 65 | 8.6 | 9,936 | 17.2 |
| More than 200 to 500 beds | 56 | 7.4 | 17,303 | 29.9 |
| More than 500 beds | 24 | 3.2 | 16,478 | 28.5 |
| Total | 752 | 100.0 | 57,772 | 100.0 |

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.1 at the end of this chapter.

Where are public hospitals located?

The remoteness area classification is used in Table 4.7 to present information on the geographical distribution of public hospitals and available beds, and on the number of available beds per 1,000 population. The highest number of hospitals was in *Outer regional* areas (225) and the largest number of beds was in *Major cities* (37,902 beds, 66% of total).

In 2010–11, there were 2.6 public hospital beds per 1,000 population. The number of public hospital beds per 1,000 population varied across remoteness areas. The ratio of available beds to the population does not necessarily indicate the accessibility of hospital services. A hospital can provide services for patients who usually reside in other areas of the state or territory, or in other jurisdictions. The patterns of bed availability across regions may also reflect a number of factors including the availability of other health-care services and patterns of disease and injury.

Table 4.7: Number of hospitals, average available beds and number of average available beds per 1,000 population^(a), by remoteness area, public acute and psychiatric hospitals, 2010–11

| Remoteness area | Hospitals | Average available beds | Available beds per 1,000 population resident in area ^(a) |
|-----------------------|------------|------------------------|---------------------------------------------------------------------|
| Major cities | 179 | 37,902 | 2.5 |
| <i>Total regional</i> | <i>418</i> | <i>17,935</i> | <i>2.8</i> |
| Inner regional | 193 | 11,505 | 2.6 |
| Outer regional | 225 | 6,430 | 3.1 |
| <i>Total remote</i> | <i>155</i> | <i>1,933</i> | <i>3.9</i> |
| Remote | 79 | 1,383 | 4.2 |
| Very Remote | 76 | 551 | 3.2 |
| Total | 752 | 57,772 | 2.6 |

(a) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2010.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.2 at the end of this chapter.

How much expenditure and revenue?

Public hospital recurrent expenditure

Salary expenditure includes salaries and wages, payments to staff on paid leave, workers compensation leave and salaries paid to contract staff where the contract was for the supply of labour and where full-time equivalent staffing data were available.

Non-salary expenditure includes items such as payments to visiting medical officers, superannuation payments, drug supplies, medical and surgical supplies (which includes consumable supplies only and not equipment purchases), food supplies, domestic services, repairs and maintenance, patient transport, administrative expenses, interest payments, depreciation and other recurrent expenditure.

Information on gross recurrent expenditure, categorised into *Total recurrent expenditure* and *Total revenue*, is presented in Table 4.8.

Between 2006–07 and 2010–11, public hospital recurrent expenditure increased by an average of 5.9% per year in constant price terms (adjusted for inflation). The average annual increase in public hospital recurrent expenditure was highest for Queensland (10.0%).

Over the same period, public hospital revenue increased by an average of 9.8% per year (adjusted for inflation), ranging from an average decrease of 7.8% per year for Tasmania to an average increase of 18.6% per year for South Australia (Table 4.8). Between 2009–10 and 2010–11, public hospital revenue decreased for both Queensland and Tasmania.

Table 4.8: Recurrent expenditure^(a) and revenue (\$ million, constant prices^(b)), public hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Total recurrent expenditure, constant prices (\$ million) | | | | | | | |
| New South Wales ^(c) | 10,210 | 10,509 | 10,738 | 10,793 | 11,554 | 3.1 | 7.1 |
| Victoria | 7,508 | 7,946 | 8,323 | 8,639 | 9,225 | 5.3 | 6.8 |
| Queensland ^(d) | 4,963 | 5,585 | 6,053 | 6,548 | 7,262 | 10.0 | 10.9 |
| Western Australia | 2,890 | 3,152 | 3,427 | 3,572 | 3,918 | 7.9 | 9.7 |
| South Australia | 2,218 | 2,526 | 2,595 | 2,675 | 2,935 | 7.3 | 9.7 |
| Tasmania | 677 | 681 | 792 | 833 | 880 | 6.7 | 5.5 |
| Australian Capital Territory | 519 | 567 | 616 | 640 | 697 | 7.6 | 8.9 |
| Northern Territory | 406 | 420 | 465 | 478 | 515 | 6.1 | 7.8 |
| All public hospitals | 29,391 | 31,385 | 33,010 | 34,178 | 36,985 | 5.9 | 8.2 |
| Total revenue, constant prices (\$ million) | | | | | | | |
| New South Wales | 1,152 | 1,182 | 1,166 | 1,353 | 1,709 | 10.4 | 26.4 |
| Victoria | 794 | 840 | 929 | 998 | 1,092 | 8.3 | 9.4 |
| Queensland ^(d) | 334 | 398 | 522 | 599 | 537 | 12.6 | -10.3 |
| Western Australia | 178 | 188 | 206 | 208 | 238 | 7.5 | 14.6 |
| South Australia | 108 | 167 | 156 | 176 | 213 | 18.6 | 21.2 |
| Tasmania | 79 | 81 | 85 | 59 | 57 | -7.8 | -2.4 |
| Australian Capital Territory | 41 | 48 | 57 | 53 | 54 | 7.4 | 1.3 |
| Northern Territory | 16 | 17 | 20 | 23 | 25 | 12.4 | 10.4 |
| All public hospitals | 2,700 | 2,922 | 3,139 | 3,468 | 3,925 | 9.8 | 13.2 |

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.

(b) Expressed in terms of prices in the reference year 2010–11. The ABS Government Final Consumption Expenditure, State and Local – Hospitals & Nursing Homes deflator was used for public hospitals. The ABS Household Final Consumption Expenditure Hospital Services deflator was used for private hospitals.

(c) New South Wales hospital expenditure recorded against special purposes and trust funds was not included.

(d) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.3 at the end of this chapter.

Nationally, total recurrent expenditure by public hospitals, excluding depreciation, was almost \$37 billion in 2010–11 (Table 4.9). Excluding payments to *Visiting medical officers* and payments for outsourced services, salary payments accounted for 62% of the \$37 billion spent within the public hospital system (Table 4.9).

Expenditure totals are reported including and excluding depreciation to ensure comparable figures are available across jurisdictions. In 2010–11, depreciation ranged from 1% of total expenditure in the Northern Territory to over 6% in Victoria.

Table 4.9: Recurrent expenditure(a) (\$ million), public acute and psychiatric hospitals, states and territories, 2010–11

| | NSW ^(b) | Vic | Qld ^(c) | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------------------|--------------------|--------------|--------------------|--------------|--------------|------------|------------|------------|---------------|
| Salary expenditure | 6,768 | 5,863 | 4,837 | 2,449 | 1,732 | 544 | 414 | 352 | 22,959 |
| Non-salary expenditure | 5,207 | 3,994 | 2,690 | 1,583 | 1,303 | 359 | 305 | 168 | 15,610 |
| Total recurrent expenditure including depreciation | 11,975 | 9,857 | 7,527 | 4,033 | 3,035 | 903 | 719 | 520 | 38,569 |
| Public acute hospitals | 11,716 | 9,807 | 7,390 | 3,942 | 2,957 | 901 | 719 | 520 | 37,951 |
| Public psychiatric hospitals | 259 | 50 | 138 | 91 | 78 | 2 | .. | .. | 618 |
| Total recurrent expenditure excluding depreciation | 11,554 | 9,225 | 7,262 | 3,918 | 2,935 | 880 | 697 | 515 | 36,985 |
| Public acute hospitals | 11,304 | 9,177 | 7,130 | 3,829 | 2,859 | 877 | 697 | 515 | 36,387 |
| Public psychiatric hospitals | 250 | 48 | 132 | 89 | 76 | 2 | .. | .. | 598 |

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds was not included.

(c) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.3 at the end of this chapter.

Abbreviation: ..—not applicable.

Public hospital revenue

Revenue is reported against three categories: *Patient revenue*, *Recoveries*, and *Other revenue*. **Recoveries** are income from the use of hospital facilities by salaried medical officers or private practitioners exercising their rights of private practice, and other recoveries. **Other revenue** includes investment income, income from charities, bequests and accommodation provided to visitors.

Australian public hospitals received \$3.9 billion in revenue in 2010–11 (Table 4.10). This was equivalent to 10.6% of total recurrent expenditure (excluding depreciation). Revenue as a proportion of total expenditure varied among the states and territories, ranging from 4.9% in the Northern Territory to 14.8% in New South Wales.

Table 4.10: Revenue (\$ million), public acute and psychiatric hospitals, states and territories, 2010–11

| | NSW | Vic | Qld ^(a) | WA | SA ^(b) | Tas | ACT | NT | Total |
|----------------------|--------------|--------------|--------------------|------------|-------------------|-----------|-----------|-----------|--------------|
| Patient revenue | 813 | 344 | 387 | 144 | 181 | 40 | 39 | 15 | 1,963 |
| Recoveries | 424 | 135 | 62 | 45 | n.a. | 10 | 13 | 10 | 699 |
| Other revenue | 472 | 613 | 87 | 49 | 32 | 7 | 3 | 0 | 1,264 |
| Total revenue | 1,709 | 1,092 | 537 | 238 | 213 | 57 | 54 | 25 | 3,925 |
| Public acute | 1,695 | 1,091 | 530 | 237 | 211 | 57 | 54 | 25 | 3,900 |
| Public psychiatric | 15 | 1 | 7 | 1 | 2 | 0 | .. | .. | 25 |

(a) Patient revenue in Queensland includes revenue for items such as pharmacy and ambulance, which may be considered to be *Recoveries*.

(b) South Australia did not identify any *Recoveries* due to a change in data recording practices.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods

Abbreviations: ..—not applicable, n.a.—not available.

How many staff in public hospitals?

Information about the number of **staff** is summarised against six categories: salaried medical officers, nurses (including registered, enrolled and student nurses), other personal care staff, diagnostic and allied health professionals, administrative and clerical staff, and domestic and other staff.

Nationally, over 264,000 full-time equivalent staff were employed in the public hospital sector in 2010–11. *Nurses* accounted for 45% (over 119,000) of public hospital staff and there were around 32,500 *Salaried medical officers*, representing about 12% of the public hospital labour force (Table 4.11).

The average salary for full-time equivalent *Nurses* in 2010–11 was around \$83,700 nationally (Table 4.11), which was an increase of 2.1% compared with the average salary of \$82,000 in 2009–10 (AIHW 2011a). In 2010–11, the average salary for full-time equivalent *Salaried medical officers* was around \$170,000 which was a 1.2% increase over the previous year. Similar information for states and territories is available in Table S4.4.

The collection of data by staffing category was not consistent among states and territories and may explain some of the variation on average salaries reported.

Different reporting practices and use of outsourcing services with a large labour-related component (such as food services, domestic services and information technology) can have a substantial impact on staffing figures and may also explain some of the variation in average salaries reported between jurisdictions.

For medical officers, for example, this may be reflected in the variation in the proportion of total expenditure that was reported as being for visiting medical officers (VMOs) who were contracted by hospitals to provide services to public patients and paid on a sessional or fee-for-service basis (Table S4.3). Variations in the outsourcing arrangements may also be reflected in variations in other recurrent expenditure categories reported in tables 4.9 and S4.3.

Table 4.11: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, 2010–11

| | Full-time equivalent staff numbers | Average salaries (\$) |
|--------------------------------------------------|------------------------------------------|--------------------------|
| Salaried medical officers | 32,514 | 170,009 |
| Total nurses | 119,126 | 83,705 |
| Other personal care staff | 2,319 | 66,344 |
| Diagnostic and allied health professionals | 36,993 | 77,112 |
| Administrative and clerical staff ^(b) | 41,073 | 60,715 |
| Domestic and other staff | 31,602 | 62,014 |
| Total staff | 263,623 | 87,090 |

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2011 were used. Staff contracted to provide products (rather than labour) are not included.

(b) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. See Table S4.4 for more information by state and territory.

What specialised services were provided?

Specialised service units

In 2010–11, the most common specialised services offered by hospitals were *Domiciliary care service*, services provided by *Nursing home care units* and *Obstetric/maternity service* (Table 4.12).

The existence of a specialised unit does not necessarily imply the delivery of large numbers of services in that unit. For example, there were some smaller hospitals with an *Obstetric/maternity service* unit that had less than one delivery a week on average. There were also a few hospitals that did not report having an obstetric unit but reported one or more deliveries a day.

Data on specialised services were not available for a few hospitals so the services may be undercounted.

Table 4.12: Number of public acute hospitals with selected specialised services, 2010–11

| Specialised service unit | Major cities | Regional | Remote | Total ^(a) |
|-------------------------------------------|--------------|----------|--------|----------------------|
| Domiciliary care service | 83 | 233 | 52 | 382 |
| Nursing home care unit | 13 | 188 | 53 | 269 |
| Obstetric/maternity service | 65 | 141 | 23 | 240 |
| Maintenance renal dialysis centre | 71 | 77 | 18 | 179 |
| Rehabilitation unit | 86 | 61 | 2 | 152 |
| Oncology unit | 66 | 55 | 2 | 128 |
| Intensive care unit (level III) | 53 | 26 | 1 | 80 |
| Major plastic/reconstructive surgery unit | 42 | 3 | 0 | 45 |
| Neonatal intensive care unit (level III) | 21 | 7 | 0 | 28 |
| In-vitro fertilisation unit | 7 | 1 | 0 | 9 |

(a) Total includes specialised services reported by health service networks, for which the remoteness was not specified.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in Table S4.5.

Service Related Groups

The Service Related Group (SRG) classification is based on aggregations of AR-DRGs, and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services. The method to assign records to SRGs largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations may also be assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the NPHED. For more information on the method used to allocate admitted patient records to SRGs, see Appendix 4.

Table 4.13 presents the number of public hospitals reporting more than 360 patient days for selected SRGs by remoteness area of the hospital. This has been included as an indicative measure of the number of specialty units. More detailed statistics are available in Table A4.1 accompanying this report online at <www.aihw.gov.au/hospitals/>.

Table 4.13: Number of public hospitals reporting more than 360 patient days for the 20 most common Service Related Groups, by remoteness area of hospital, 2010–11

| Service Related Group | Major cities | Regional | Remote | Australia |
|---------------------------------------|--------------|----------|--------|------------|
| Non subspecialty–medicine | 114 | 278 | 37 | 429 |
| Respiratory medicine | 97 | 246 | 31 | 374 |
| Orthopaedics | 106 | 175 | 22 | 303 |
| Cardiology | 91 | 186 | 13 | 290 |
| Rehabilitation | 109 | 164 | 12 | 285 |
| Gastroenterology | 98 | 159 | 15 | 272 |
| Non subspecialty–surgery | 100 | 152 | 15 | 267 |
| Maintenance | 69 | 149 | 38 | 256 |
| Neurology | 92 | 145 | 8 | 245 |
| Psychiatry–acute | 106 | 124 | 13 | 243 |
| Obstetrics | 67 | 151 | 19 | 237 |
| Renal dialysis | 63 | 104 | 12 | 179 |
| Diagnostic gastrointestinal endoscopy | 82 | 83 | 1 | 166 |
| Upper gastrointestinal surgery | 80 | 80 | 6 | 166 |
| Neurosurgery | 81 | 77 | 7 | 165 |
| Urology | 84 | 72 | 4 | 160 |
| Oncology | 72 | 75 | 5 | 152 |
| Colorectal surgery | 76 | 72 | 2 | 150 |
| Gynaecology | 74 | 68 | 7 | 149 |
| Plastic and reconstructive surgery | 74 | 66 | 6 | 146 |

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods. Additional information for states and territories is available in tables A4.1 to A4.5 at <www.aihw.gov.au/hospitals/>.

Additional information

Tables A4.2 and A4.3 (accompanying this report online at <www.aihw.gov.au/hospitals/>) summarise the number of separations in each SRG category by state and territory for all public and private hospitals respectively.

Tables A4.4 and A4.5 (accompanying this report online at <www.aihw.gov.au/hospitals/>) summarise the number of patient days in each SRG category by state and territory for all public and private hospitals respectively.

Supplementary tables

The following supplementary tables provide more information on public hospital resources by state and territory.

Box 4.3 Notes – Chapter 4 supplementary tables

Table S4.2:

- (a) The number of average available beds presented here may differ from the counts published elsewhere. For example counts based on bed numbers at a specified date such as 30 June may differ from the average available beds over the reporting period.
- (b) Average available beds per 1,000 population is reported as a crude rate based on the estimated resident population as at 30 June 2011.
- (c) Remoteness area of hospital was based on the ABS 2006 remoteness area classification.
- (d) The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.
- (e) The count of beds in Queensland was based on data as at June 2011.

Table S4.1: Number of public acute and psychiatric hospitals and average available beds, by hospital size, states and territories, 2010–11

| | NSW | Vic ^(b) | Qld ^(c) | WA | SA | Tas | ACT | NT | Total |
|------------------------------------|---------------|--------------------|--------------------|--------------|--------------|--------------|------------|------------|---------------|
| Hospital size^(a) | | | | | | | | | |
| 10 or fewer beds | 29 | 40 | 74 | 43 | 11 | 14 | 1 | 0 | 212 |
| More than 10 to 50 beds | 118 | 50 | 62 | 31 | 54 | 5 | 0 | 2 | 322 |
| More than 50 to 100 beds | 30 | 22 | 10 | 3 | 6 | 1 | 0 | 1 | 73 |
| More than 100 to 200 beds | 22 | 19 | 9 | 10 | 3 | 1 | 0 | 1 | 65 |
| More than 200 to 500 beds | 18 | 16 | 10 | 5 | 4 | 1 | 1 | 1 | 56 |
| More than 500 beds | 9 | 4 | 5 | 2 | 2 | 1 | 1 | 0 | 24 |
| Total hospitals | 226 | 151 | 170 | 94 | 80 | 23 | 3 | 5 | 752 |
| Available beds | | | | | | | | | |
| 10 or fewer beds | 122 | 209 | 224 | 239 | 51 | 76 | 10 | 0 | 930 |
| More than 10 to 50 beds | 3,026 | 1,220 | 1,394 | 761 | 1,328 | 81 | 0 | 52 | 7,862 |
| More than 50 to 100 beds | 2,146 | 1,596 | 697 | 226 | 452 | 87 | 0 | 60 | 5,263 |
| More than 100 to 200 beds | 3,278 | 2,839 | 1,505 | 1,496 | 519 | 116 | 0 | 183 | 9,936 |
| More than 200 to 500 beds | 5,473 | 5,065 | 3,111 | 1,469 | 1,262 | 333 | 223 | 367 | 17,303 |
| More than 500 beds | 5,887 | 2,480 | 4,186 | 1,302 | 1,428 | 503 | 693 | 0 | 16,478 |
| Total available beds | 19,931 | 13,408 | 11,117 | 5,492 | 5,040 | 1,196 | 926 | 662 | 57,772 |

(a) Size is based on the average number of available beds.

(b) The count of hospitals in Victoria is a count of the campuses that report data separately to the National Hospital Morbidity Database.

(c) The count of beds in Queensland was based on data as at 30 June 2011.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: . .—not applicable.

Table S4.2: Number of hospitals, average available beds^(a) and number of average available beds per 1,000 population resident in area^(b), by remoteness area^(c), public acute and psychiatric hospitals, states and territories, 2010–11

| Remoteness area | NSW | Vic ^(d) | Qld ^(e) | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------------------------------------|---------------|--------------------|--------------------|--------------|--------------|--------------|------------|------------|---------------|
| Hospitals | | | | | | | | | |
| Major cities | 67 | 54 | 18 | 22 | 15 | .. | 3 | .. | 179 |
| <i>Total regional</i> | <i>142</i> | <i>95</i> | <i>81</i> | <i>37</i> | <i>43</i> | <i>19</i> | <i>0</i> | <i>1</i> | <i>418</i> |
| Inner regional | 77 | 59 | 27 | 9 | 15 | 6 | 0 | .. | 193 |
| Outer regional | 65 | 36 | 54 | 28 | 28 | 13 | .. | 1 | 225 |
| <i>Total Remote</i> | <i>17</i> | <i>2</i> | <i>71</i> | <i>35</i> | <i>22</i> | <i>4</i> | <i>..</i> | <i>4</i> | <i>155</i> |
| Remote | 12 | 2 | 27 | 21 | 13 | 2 | .. | 2 | 79 |
| Very remote | 5 | 0 | 44 | 14 | 9 | 2 | .. | 2 | 76 |
| Total all remoteness areas | 226 | 151 | 170 | 94 | 80 | 23 | 3 | 5 | 752 |
| Available beds^(a) | | | | | | | | | |
| Major cities | 13,783 | 9,690 | 6,166 | 3,975 | 3,362 | .. | 926 | .. | 37,902 |
| <i>Total regional</i> | <i>5,938</i> | <i>3,704</i> | <i>4,377</i> | <i>1,103</i> | <i>1,272</i> | <i>1,174</i> | <i>0</i> | <i>367</i> | <i>17,935</i> |
| Inner regional | 4,343 | 2,944 | 2,349 | 498 | 422 | 949 | 0 | .. | 11,505 |
| Outer regional | 1,595 | 760 | 2,028 | 604 | 850 | 225 | .. | 367 | 6,430 |
| <i>Total Remote</i> | <i>210</i> | <i>14</i> | <i>574</i> | <i>414</i> | <i>404</i> | <i>22</i> | <i>..</i> | <i>295</i> | <i>1,933</i> |
| Remote | 199 | 14 | 323 | 287 | 305 | 12 | .. | 243 | 1,383 |
| Very remote | 11 | 0 | 251 | 128 | 99 | 10 | .. | 52 | 551 |
| Total all remoteness areas | 19,931 | 13,408 | 11,117 | 5,492 | 5,040 | 1,196 | 926 | 662 | 57,772 |
| Number of available beds per 1,000 population resident in area^(b) | | | | | | | | | |
| Major cities | 2.6 | 2.3 | 2.3 | 2.4 | 2.8 | .. | 2.6 | .. | 2.5 |
| <i>Total regional</i> | <i>3.1</i> | <i>2.7</i> | <i>2.6</i> | <i>2.2</i> | <i>3.3</i> | <i>2.4</i> | <i>..</i> | <i>2.9</i> | <i>2.8</i> |
| Inner regional | 3.0 | 2.7 | 2.4 | 1.6 | 2.1 | 2.9 | 0.0 | .. | 2.6 |
| Outer regional | 3.5 | 2.9 | 3.0 | 2.9 | 4.6 | 1.3 | .. | 2.9 | 3.1 |
| <i>Total Remote</i> | <i>5.6</i> | <i>3.0</i> | <i>4.2</i> | <i>2.8</i> | <i>6.7</i> | <i>2.1</i> | <i>..</i> | <i>2.9</i> | <i>3.9</i> |
| Remote | 6.0 | 3.0 | 3.7 | 2.9 | 6.6 | 1.5 | .. | 5.0 | 4.2 |
| Very remote | 2.4 | .. | 4.9 | 2.6 | 7.0 | 3.9 | .. | 1.0 | 3.2 |
| Total all remoteness areas | 2.8 | 2.4 | 2.5 | 2.4 | 3.1 | 2.4 | 2.6 | 2.9 | 2.6 |

Note: See boxes 4.1, 4.2 and 4.3 for notes on data limitations, methods and footnotes for this table.

Abbreviation: ..—not applicable.

Table S4.3: Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2010–11

| Recurrent expenditure category | NSW^(b) | Vic^(c) | Qld^(d) | WA | SA^(e) | Tas^(f) | ACT | NT | Total |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------|-------------------------|--------------------------|----------------|----------------|-------------------|
| Salary and wages expenditure | | | | | | | | | |
| Salaried medical officers | 1,418,185 | 1,296,215 | 1,311,844 | 688,912 | 468,453 | 149,444 | 105,470 | 89,069 | 5,527,592 |
| Registered nurses | n.a. | n.a. | 1,806,047 | 922,807 | 686,813 | 214,855 | 170,077 | 149,890 | n.a. |
| Enrolled nurses | n.a. | n.a. | 180,392 | 38,461 | 119,112 | 11,313 | 19,270 | 9,342 | n.a. |
| Student nurses | .. | .. | 2,443 | .. | 4,390 | 3,290 | .. | .. | 10,123 |
| Total nurses | 3,162,028 | 2,470,818 | 1,989,014 | 961,268 | 810,315 | 229,458 | 189,346 | 159,232 | 9,971,479 |
| Other personal care staff | n.a. | n.a. | 71,697 | n.a. | 69,287 | n.a. | 12,137 | 705 | 153,825 |
| Diagnostic and allied health professionals | 865,346 | 950,719 | 503,054 | 241,463 | 163,173 | 47,026 | 48,322 | 33,526 | 2,852,629 |
| Administrative and clerical staff ^(g) | 802,416 | 583,356 | 507,917 | 304,340 | 150,085 | 64,779 | 49,437 | 31,392 | 2,493,721 |
| Domestic and other staff | 519,656 | 562,112 | 453,598 | 253,508 | 70,737 | 53,335 | 9,002 | 37,828 | 1,959,777 |
| Total salary and wages expenditure | 6,767,631 | 5,863,220 | 4,837,124 | 2,449,491 | 1,732,051 | 544,042 | 413,714 | 351,752 | 22,959,024 |
| Non-salary expenditure | | | | | | | | | |
| Payments to visiting medical officers | 581,793 | 145,333 | 96,148 | 124,694 | 120,129 | 452 | 38,077 | 12,051 | 1,118,677 |
| Superannuation payments | 615,344 | 503,321 | 416,467 | 205,669 | 155,127 | 59,577 | 52,426 | 0 | 2,007,930 |
| Drug supplies | 600,031 | 495,231 | 348,769 | 208,703 | 140,877 | 47,928 | 19,110 | 22,385 | 1,883,034 |
| Medical and surgical supplies | 1,270,035 | 807,654 | 778,982 | 251,897 | 197,673 | 118,052 | 62,132 | 38,177 | 3,524,602 |
| Food supplies | 91,482 | 95,303 | 52,582 | 28,466 | 21,901 | 7,819 | 5,186 | 4,457 | 307,197 |
| Domestic services | 385,773 | 213,879 | 162,021 | 100,283 | 57,247 | 17,473 | 25,763 | 12,525 | 974,964 |
| Repairs and maintenance | 264,693 | 168,571 | 137,580 | 146,873 | 67,440 | 11,380 | 8,649 | 12,956 | 818,141 |
| Patient transport | 95,482 | 54,746 | 31,962 | 44,743 | 20,183 | 6,760 | 1,461 | 22,205 | 277,543 |
| Administrative expenses | 678,183 | 578,430 | 399,792 | 178,852 | 95,692 | 41,690 | 51,825 | 16,690 | 2,041,155 |
| Interest payments | 6,299 | 0 | 0 | 3,649 | 4,698 | 0 | 129 | 0 | 14,774 |
| Depreciation | 420,591 | 632,448 | 265,438 | 115,021 | 100,056 | 23,740 | 22,555 | 4,675 | 1,584,525 |
| Other recurrent expenditure | 197,530 | 299,053 | 574 | 174,334 | 321,885 | 24,403 | 18,068 | 21,765 | 1,057,611 |
| Total non-salary expenditure excluding depreciation | 4,786,646 | 3,361,522 | 2,424,876 | 1,468,161 | 1,202,852 | 335,534 | 282,825 | 163,211 | 14,025,629 |
| Total non-salary expenditure including depreciation | 5,207,237 | 3,993,971 | 2,690,314 | 1,583,182 | 1,302,908 | 359,275 | 305,380 | 167,886 | 15,610,154 |

(continued)

Table S4.3 (continued): Recurrent expenditure (\$'000)^(a), public acute and psychiatric hospitals, states and territories, 2010–11

| Recurrent expenditure category | NSW^(b) | Vic^(c) | Qld^(d) | WA | SA^(e) | Tas^(f) | ACT | NT | Total |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|-----------|-------------------------|--------------------------|------------|-----------|-------------------|
| Total expenditure excluding depreciation | 11,554,277 | 9,224,743 | 7,262,000 | 3,917,652 | 2,934,903 | 879,577 | 696,539 | 514,962 | 36,984,653 |
| Public acute hospitals | 11,304,020 | 9,176,538 | 7,130,151 | 3,828,706 | 2,858,550 | 877,433 | 696,539 | 514,962 | 36,386,900 |
| Psychiatric hospitals | 250,257 | 48,205 | 131,848 | 88,946 | 76,353 | 2,143 | .. | .. | 597,753 |
| Total expenditure including depreciation | 11,974,868 | 9,857,191 | 7,527,438 | 4,032,673 | 3,034,959 | 903,317 | 719,094 | 519,638 | 38,569,178 |
| Public acute hospitals | 11,716,271 | 9,807,205 | 7,389,794 | 3,941,546 | 2,956,661 | 901,167 | 719,094 | 519,638 | 37,951,377 |
| Psychiatric hospitals | 258,597 | 49,986 | 137,643 | 91,127 | 78,298 | 2,150 | .. | .. | 617,802 |

(a) Recurrent expenditure does not include the purchase of public hospital services at the state or area health service level from privately owned and/or operated hospitals.

(b) New South Wales hospital expenditure recorded against special purposes and trust funds is not included. *Other personal care staff* are included in *Diagnostic and allied health professionals* and *Domestic and other staff*. New South Wales was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(c) Victorian *Other personal care staff* are included in *Domestic and other staff*. Victoria was unable to provide information for each nurse category, although data on *Total nurses* were provided.

(d) Pathology services were purchased from a state-wide pathology service rather than being provided by hospital employees in Queensland.

(e) South Australian *Interest payments* are included in *Administrative expenses*. Termination payments are included in *Other recurrent expenditure*.

(f) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for two small hospitals in Tasmania were not supplied.

(g) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviations: ..—not applicable; n.a.—not available.

Table S4.4: Average full-time equivalent staff^(a) and average salaries, public acute and psychiatric hospitals, states and territories, 2010–11

| | NSW ^(b) | Vic ^(c) | Qld ^(d) | WA | SA | Tas ^(e) | ACT | NT | Total |
|--------------------------------------------------|--------------------|--------------------|--------------------|---------------|---------------|--------------------|---------------|----------------|----------------|
| Full-time equivalent staff numbers | | | | | | | | | |
| Salaried medical officers | 9,418 | 8,139 | 7,056 | 3,173 | 2,647 | 977 | 671 | 434 | 32,514 |
| Total nurses | 37,451 | 31,238 | 22,465 | 11,102 | 10,379 | 2,801 | 2,140 | 1,550 | 119,126 |
| Other personal care staff | n.a. | n.a. | 1,143 | n.a. | 959 | n.a. | 208 | 10 | 2,319 |
| Diagnostic and allied health professionals | 11,010 | 14,330 | 5,377 | 2,838 | 1,901 | 565 | 593 | 379 | 36,993 |
| Administrative and clerical staff ^(f) | 11,596 | 11,754 | 7,439 | 4,531 | 3,442 | 1,095 | 748 | 468 | 41,073 |
| Domestic and other staff | 8,250 | 7,269 | 8,059 | 4,418 | 1,749 | 1,066 | 175 | 618 | 31,602 |
| Total staff | 77,724 | 72,730 | 51,539 | 26,062 | 21,071 | 6,504 | 4,534 | 3,458 | 263,623 |
| Average salaries (\$) | | | | | | | | | |
| Salaried medical officers | 150,590 | 159,261 | 185,911 | 217,145 | 177,006 | 152,978 | 157,232 | 205,195 | 170,009 |
| Total nurses | 84,432 | 79,098 | 88,538 | 86,582 | 78,072 | 81,908 | 88,464 | 102,758 | 83,705 |
| Other personal care staff | n.a. | n.a. | 62,744 | n.a. | 72,266 | n.a. | 58,464 | 73,821 | 66,344 |
| Diagnostic and allied health professionals | 78,600 | 66,344 | 93,549 | 85,069 | 85,843 | 83,238 | 81,476 | 88,496 | 77,112 |
| Administrative and clerical staff ^(f) | 69,195 | 49,630 | 68,280 | 67,171 | 43,606 | 59,155 | 66,119 | 67,056 | 60,715 |
| Domestic and other staff | 62,992 | 77,327 | 56,287 | 57,381 | 40,455 | 50,053 | 51,499 | 61,218 | 62,014 |
| Total staff | 87,072 | 80,616 | 93,854 | 93,986 | 82,199 | 83,653 | 91,240 | 101,718 | 87,090 |

(a) Where average full-time equivalent staff numbers were not available, staff numbers at 30 June 2011 were used. Staff contracted to provide products (rather than labour) are not included.

(b) In New South Wales, *Other personal care staff* were included in *Diagnostic and allied health professionals*, *Domestic and other staff* and *Total nurses*.

(c) For Victoria, *Other personal care staff* were included in *Domestic and other staff*.

(d) Queensland pathology services provided by staff employed by the state pathology service were not reported here.

(e) For Tasmania, data for *Other personal care staff* were not supplied separately and are included in other staffing categories. Data for two small hospitals in Tasmania were not supplied.

(f) *Administrative and clerical staff* may include staff working to support clinicians, such as ward clerks.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: n.a.—not available.

Table S4.5: Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2010–11

| Specialised services | NSW^(b) | Vic^(c) | Qld | WA | SA | Tas | ACT | NT | Total^(d) |
|--------------------------------------|--------------------------|--------------------------|------------|-----------|-----------|------------|------------|-----------|----------------------------|
| Acute renal dialysis unit | 23 | 14 | 16 | 5 | 4 | 2 | 1 | 2 | 67 |
| Major cities | 16 | 13 | 6 | 4 | 4 | .. | 1 | .. | 44 |
| Regional | 7 | 1 | 10 | 0 | 0 | 2 | 0 | 1 | 21 |
| Remote | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2 |
| Acute spinal cord injury unit | 4 | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 10 |
| Major cities | 4 | 2 | 1 | 2 | 1 | .. | 0 | .. | 10 |
| AIDS unit | 9 | 1 | 2 | 1 | 1 | 0 | 1 | 1 | 16 |
| Major cities | 8 | 1 | 1 | 1 | 1 | .. | 1 | .. | 13 |
| Regional | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Remote | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Alcohol and drug unit | 75 | 12 | 10 | 3 | 3 | 0 | 1 | 1 | 105 |
| Major cities | 23 | 9 | 4 | 3 | 2 | .. | 1 | .. | 42 |
| Regional | 51 | 2 | 6 | 0 | 1 | 0 | 0 | 0 | 60 |
| Remote | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Burns unit (level III) | 3 | 2 | 2 | 2 | 2 | 1 | 0 | 0 | 12 |
| Major cities | 3 | 2 | 2 | 2 | 2 | .. | 0 | .. | 11 |
| Regional | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Cardiac surgery unit | 12 | 8 | 5 | 4 | 2 | 1 | 1 | 0 | 33 |
| Major cities | 11 | 8 | 4 | 4 | 2 | .. | 1 | .. | 30 |
| Regional | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 3 |
| Clinical genetics unit | 14 | 9 | 2 | 3 | 2 | 1 | 1 | 0 | 32 |
| Major cities | 10 | 9 | 1 | 3 | 2 | .. | 1 | .. | 26 |
| Regional | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 6 |
| Coronary care unit | 44 | 24 | 19 | 4 | 9 | 3 | 2 | 2 | 107 |
| Major cities | 29 | 14 | 10 | 4 | 6 | .. | 2 | .. | 65 |
| Regional | 15 | 5 | 9 | 0 | 2 | 3 | 0 | 1 | 35 |
| Remote | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| Diabetes unit | 21 | 21 | 13 | 6 | 5 | 3 | 1 | 1 | 71 |
| Major cities | 19 | 17 | 8 | 6 | 5 | .. | 1 | .. | 56 |
| Regional | 2 | 2 | 5 | 0 | 0 | 3 | 0 | 1 | 13 |
| Domiciliary care service | 161 | 92 | 25 | 56 | 47 | 0 | 0 | 1 | 382 |
| Major cities | 39 | 28 | 3 | 6 | 7 | .. | 0 | .. | 83 |
| Regional | 113 | 50 | 13 | 30 | 27 | 0 | 0 | 0 | 233 |
| Remote | 9 | 0 | 9 | 20 | 13 | 0 | 0 | 1 | 52 |
| Geriatric assessment unit | 73 | 40 | 2 | 23 | 14 | 3 | 2 | 0 | 157 |
| Major cities | 39 | 26 | 2 | 6 | 7 | .. | 2 | .. | 82 |
| Regional | 32 | 9 | 0 | 15 | 6 | 3 | 0 | 0 | 65 |
| Remote | 2 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 5 |

(continued)

Table S4.5 (continued): Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2010–11

| Specialised services | NSW^(b) | Vic^(c) | Qld | WA | SA | Tas | ACT | NT | Total^(d) |
|--------------------------------------------------|--------------------------|--------------------------|------------|-----------|-----------|------------|------------|-----------|----------------------------|
| Hospice care unit | 52 | 27 | 11 | 30 | 13 | 1 | 1 | 1 | 136 |
| Major cities | 16 | 16 | 6 | 0 | 5 | .. | 1 | .. | 44 |
| Regional | 33 | 8 | 5 | 20 | 4 | 1 | 0 | 1 | 72 |
| Remote | 3 | 0 | 0 | 10 | 4 | 0 | 0 | 0 | 17 |
| Infectious diseases unit | 14 | 13 | 10 | 5 | 4 | 1 | 1 | 1 | 49 |
| Major cities | 13 | 13 | 7 | 5 | 4 | .. | 1 | .. | 43 |
| Regional | 1 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 5 |
| Remote | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Intensive care unit (level III) | 38 | 18 | 10 | 4 | 4 | 3 | 1 | 2 | 80 |
| Major cities | 23 | 14 | 7 | 4 | 4 | .. | 1 | .. | 53 |
| Regional | 15 | 4 | 3 | 0 | 0 | 3 | 0 | 1 | 26 |
| Remote | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| In-vitro fertilisation unit | 2 | 4 | 1 | 0 | 2 | 0 | 0 | 0 | 9 |
| Major cities | 2 | 2 | 1 | 0 | 2 | .. | 0 | .. | 7 |
| Regional | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Maintenance renal dialysis centre | 63 | 65 | 13 | 13 | 18 | 2 | 1 | 4 | 179 |
| Major cities | 24 | 29 | 4 | 7 | 6 | .. | 1 | .. | 71 |
| Regional | 33 | 24 | 4 | 4 | 9 | 2 | 0 | 1 | 77 |
| Remote | 6 | 0 | 5 | 2 | 2 | 0 | 0 | 3 | 18 |
| Major plastic/reconstructive surgery unit | 13 | 13 | 8 | 5 | 4 | 1 | 1 | 0 | 45 |
| Major cities | 13 | 13 | 6 | 5 | 4 | .. | 1 | .. | 42 |
| Regional | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 3 |
| Neonatal intensive care unit (level III) | 14 | 4 | 3 | 2 | 2 | 1 | 1 | 1 | 28 |
| Major cities | 10 | 4 | 2 | 2 | 2 | .. | 1 | .. | 21 |
| Regional | 4 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 7 |
| Neurosurgical unit | 13 | 8 | 6 | 3 | 3 | 1 | 1 | 0 | 35 |
| Major cities | 13 | 8 | 5 | 3 | 3 | .. | 1 | .. | 33 |
| Regional | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 |
| Nursing home care unit | 81 | 75 | 7 | 53 | 43 | 10 | 0 | 0 | 269 |
| Major cities | 1 | 11 | 0 | 1 | 0 | .. | 0 | .. | 13 |
| Regional | 68 | 49 | 3 | 29 | 32 | 7 | 0 | 0 | 188 |
| Remote | 12 | 0 | 4 | 23 | 11 | 3 | 0 | 0 | 53 |
| Obstetric/maternity service | 77 | 55 | 40 | 30 | 28 | 3 | 2 | 5 | 240 |
| Major cities | 27 | 16 | 8 | 8 | 4 | .. | 2 | .. | 65 |
| Regional | 49 | 28 | 26 | 14 | 20 | 3 | 0 | 1 | 141 |
| Remote | 1 | 0 | 6 | 8 | 4 | 0 | 0 | 4 | 23 |

(continued)

Table S4.5 (continued): Number of public acute hospitals^(a) with specialised services, by remoteness area, states and territories, 2010–11

| Specialised services | NSW^(b) | Vic^(c) | Qld | WA | SA | Tas | ACT | NT | Total^(d) |
|----------------------------------------------------------|--------------------------|--------------------------|------------|-----------|-----------|------------|------------|-----------|----------------------------|
| Oncology unit | 44 | 38 | 18 | 14 | 9 | 3 | 2 | 0 | 128 |
| Major cities | 21 | 21 | 8 | 7 | 7 | .. | 2 | .. | 66 |
| Regional | 23 | 12 | 9 | 6 | 2 | 3 | 0 | 0 | 55 |
| Remote | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| Psychiatric unit/ward | 46 | 33 | 18 | 19 | 8 | 3 | 2 | 2 | 131 |
| Major cities | 30 | 26 | 10 | 16 | 8 | .. | 2 | .. | 92 |
| Regional | 16 | 5 | 8 | 3 | 0 | 3 | 0 | 1 | 36 |
| Remote | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Refractory epilepsy unit | 5 | 5 | 2 | 3 | 3 | 0 | 0 | 0 | 18 |
| Major cities | 5 | 5 | 2 | 3 | 3 | .. | 0 | .. | 18 |
| Rehabilitation unit | 64 | 37 | 16 | 19 | 9 | 3 | 2 | 2 | 152 |
| Major cities | 35 | 23 | 8 | 12 | 6 | .. | 2 | .. | 86 |
| Regional | 28 | 11 | 8 | 7 | 3 | 3 | 0 | 1 | 61 |
| Remote | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Sleep centre | 11 | 10 | 7 | 3 | 5 | 2 | 0 | 0 | 38 |
| Major cities | 11 | 9 | 5 | 3 | 4 | .. | 0 | .. | 32 |
| Regional | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 0 | 5 |
| Specialist paediatric service | 40 | 29 | 18 | 11 | 8 | 4 | 2 | 2 | 114 |
| Major cities | 23 | 19 | 7 | 5 | 4 | .. | 2 | .. | 60 |
| Regional | 17 | 7 | 10 | 3 | 3 | 4 | 0 | 1 | 45 |
| Remote | 0 | 0 | 1 | 3 | 1 | 0 | 0 | 1 | 6 |
| Transplantation unit—bone marrow | 11 | 7 | 4 | 3 | 1 | 1 | 1 | 0 | 28 |
| Major cities | 11 | 7 | 4 | 3 | 1 | .. | 1 | .. | 27 |
| Regional | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| Transplantation unit—heart (including heart/lung) | 1 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 6 |
| Major cities | 1 | 2 | 1 | 2 | 0 | .. | 0 | .. | 6 |
| Transplantation unit—liver | 2 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 9 |
| Major cities | 2 | 2 | 2 | 2 | 1 | .. | 0 | .. | 9 |
| Transplantation unit—pancreas | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Major cities | 1 | 1 | 0 | 0 | 0 | .. | 0 | .. | 2 |
| Transplantation unit—renal | 7 | 6 | 2 | 3 | 1 | 0 | 0 | 0 | 19 |
| Major cities | 7 | 1 | 10 | 0 | 0 | 2 | 0 | 1 | 21 |

(a) Excludes psychiatric hospitals. Rows for *Regional* and *Remote* with no units are omitted from the table.

(b) Data for a small number of hospitals in New South Wales were not available, so the number of services is therefore slightly under-enumerated.

(c) Data for Victoria may underestimate the number of specialised services as some small multi-campus rural services were reported at network rather than campus level. Consequently if two campuses within the group had a specialised type of service, they were counted as one.

(d) Includes hospitals for which remoteness area was not reported.

Note: See boxes 4.1 and 4.2 for notes on data limitations and methods.

Abbreviation: ..—not applicable.

5 Emergency department services

This chapter presents information on emergency department care in Australia's public hospitals. The chapter is particularly focused on information related to:

- total emergency services activity, including emergency departments and other emergency services
- characteristics of patients presenting to emergency departments
- emergency department waiting times
- the type of care received
- how patients arrived at, and left the emergency department.

What data are reported?

Emergency services

The data on emergency occasions of service include both presentations at formal emergency departments (see below) and emergency occasions of service provided through other arrangements, particularly in small and more remote hospitals.

Data on emergency occasions of service were sourced from the National Public Hospital Establishments Database (NPHEd), which has essentially full coverage of public hospitals (see Appendix 1). For the purposes of this report, emergency occasions of service refer to those occasions of service reported with a type of non-admitted patient care of *Emergency services*. There were variations in the type of activity reported for emergency occasions of service. South Australia's NPHEd occasions of service data excluded patients who were dead on arrival (no resuscitation attempted) and patients in country hospitals who did not wait for treatment.

Data on all emergency occasions of service reported to the NPHEd are presented in Tables 5.1 and 5.3.

Emergency department presentations

The National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care, as defined in the *National health data dictionary, version 14* (HDSC 2008).

Terms relevant to data for emergency department care are summarised in Box 5.1.

The scope of this NMDS in 2010–11 was non-admitted patients registered for care in emergency departments in public hospitals that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or peer group B (*Large hospitals*) for *Australian hospital statistics 2009–10* (AIHW 2011a). The peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity (see Appendix 2).

Timely provision of the NNAPEDCD data by state and territory health authorities allowed this information to be reported in *Australian hospital statistics 2010–11: emergency department*

care and elective surgery waiting times (AHS: EDES) (AIHW 2011c) in November 2011. This report presents selected headline statistics from the earlier report, as well as additional information not provided in that report because the data were not available.

For 2010–11, all states and territories provided episode-level data to the NNAPEDCD for all public hospitals in peer groups A and B that had emergency departments (all hospitals that were required to report episode-level data). Data were provided for 87 *Principal referral and specialist women's and children's* hospitals and 38 *Large* hospitals.

Some states and territories also provided episode-level data for public hospitals that were classified to peer groups other than A or B, and these data have been included in this chapter. Data were additionally provided for:

- 15 *Medium* hospitals, 18 *Small* hospitals and 6 *Unpeered/Other* hospitals in New South Wales
- 6 *Medium* hospitals in Victoria
- 4 *Medium* hospitals in Queensland
- 3 *Medium* hospitals and 2 *Small remote acute* hospitals in Western Australia
- 1 *Medium* hospital in South Australia
- 1 *Medium* hospital in Tasmania
- 3 *Small remote acute* hospitals in the Northern Territory.

In 2010–11, coverage for the NNAPEDCD (all peer group A and B hospitals) was 100%, and it provided detailed information for 81% of all public hospital emergency occasions of service, an increase from 78% in 2006–07 (Table 5.1). The proportion ranged from 68% for South Australia to 100% for the Australian Capital Territory and the Northern Territory (see Table S5.2 at the end of this chapter).

The detailed information presented for the NNAPEDCD data in this chapter should be interpreted with caution as the data may not be representative of emergency department presentations for hospitals which were not required to provide data for non-admitted patient emergency department care.

Data for public hospital emergency departments reporting to the NNAPEDCD is presented in Figures 5.1 to 5.7, Tables 5.1, 5.2, Tables 5.4 to 5.7 and supplementary tables S5.1 to S5.9.

Box 5.1: Summary of terms relating to non-admitted patient emergency department care

The **triage category** indicates the urgency of the patient's need for medical and nursing care. It is usually assigned by triage nurses to patients at, or shortly after, the time of presentation to the emergency department, in response to the question: 'This patient should wait for medical assessment and treatment no longer than...?'. The National Triage Scale has five categories (as defined in the National health data dictionary, version 14 (HDSC 2008)) that incorporate the time by which the patient should receive care:

Resuscitation: immediate (within seconds)

Emergency: within 10 minutes

Urgent: within 30 minutes

Semi-urgent: within 60 minutes

Non-urgent: within 120 minutes.

These categories are equivalent to the Australasian Triage Scale triage categories – *Immediately life-threatening, Imminently life-threatening, Potentially life-threatening, Potentially serious* and *Less urgent* (respectively) (ACEM 2000).

The **type of visit** to the emergency department indicates the reason the patient presented to an emergency department.

The **episode end status** indicates the status of the patient at the end of the non-admitted patient emergency department service episode.

Emergency presentations include only presentations for which the type of visit was reported as *Emergency presentation*.

Emergency department waiting time to service delivery is 'the time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse' (HDSC 2008).

An emergency department care episode is considered to be **seen on time** if the waiting time to service delivery was within the time specified in the definition of the triage category. For the purpose of this report, a patient with a triage category of *Resuscitation* was considered to be seen on time if the waiting time to service delivery was less than or equal to 2 minutes.

There is some variation between jurisdictions in the criteria used to determine the proportion of *Resuscitation* patients seen on time, therefore these data may differ from those reported by individual jurisdictions.

The **median waiting time** indicates the time within which 50% of patients commenced treatment by a medical officer or a nurse.

An emergency department care episode is considered to **end in admission** if the episode end status was reported as *Admitted to this hospital*. This includes being admitted to units or beds within the emergency department.

Box 5.2: What are the limitations of the data?

- The NNAPEDCD provides information about occasions of service in public hospital emergency departments for hospitals that were mostly classified in peer groups A and B and located within major cities and inner regional areas. Other emergency occasions of service occur in public hospitals that do not have emergency departments, mostly in rural areas. Consequently, data for emergency department occasions of service may not be included for areas where the proportion of Indigenous people (compared with other Australians) may be higher than average. Disaggregations by socioeconomic status and remoteness should also be interpreted with caution.
- Statistics on emergency department presentations for non-admitted patients may be affected by variations in reporting practices across states and territories. Where possible, these variations have been noted in the text.
- From 2009–10, the data for the Albury Base Hospital has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore now included in statistics for Victoria from 2009–10 whereas they were formerly reported by, and are included in statistics for New South Wales.

See Appendix 1 for more information.

Box 5.3: What methods were used?

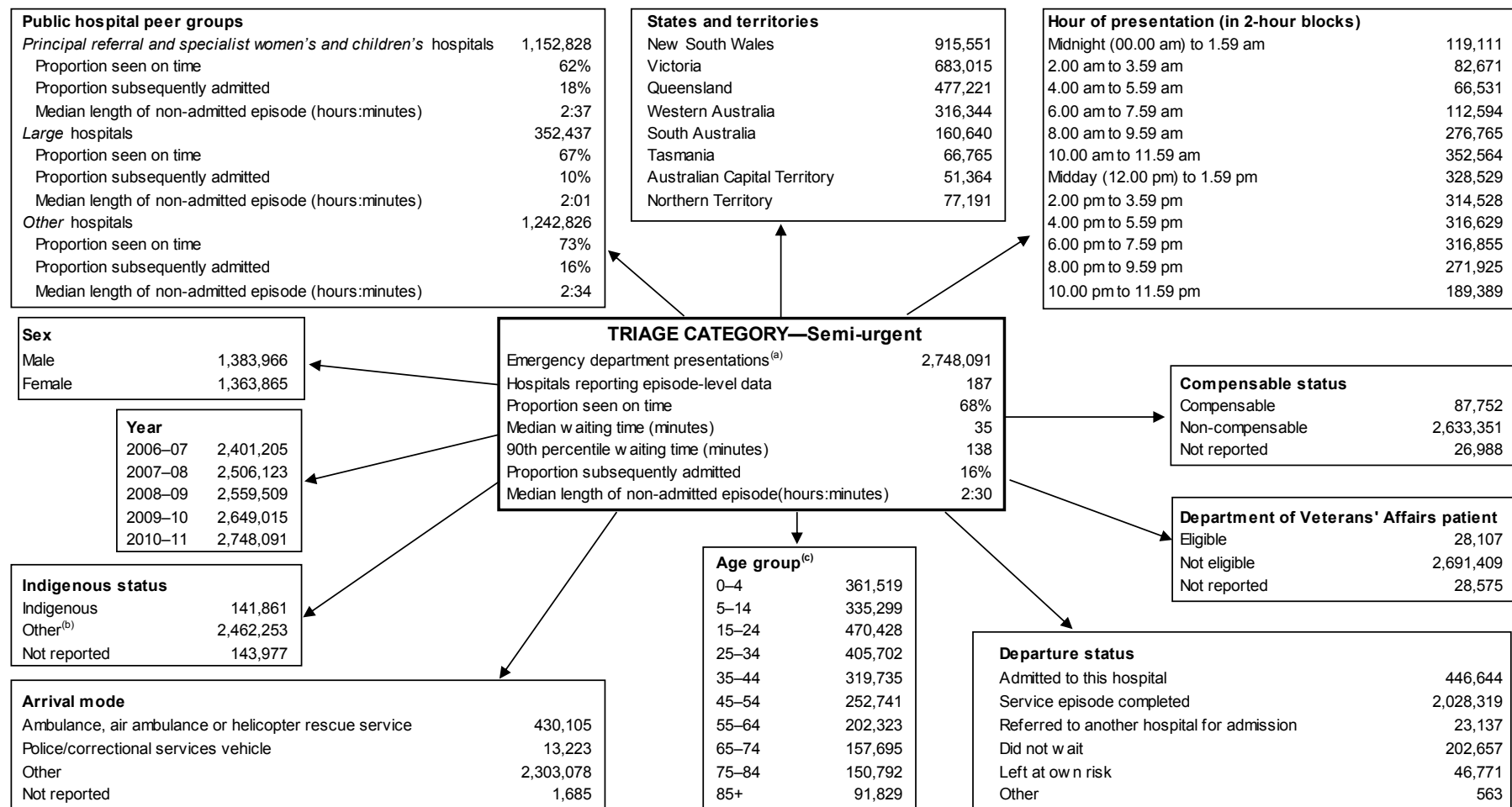
- Waiting times are determined from the time elapsed between presentation in the emergency department to commencement of service. The calculation is restricted to presentations with an *Emergency presentation* type of visit. Also, presentations were excluded if the waiting time was missing or invalid or the patient *Did not wait to be attended by a health care professional*, or was *Dead on arrival*.
- Approximately 32,000 records for which a valid waiting time was not recorded were not used (in either the numerator or denominator) to derive waiting time statistics.
- The proportion of presentations seen on time was determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the definition (see Box 5.1). The calculation is restricted to presentations for which the waiting time could be calculated (see above). Records for which the triage category was not reported were excluded from this calculation but are included in the total number of emergency department presentations.
- The proportion of presentations ending in admission is determined as the proportion of presentations with an episode end status of *Admitted to this hospital*. The calculation is restricted to presentations with a type of visit of *Emergency presentation*.

See Appendix 2 for more information.

Figure 5.1 presents an example of the information available from the NNAPEDCD, for presentations for which patients were assigned a triage category of *Semi-urgent* (triage category 4) at the time of presentation at the emergency department.

In 2010–11:

- there were over 2.7 million emergency department presentations assigned a *Semi-urgent* triage category, reported by 187 hospitals
- slightly over two-thirds of *Semi-urgent* patients were seen on time (within 60 minutes)
- the median waiting time for *Semi-urgent* patients was 35 minutes, and 90% of *Semi-urgent* patients were seen within 138 minutes
- of *Semi-urgent* patients, 16% (about 1 in 6) were subsequently admitted to the same hospital (including admission within the emergency department)
- over half of *Semi-urgent* patients were aged 34 years or less
- the arrival mode for 16% of *Semi-urgent* patients was *Ambulance, air ambulance or helicopter rescue service*
- the number of *Semi-urgent* patients who presented to emergency departments in public hospitals increased by 14% between 2006–07 and 2010–11
- over half (58%) of *Semi-urgent* patients arrived between 8 am and 6 pm.



(a) For episodes with a type of visit of *Emergency presentation*.

(b) Includes records for which Indigenous status was not reported.

(c) Does not include records for which age was not reported.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods.

Figure 5.1: Interrelationships of *Semi-urgent* triage category emergency department presentation with other data elements, 2010–11

How has activity changed over time?

Between 2006–07 and 2010–11 the number of emergency occasions of service reported to the NPHED increased from 6.7 million to 7.7 million, an average annual increase of 3.2%. Over the same period, the number of presentations reported to the NNAPEDCD increased by 4.0% per year, from 5.3 million to 6.2 million.

Over the same period, the proportion of occasions of service for which detailed episode-level data were available increased from 78% to 81% (Table 5.1).

Table 5.1: Emergency department presentations and emergency occasions of service, public hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Emergency occasions of service (NPHED) | 6,741,304 | 7,100,618 | 7,171,667 | 7,390,459 | 7,651,233 | 3.2 | 3.5 |
| Hospitals reporting to NNAPEDCD | 164 | 165 | 184 | 184 | 186 | 3.2 | 1.1 |
| Emergency department presentations (NNAPEDCD) | 5,287,451 | 5,537,196 | 5,742,140 | 5,957,960 | 6,183,289 | 4.0 | 3.8 |
| Estimated proportion (%)^(a) | 78 | 78 | 80 | 81 | 81 | 0.8 | 0.2 |

(a) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHED as a percentage.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Additional information for public hospital peer groups is available in Table S5.2 at the end of this chapter.

Abbreviation: NNAPEDCD—National Non-Admitted Patient Emergency Department Care Database; NPHED—National Public Hospital Establishments Database.

Between 2006–07 and 2010–11, the proportion of *Emergency presentations* treated within an appropriate time, the median waiting time of *Emergency presentations* and the proportion of presentations ending in admission remained relatively stable. The time by which 90% of presentations were seen decreased over this period from 120 minutes to 114 minutes (Table 5.2).

Table 5.2: Emergency presentation waiting time statistics, public hospital emergency departments, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 |
|------------------------------------------------------------|---------|---------|---------|---------|---------|
| Proportion seen on time (%) | 70 | 69 | 70 | 70 | 70 |
| Median waiting time to service delivery (minutes) | 24 | 24 | 23 | 23 | 23 |
| 90th percentile waiting time to service delivery (minutes) | 120 | 124 | 119 | 115 | 114 |
| Proportion ending in admission (%) | 27 | 27 | 27 | 27 | 28 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Additional information for public hospital peer groups is available in Table S5.2 at the end of this chapter.

Between 2006–07 and 2010–11, the number of emergency occasions of service reported increased by an average of 3.2% per year (Table 5.3). Over that period, Western Australia reported an average annual increase of 4.8%, and increased by 6.6% between 2009–10 and 2010–11.

The number of hospitals reporting emergency occasions of service data was relatively stable in most states and territories between 2006–07 and 2010–11. The number of reporting hospitals decreased in Tasmania between 2009–10 and 2010–11.

Table 5.3: Emergency occasions of service, public hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(a) | | | | | | | |
| Occasions of service | 2,303,877 | 2,417,721 | 2,416,731 | 2,442,982 | 2,484,261 | 1.9 | 1.7 |
| Number of hospitals | 187 | 187 | 187 | 187 | 189 | | |
| Victoria^(a) | | | | | | | |
| Occasions of service | 1,468,474 | 1,522,573 | 1,537,510 | 1,591,819 | 1,654,943 | 3.0 | 4.0 |
| Number of hospitals | 90 | 91 | 90 | 88 | 90 | | |
| Queensland | | | | | | | |
| Occasions of service | 1,382,259 | 1,471,377 | 1,525,407 | 1,578,490 | 1,664,170 | 4.7 | 5.4 |
| Number of hospitals | 153 | 152 | 154 | 156 | 157 | | |
| Western Australia | | | | | | | |
| Occasions of service | 726,741 | 778,119 | 783,294 | 823,402 | 877,671 | 4.8 | 6.6 |
| Number of hospitals | 81 | 80 | 80 | 81 | 81 | | |
| South Australia | | | | | | | |
| Occasions of service | 515,928 | 544,439 | 531,575 | 554,906 | 562,293 | 2.2 | 1.3 |
| Number of hospitals | 70 | 70 | 73 | 73 | 73 | | |
| Tasmania | | | | | | | |
| Occasions of service | 124,902 | 142,633 | 146,085 | 159,472 | 154,220 | 5.4 | –3.3 |
| Number of hospitals | 18 | 19 | 17 | 17 | 15 | | |
| Australian Capital Territory | | | | | | | |
| Occasions of service | 96,322 | 98,441 | 101,898 | 106,806 | 112,460 | 3.9 | 5.3 |
| Number of hospitals | 2 | 2 | 2 | 2 | 2 | | |
| Northern Territory | | | | | | | |
| Occasions of service | 122,801 | 125,315 | 129,167 | 132,582 | 141,215 | 3.6 | 6.5 |
| Number of hospitals | 5 | 5 | 5 | 5 | 5 | | |
| Total | | | | | | | |
| Occasions of service | 6,741,304 | 7,100,618 | 7,171,667 | 7,390,459 | 7,651,233 | 3.2 | 3.5 |
| Number of hospitals | 606 | 606 | 608 | 609 | 612 | | |

(a) From 2009–10, the data for the Albury Base Hospital has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore now included in statistics for Victoria from 2009–10 whereas they were formerly reported by, and are included in statistics for New South Wales.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Additional information for public hospital peer groups is available in Table S5.2 at the end of this chapter.

Between 2006–07 and 2010–11, the number of non-admitted patient emergency department presentations increased in all states and territories. Over this period, Western Australia, Queensland and Tasmania all had average annual increases in emergency department presentations that were higher than the national average annual increase of 4.0%.

Between 2006–07 and 2010–11, the number of hospitals reporting emergency department episode-level data increased most in New South Wales and Queensland, with Queensland having the greatest increase in the proportion of emergency occasions of services reported to the NNAPEDCD.

Table 5.4: Emergency department presentations, public hospital emergency departments, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-------------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(a) | | | | | | | |
| Presentations | 1,876,615 | 1,962,496 | 2,007,863 | 2,035,783 | 2,074,098 | 2.5 | 1.9 |
| Number of hospitals | 71 | 71 | 85 | 84 | 86 | | |
| Estimated proportion ^(b) | 81 | 81 | 83 | 83 | 83 | | |
| Victoria^(a) | | | | | | | |
| Presentations | 1,305,114 | 1,352,129 | 1,358,202 | 1,432,745 | 1,483,159 | 3.2 | 3.5 |
| Number of hospitals | 38 | 38 | 38 | 39 | 39 | | |
| Estimated proportion ^(b) | 89 | 89 | 88 | 90 | 90 | | |
| Queensland | | | | | | | |
| Presentations | 888,108 | 948,921 | 1,091,076 | 1,134,092 | 1,195,325 | 7.7 | 5.4 |
| Number of hospitals | 21 | 22 | 26 | 26 | 26 | | |
| Estimated proportion ^(b) | 64 | 64 | 72 | 72 | 72 | | |
| Western Australia | | | | | | | |
| Presentations | 523,966 | 560,688 | 566,411 | 600,613 | 649,215 | 5.5 | 8.1 |
| Number of hospitals | 16 | 16 | 16 | 16 | 17 | | |
| Estimated proportion ^(b) | 72 | 72 | 72 | 73 | 74 | | |
| South Australia | | | | | | | |
| Presentations | 355,295 | 364,549 | 357,417 | 373,700 | 383,992 | 2.0 | 2.8 |
| Number of hospitals | 8 | 8 | 8 | 8 | 8 | | |
| Estimated proportion ^(b) | 69 | 67 | 67 | 67 | 68 | | |
| Tasmania | | | | | | | |
| Presentations | 119,451 | 124,853 | 130,108 | 141,630 | 143,848 | 4.8 | 1.6 |
| Number of hospitals | 3 | 3 | 4 | 4 | 4 | | |
| Estimated proportion ^(b) | 96 | 88 | 89 | 89 | 93 | | |
| Australian Capital Territory | | | | | | | |
| Presentations | 96,312 | 98,441 | 101,898 | 106,814 | 112,233 | 3.9 | 5.1 |
| Number of hospitals | 2 | 2 | 2 | 2 | 2 | | |
| Estimated proportion ^(b) | 100 | 100 | 100 | 100 | 100 | | |
| Northern Territory | | | | | | | |
| Presentations | 122,590 | 125,119 | 129,165 | 132,583 | 141,419 | 3.6 | 6.7 |
| Number of hospitals | 5 | 5 | 5 | 5 | 5 | | |
| Estimated proportion ^(b) | 100 | 100 | 100 | 100 | 100 | | |
| Total | | | | | | | |
| Presentations | 5,287,451 | 5,537,196 | 5,742,140 | 5,957,960 | 6,183,289 | 4.0 | 3.8 |
| Number of hospitals | 164 | 165 | 184 | 184 | 187 | | |
| Estimated proportion^(b) | 78 | 78 | 80 | 81 | 81 | | |

(a) From 2009–10, the data for the Albury Base Hospital has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore now included in statistics for Victoria from 2009–10 whereas they were formerly reported by, and are included in statistics for New South Wales.

(b) The number of presentations reported to the NNAPEDCD divided by the number of emergency occasions of service reported to the NPHEd as a percentage.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Additional information for public hospital peer groups is available in Table S5.2 at the end of this chapter.

How much activity was there in 2010–11?

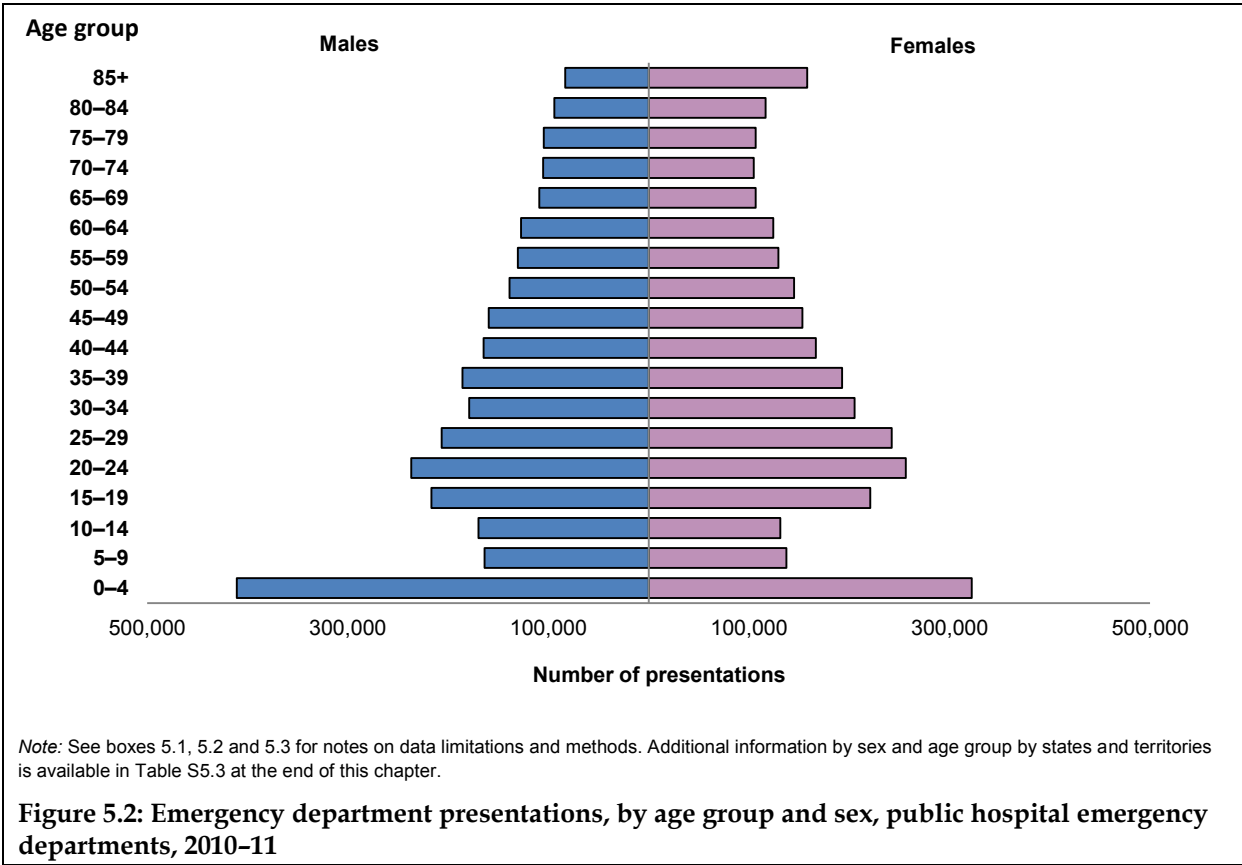
Detailed episode-level information was available for almost 6.2 million emergency department presentations (about 81% of emergency occasions of service). The detailed information presented below for NNAPEDCD data should be interpreted with caution as the data may not be representative of emergency department presentations for hospitals which were not required to provide data for non-admitted patient emergency department care.

Who used these services?

Sex and age group

Figure 5.2 presents data on the sex and age group of patients who presented to an emergency department. All states and territories supplied the date of birth of the patient, from which the age of the patient at the date of presentation was calculated.

Males accounted for slightly more than half of emergency department presentations, and there were more presentations for men than females in most age groups. Females aged 20–39 and 80 and over accounted for more presentations than males. The most common age groups reported for emergency department presentations were 0–4 (12%), followed by 20–24 (8%).



Aboriginal and Torres Strait Islander people

Box 5.4: Quality of Indigenous status data

The reported quality of the data provided for Indigenous status in 2010–11 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. The data should, therefore, be used with caution. See Appendix 1 for more information on the quality of Indigenous status data in the NNAPEDCD.

Table 5.5 presents Indigenous status data by state and territory of the hospital. Nationally, 4.8% of all presentations were for Indigenous Australians. The Northern Territory had the highest proportion of emergency department presentations for Indigenous Australians (43.5%), while Victoria (1.4%) recorded the lowest proportion. Indigenous status was not reported for about 6% of presentations.

Table 5.5: Emergency department presentations, by Indigenous status, public hospital emergency departments, states and territories, 2010–11

| | Indigenous Australians | Non-Indigenous | Not reported | Total |
|------------------------------|---------------------------|------------------|----------------|------------------|
| New South Wales | 81,641 | 1,701,405 | 291,052 | 2,074,098 |
| Victoria | 20,440 | 1,454,060 | 8,659 | 1,483,159 |
| Queensland | 67,014 | 1,109,463 | 18,848 | 1,195,325 |
| Western Australia | 49,327 | 596,816 | 3,072 | 649,215 |
| South Australia | 10,457 | 346,357 | 27,178 | 383,992 |
| Tasmania | 5,685 | 134,400 | 3,763 | 143,848 |
| Australian Capital Territory | 2,783 | 107,630 | 1,820 | 112,233 |
| Northern Territory | 61,520 | 79,838 | 61 | 141,419 |
| Total | 298,867 | 5,529,969 | 354,453 | 6,183,289 |

Note: See boxes 5.1, 5.2, 5.3 and 5.4 for notes on data limitations and methods.

How did people access these services?

The emergency department data element **arrival mode—transport** indicates the mode of transport by which the patient arrived at the emergency department. The category *Other* includes presentations for which patients walked to the emergency department or came by private transport, public transport, community transport or taxi.

In 2010–11, the majority of presentations to emergency departments reported an arrival mode of *Other* (Table 5.6). However, there was variation in arrival mode by triage category. For example, the proportion of presentations with an arrival mode of *Ambulance, air ambulance or helicopter rescue service*, ranged from 4% for *Non-urgent* patients to 85% for *Resuscitation* patients.

Table 5.6: Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, 2010–11

| Arrival mode | Triage category | | | | | Total ^(a) |
|-------------------------------------------------------|-----------------|----------------|------------------|------------------|----------------|----------------------|
| | Resuscitation | Emergency | Urgent | Semi-urgent | Non-urgent | |
| Ambulance, air ambulance or helicopter rescue service | 35,966 | 274,259 | 692,659 | 432,796 | 32,089 | 1,468,310 |
| Police/correctional services vehicle | 304 | 6,906 | 20,539 | 13,311 | 4,878 | 45,956 |
| Other | 6,102 | 300,148 | 1,320,533 | 2,344,446 | 690,956 | 4,664,755 |
| Not stated/unknown | 63 | 295 | 1,062 | 1,690 | 574 | 4,268 |
| Total | 42,435 | 581,608 | 2,034,793 | 2,792,243 | 728,497 | 6,183,289 |

(a) Includes presentations for which the triage category was not reported.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Additional information for states and territories is available in Table S5.4 at the end of this chapter.

When did people present to the emergency department?

The time of presentation at the emergency department is defined as the earliest occasion of being registered clerically or triaged. Time of presentation was reported for all non-admitted patient emergency department presentations reported to the NNAPEDCD.

Figure 5.3 presents the number of presentations by triage category and hour of presentation. This figure highlights the uneven use of emergency department resources throughout the average day. Over two-thirds of emergency department presentations occur between the hours of 8 am and 8 pm.

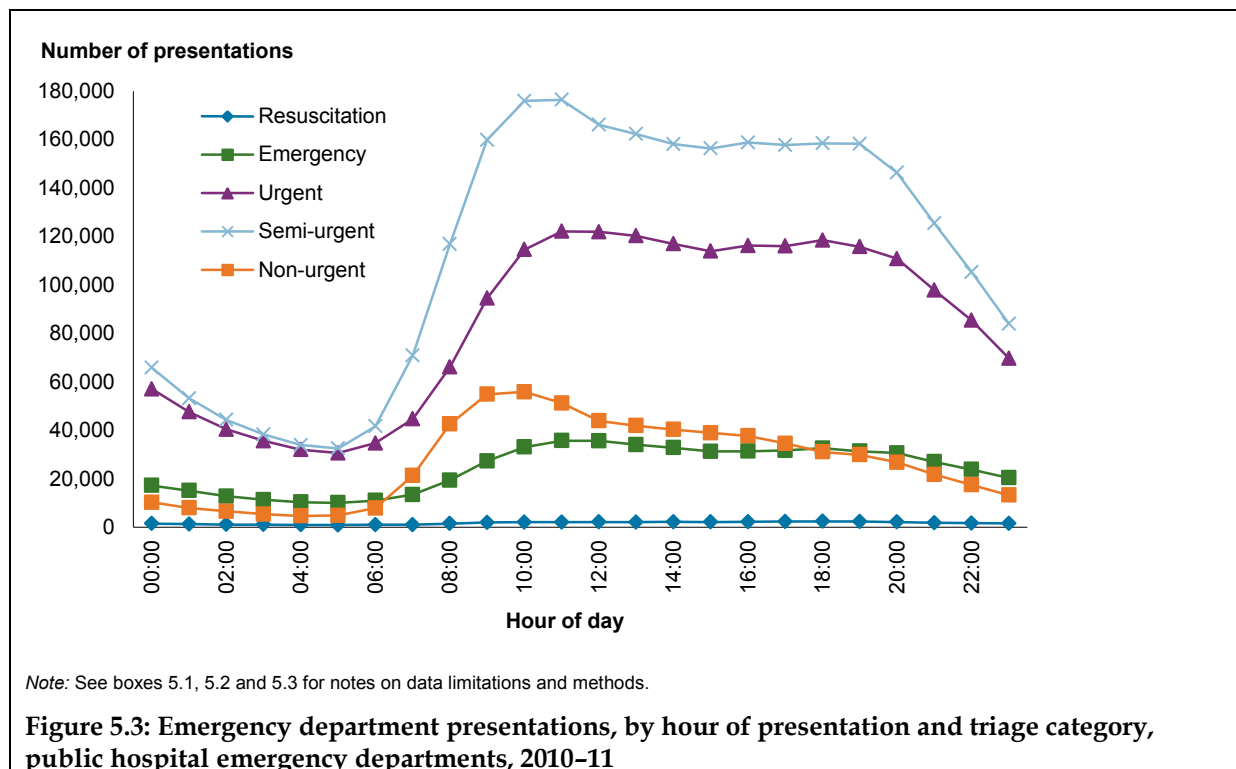
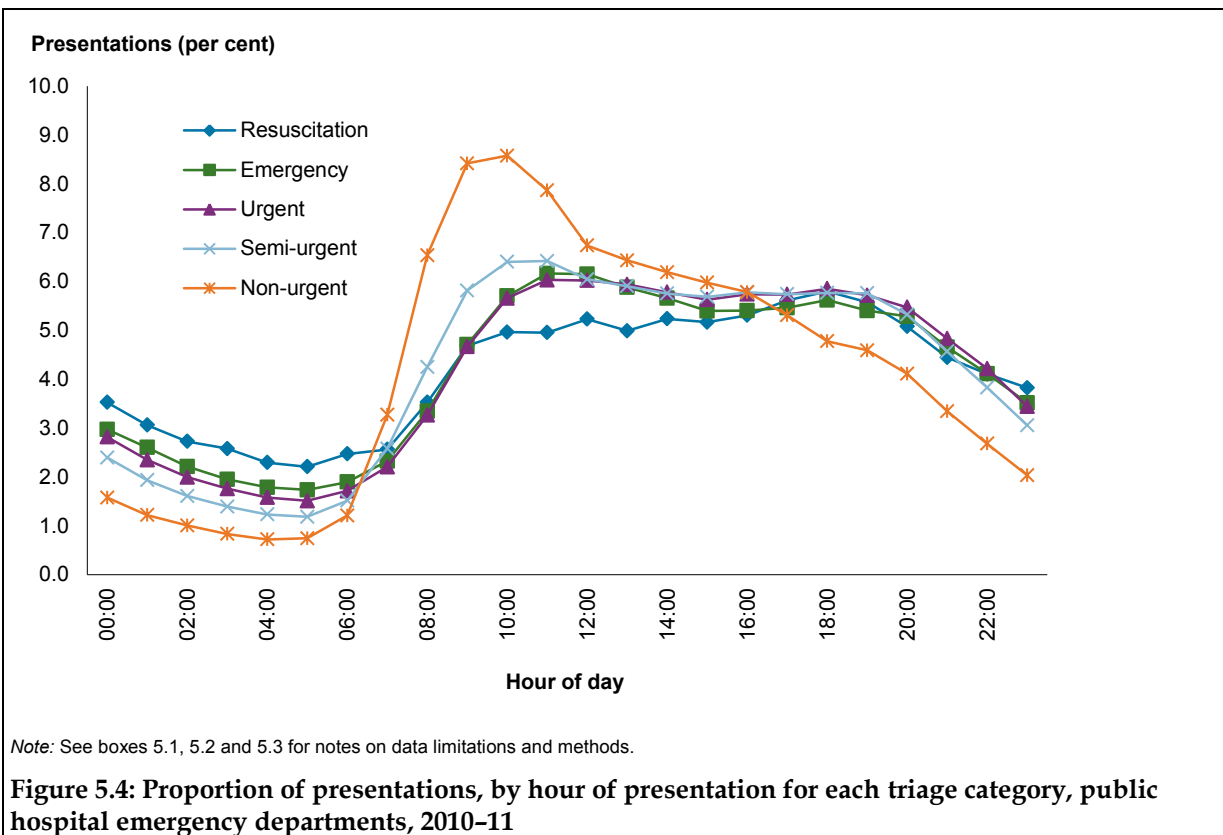


Figure 5.4 illustrates the relative distribution of use within each triage category across the 24-hour period. The figure shows that for the triage category *Resuscitation*, presentations are more evenly distributed throughout the day than for other triage categories.



Why did people receive the care?

Type of visit to emergency department describes the reason the patient presented to the emergency department. The type of visit can be reported as:

- *Emergency presentation*: attendance for an actual or suspected condition which is sufficiently serious to require acute unscheduled care
- *Return visit, planned*: presentation is planned and is a result of a previous emergency department presentation or return visit
- *Pre-arranged admission*: patient who presents at the emergency department for either a clerical, nursing or medical process to be undertaken, and admission has been pre-arranged by the referring medical officer and a bed allocated
- *Patient in transit*: the emergency department is responsible for care and treatment of a patient awaiting transport to another facility
- *Dead on arrival*: a patient who is dead on arrival at the emergency department.

Data on the type of visit to emergency department by state and territory is detailed in Table S5.6 at the end of this chapter.

Of the 6.2 million presentations reported to the NNAPEDCD for 2010-11, about 98% of presentations were *Emergency presentations*, and 2% were *Return visit, planned*. The proportion of presentations by type of visit varied by state or territory. There is variation in the

reporting of information about patients who were *Dead on arrival*. For South Australia, patients who are *Dead on arrival* are not managed or reported by emergency departments. For Western Australia not all patients who are *Dead on Arrival* are managed and reported by emergency departments.

How urgent was the care?

The triage category indicates the urgency of the patient's need for medical and nursing care (NHDC 2003). For more detail refer to Box 5.1.

Nationally in 2010–11, less than 1% of Emergency presentations were assigned a triage category of *Resuscitation*, and about 10% were assigned a triage category of *Emergency*. The majority of Emergency presentations were *Urgent* or *Semi-urgent*. There was some variation among the states and territories in the proportion of presentations in each triage category.

Information about triage category by peer group for states and territories is published in Table 2.14 of *Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times* (AHS: EDES, AIHW 2011c).

How long did people wait for care?

Patients who present to the emergency department with a type of visit of *Return visit, planned; Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the proportion of presentations seen on time) are only presented for patients with a type of visit of *Emergency presentation*.

The proportion of presentations seen on time was determined as the proportion of *Emergency presentations* in each triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition. For more detail, refer to Box 5.3 and Appendix 2.

Emergency department waiting times are regarded as indicators of access to hospitals. The *National health data dictionary* definition for **emergency department waiting time to service delivery** is: 'The time elapsed for each patient from presentation in the emergency department to commencement of service by a treating medical officer or nurse' (HDSC 2008).

Table 5.7 presents the proportion of all *Emergency presentations* reported to the NNAPEDCD that were seen on time, by state and territory and triage category for 2010–11. As indicated in Box 5.3, certain *Emergency presentations* are excluded from the calculation of the figures provided in this table. For 2010–11, there were almost 347,000 presentations with an episode end status of *Did not wait* or *Dead on arrival* which were excluded from this analysis. Approximately 32,000 additional presentations with missing or invalid waiting times were also excluded.

For 2010–11, for all triage categories combined (excluding those whose triage category was *Not reported*), the overall proportion of *Emergency presentations* seen on time was 70%. The proportion varied by state and territory, ranging from 58% in the Northern Territory and Australian Capital Territory, to 76% in New South Wales (Table 5.7). The proportion also varied by triage category. About 100% of *Resuscitation* patients and 79% of *Emergency* patients were seen on time.

Table 5.7: Proportion (%) of emergency presentations seen on time by triage category, public hospital emergency departments^(a), states and territories, 2010–11

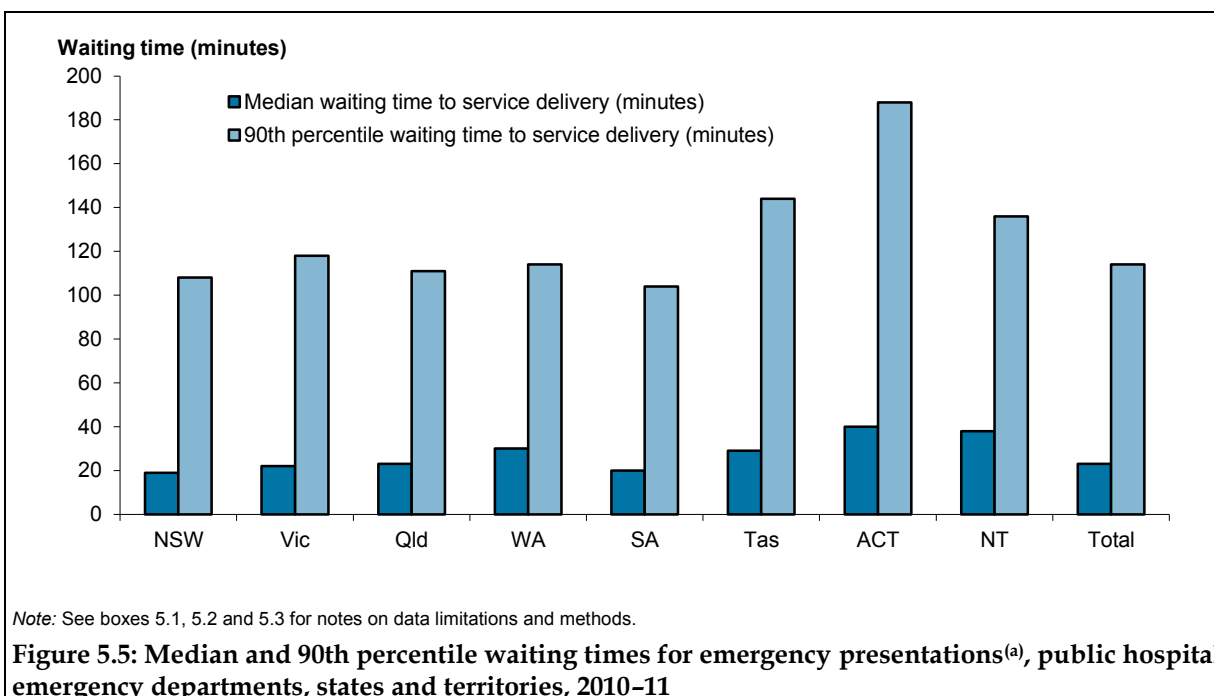
| Triage category | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Resuscitation | 100 | 100 | 100 | 99 | 100 | 100 | 100 | 100 | 100 |
| Emergency | 83 | 81 | 78 | 71 | 78 | 72 | 82 | 65 | 79 |
| Urgent | 71 | 70 | 60 | 50 | 66 | 55 | 54 | 53 | 65 |
| Semi-urgent | 73 | 65 | 67 | 65 | 70 | 63 | 49 | 54 | 68 |
| Non-urgent | 88 | 86 | 90 | 92 | 88 | 83 | 76 | 90 | 88 |
| Total | 76 | 71 | 67 | 63 | 71 | 62 | 58 | 58 | 70 |

(a) Values are derived from all hospitals that reported to the NNAPEDCD. In addition to providing data to the NNAPEDCD for all hospitals classified to peer group A (*Principal referral and specialist women's and children's hospitals*) and B (*Large hospitals*), some states and territories provided data to the NNAPEDCD for public hospitals that were classified to other peer groups. Therefore, the proportions of emergency presentations seen on time provided here are not directly comparable to the proportions of emergency presentations seen on time provided in tables 3.7 and 3.8 for hospitals in peer groups A and B only.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Additional information by peer group for states and territories is available in Table S5.6 at the end of this chapter.

In 2010–11, 50% of all emergency presentations were attended by a medical officer or nurse within 23 minutes and 90% were attended within 114 minutes. There was marked variation between states and territories in these waiting time measures. The median varied from 19 minutes in New South Wales to 40 minutes for the Australian Capital Territory (Figure 5.5). The 90th percentile varied from 108 minutes in South Australia to 188 minutes in the Australian Capital Territory.

Additional information by peer group for states and territories is available in Table S2.14 of *AHS: EDES* (AIHW 2011c).



How long did patients stay?

Measures of the amount of time associated with emergency department activity include:

- **duration of the service event** – measured as the time from the commencement of service by a treating medical officer or nurse to the conclusion of the non-admitted component of care (episode end). The service event represents a measure of the amount of time during which the patient receives service (is treated and/or observed)
- **duration of non-admitted patient episode** – measured from the time of presentation to the conclusion of the non-admitted component of care (episode end). The length of patient episode consists of the emergency department waiting time and duration of the service event
- **total time in the emergency department** – measured from the time of presentation to the time of physical departure of the patient from the emergency department.

These measures are restricted to presentations with type of visit emergency presentation. The calculations also exclude presentations with an episode end status of *Did not wait*, *Left at own risk* or *Dead on arrival*. For more detailed information, see Box 5.3.

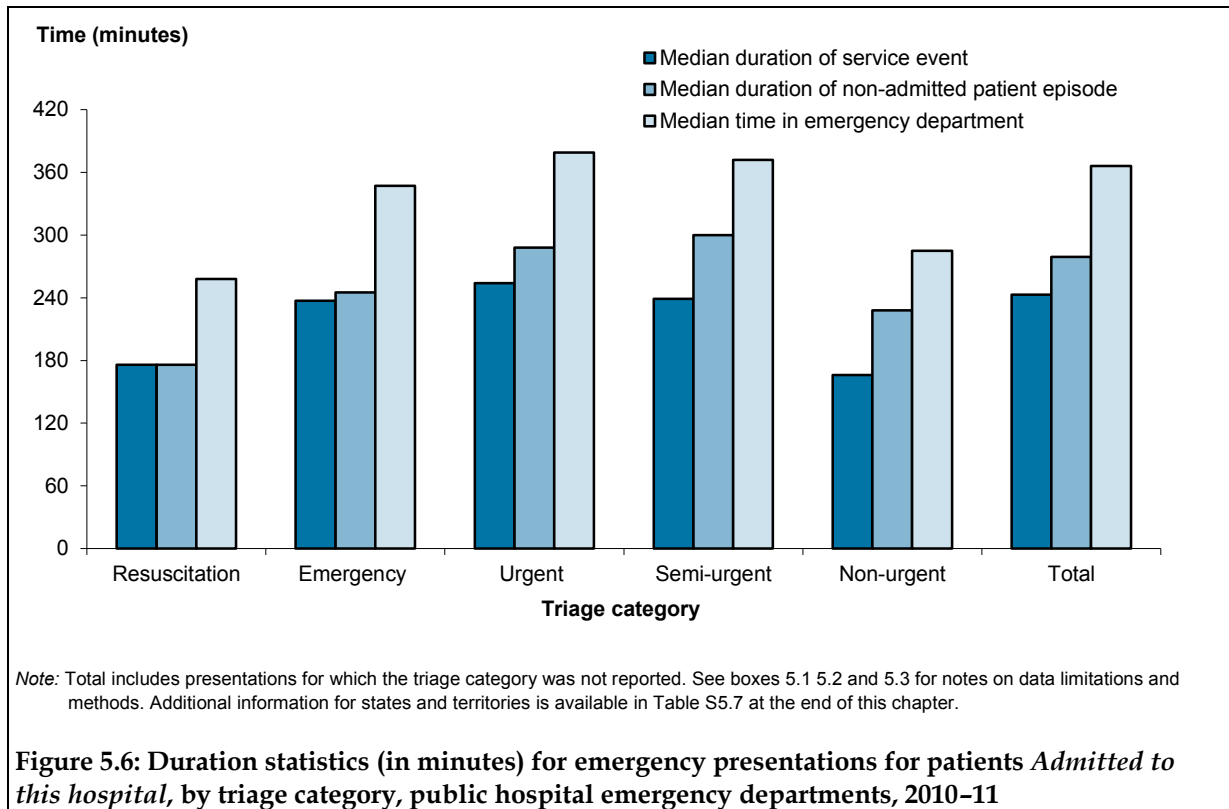
The timing and duration of emergency department activity are affected by whether or not the patient presenting to the emergency department is subsequently admitted to the same hospital. As a result, summary length of presentation statistics are presented separately for patients subsequently admitted to hospital (those with an episode end status of *Admitted to this hospital*, Figure 5.6) and for patients not subsequently admitted to hospital (including those referred to another hospital, Figure 5.7).

Generally, the durations of service event and non-admitted patient episode were greater for patients *Admitted to this hospital* than for other patients. This indicates that those *Admitted to this hospital* generally required more lengthy treatment (in the emergency department) than other patients. *Resuscitation* was the only triage category for which patients *Admitted to this hospital* had shorter durations of service event than those not admitted (figures 5.6 and 5.7).

Patients subsequently admitted to the same hospital

Overall, for patients with an episode end status of *Admitted to this hospital*, the median duration of service event was 4 hours and 3 minutes (243 minutes) and the median duration of non-admitted patient episode was 4 hours and 39 minutes (279 minutes) (Figure 5.6).

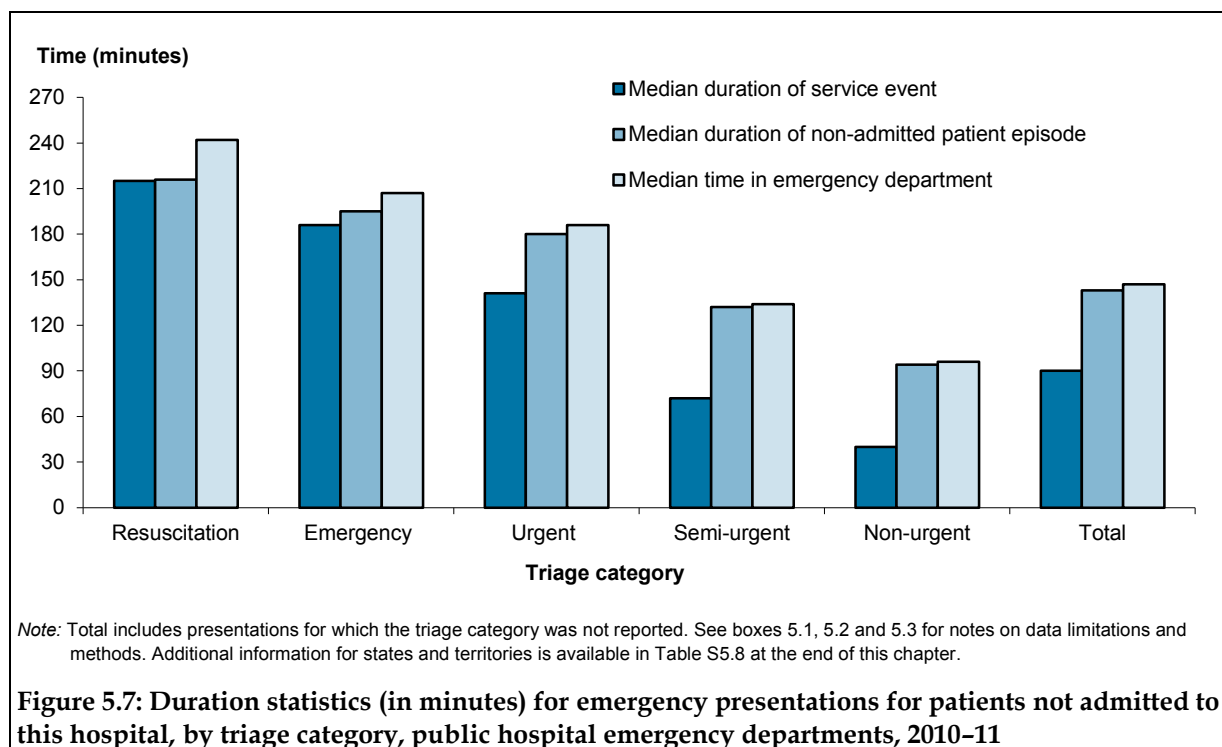
The median presentation length varied by triage category. For *Resuscitation* patients, the median duration of non-admitted patient episode was generally the same as the median duration of the service event, which reflects the short waiting times for these patients. *Non-urgent* patients who were *Admitted to this hospital* had the shortest median duration of the service event.



Patients not subsequently admitted to the same hospital

Figure 5.7 presents summary length of presentation statistics for patients who did not have an episode end status of *Admitted to this hospital*. Overall, the median duration of the service event was 1 hour and 30 minutes (90 minutes) and the median duration of the non-admitted patient episode was 2 hours and 23 minutes (143 minutes).

The median presentation length varied by triage category, decreasing with the urgency of the triage category. For example, the median duration of service event for *Resuscitation* patients was 3 hours and 35 minutes (215 minutes) and for *Non-urgent* patients it was 40 minutes. As for patients who were *Admitted to this hospital*, the median duration of non-admitted patient episode for *Resuscitation* patients was generally the same as the median duration of the service event.



How was the care completed?

Episode end status describes the status of the patient at the conclusion of the non-admitted patient episode in the emergency department. The episode end status can be reported as:

- *Admitted to this hospital* (including to units or beds within the emergency department)
- Non-admitted patient emergency department service episode completed - *Departed without being admitted or referred to another hospital*
- Non-admitted patient emergency department service episode completed - *Referred to another hospital for admission*
- *Did not wait* to be attended by a health-care professional
- *Left at own risk* after being attended by a health-care professional but before the non-admitted patient emergency department service episode was complete
- *Died in emergency department* as a non-admitted patient
- *Dead on arrival*, not treated in emergency department.

Information about episode end status is published in Table S5.9 at the end of this chapter and in Table 2.13 of *AHS: EDES* (AIHW 2011c).

For 2010-11, the majority of presentations reported an episode end status of *Departed without being admitted or referred to another hospital*. However, the proportion varied markedly by triage category, increasing as the triage category became less urgent. Approximately 27% of presentations had an episode end status of *Admitted to this hospital*. Queensland had the lowest proportion of *Resuscitation* patients with an episode end status of *Admitted to this hospital*. Victoria had a higher proportion of presentations *Admitted to this hospital* than the national figures in all triage categories except *Non-urgent*.

Overall, 5.5% of emergency department presentations had an episode end status of *Did not wait*. The proportion of presentations with an episode end status of *Did not wait* also varied by triage category, and was highest for *Non-urgent* and *Semi-urgent* patients.

Tasmania had the highest proportion of presentations with an episode end status of *Departed without being admitted or referred to another hospital*. Western Australia had the lowest overall proportion of presentations where the patient *Did not wait*.

The comparability of the data may be influenced by the comparability of the triage categories among the states and territories. Although the triage category is not a measure of the need for admission to hospital, the proportion of presentations in each category that had an episode end status of *Admitted to this hospital* can be used as an indication of the comparability of the triage categorisation. Information on emergency presentations with an episode end status of *Admitted to this hospital*, by triage category, is published in Table S5.7, and in Table 2.13 of *AHS: EDES* (AIHW 2011c).

Additional information

Further detailed information on non-admitted patient emergency department care by state or territory of hospitalisation and public hospital peer groups, including patient characteristics, and triage categories is available in the following supplementary tables and in the tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Supplementary tables

Box 5.5: Notes – Chapter 5 Supplementary tables

Tables S5.2 and 5.3

- (a) The number of presentations reported to the National Non-admitted Patient Emergency Department Care Database (NNAPEDCD) divided by the number of emergency occasions of service reported to the National Public Hospital Establishments Database (NPHED) as a percentage.
- (b) Records for which the type of visit was reported as *Emergency presentation*.
- (c) Includes records for which the triage category was not reported.
- (d) The proportion of presentations for which the waiting time to service delivery was within the time specified in the definition of the triage category.
- (e) This proportion is based on presentations for which the episode end status was reported as *Admitted to this hospital*.
- (f) All hospitals includes hospitals not classified as peer groups A or B.**

Table S5.6

- (a) For Western Australia not all patients who are *Dead on arrival* are managed and reported by emergency departments.
- (b) South Australia does not provide non-admitted patient emergency department care data for patients who were *Dead on arrival* (no resuscitation attempted) at the emergency department.
- (c) Tasmania did not provide presentations for which the type of visit was *Pre-arranged admission*, *Patient in transit* or *Dead on arrival*.

(continued)

Box 5.5 (continued)

Tables S5.7 and S5.8

- (a) Records for which the type of visit was reported as *Emergency presentation*.
- (b) The duration of non-admitted patient episode is the length of time between the time of presentation to the emergency department and the end of the non-admitted patient episode.
- (c) The duration of the presentation is the length of time between when a health-care professional first takes responsibility for the patient's care and the end of the non-admitted patient episode.
- (d) The time in emergency department is the length of time between presentation and physical departure from the emergency department.
- (e) Presentations for which the triage category was not reported.

Table S5.9

- (a) In New South Wales, presentations that end with the death of the patient in the emergency department had an episode end status of *Admitted to this hospital*.
- (b) For Western Australia not all patients who are *Dead on arrival* are managed and reported by emergency departments.
- (c) South Australia does not provide non-admitted patient emergency department care data for patients who were *Dead on arrival* (no resuscitation attempted) at the emergency department.

Table S5.1: Emergency presentation waiting time statistics, public hospital emergency departments, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|
| New South Wales^(a) | | | | | |
| Median waiting time (minutes) | 20 | 20 | 20 | 20 | 19 |
| Proportion seen on time (%) | 76 | 76 | 75 | 75 | 76 |
| Victoria^(a) | | | | | |
| Median waiting time (minutes) | 22 | 23 | 20 | 22 | 22 |
| Proportion seen on time (%) | 74 | 71 | 73 | 72 | 71 |
| Queensland | | | | | |
| Median waiting time (minutes) | 29 | 28 | 25 | 24 | 23 |
| Proportion seen on time (%) | 62 | 63 | 66 | 66 | 67 |
| Western Australia | | | | | |
| Median waiting time (minutes) | 28 | 30 | 29 | 28 | 30 |
| Proportion seen on time (%) | 64 | 61 | 62 | 64 | 63 |
| South Australia | | | | | |
| Median waiting time (minutes) | 26 | 29 | 27 | 24 | 20 |
| Proportion seen on time (%) | 63 | 61 | 64 | 67 | 71 |
| Tasmania | | | | | |
| Median waiting time (minutes) | 27 | 32 | 31 | 29 | 29 |
| Proportion seen on time (%) | 64 | 60 | 62 | 63 | 62 |
| Australian Capital Territory | | | | | |
| Median waiting time (minutes) | 44 | 40 | 38 | 35 | 40 |
| Proportion seen on time (%) | 54 | 58 | 60 | 63 | 58 |
| Northern Territory | | | | | |
| Median waiting time (minutes) | 39 | 42 | 39 | 38 | 38 |
| Proportion seen on time (%) | 55 | 52 | 54 | 56 | 58 |
| Total | | | | | |
| Median waiting time (minutes) | 24 | 24 | 23 | 23 | 23 |
| Proportion seen on time (%) | 70 | 69 | 70 | 70 | 70 |

(a) From 2009–10, the data for Albury Base Hospital have been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Therefore, data for Albury Base Hospital are included in statistics for Victoria for 2009–10 and 2010–11.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods.

Table S5.2: Emergency department presentations, public hospital emergency departments, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Principal referral and specialist women's and children's hospitals | | | | | | | | | |
| Hospitals reporting emergency department presentations | 29 | 22 | 18 | 7 | 5 | 2 | 2 | 2 | 87 |
| Emergency department presentations | 1,287,494 | 1,060,694 | 932,125 | 366,031 | 292,789 | 91,304 | 112,233 | 103,446 | 4,246,116 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Large hospitals | | | | | | | | | |
| Hospitals reporting emergency department presentations | 14 | 11 | 4 | 7 | 2 | 1 | 0 | .. | 39 |
| Emergency department presentations | 380,853 | 324,653 | 157,089 | 244,565 | 43,454 | 26,396 | .. | .. | 1,177,010 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 100 | 100 | 100 | 100 | 100 | 100 | .. | .. | 100 |
| Coverage of episode-level data for hospitals in peer groups A and B | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Other hospitals | | | | | | | | | |
| Hospitals reporting emergency department presentations | 43 | 6 | 4 | 2 | 1 | 1 | .. | 3 | 60 |
| Emergency department presentations | 405,751 | 97,812 | 106,111 | 38,619 | 47,749 | 26,148 | .. | 37,973 | 760,163 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 50 | 36 | 19 | 14 | 21 | 72 | .. | 100 | 34 |
| Total | | | | | | | | | |
| Hospitals reporting emergency department presentations | 86 | 39 | 26 | 16 | 8 | 4 | 2 | 5 | 186 |
| Emergency department presentations | 2,074,000 | 1,483,159 | 1,195,325 | 649,215 | 383,992 | 143,848 | 112,233 | 141,419 | 6,183,289 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 83 | 90 | 72 | 74 | 68 | 93 | 100 | 100 | 81 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods.

Abbreviation: ..—not applicable.

Table S5.3: Emergency department presentation statistics, by triage category, public hospital emergency departments, 2006–07 to 2010–11

| Triage category and peer group | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 |
|----------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Coverage of episode-level data for hospitals in peer groups A and B | | | | | |
| Hospitals reporting emergency department presentations | 119 | 124 | 122 | 125 | 126 |
| Emergency department presentations | 4,607,684 | 4,895,446 | 4,916,995 | 5,183,568 | 5,388,944 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 100 | 100 | 100 | 100 | 100 |
| Principal referral and specialist women's and children's hospitals | | | | | |
| Hospitals reporting emergency department presentations | 81 | 81 | 83 | 84 | 87 |
| Emergency department presentations | 3,526,341 | 3,648,559 | 3,801,547 | 4,000,972 | 4,246,116 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 100 | 100 | 100 | 100 | 100 |
| Proportion by triage category (%) ^(b) | | | | | |
| Resuscitation | 1 | 1 | 1 | 1 | 1 |
| Emergency | 10 | 10 | 10 | 11 | 11 |
| Urgent | 35 | 35 | 35 | 35 | 36 |
| Semi-urgent | 45 | 44 | 44 | 43 | 43 |
| Non-urgent | 10 | 10 | 10 | 10 | 10 |
| <i>Total</i> ^(c) | 100 | 100 | 100 | 100 | 100 |
| Proportion seen on time (%) ^{(b)(d)} | | | | | |
| Resuscitation | 99 | 100 | 100 | 100 | 100 |
| Emergency | 76 | 74 | 75 | 77 | 79 |
| Urgent | 63 | 60 | 61 | 62 | 62 |
| Semi-urgent | 63 | 62 | 63 | 64 | 65 |
| Non-urgent | 86 | 85 | 86 | 86 | 85 |
| <i>Total</i> | 66 | 65 | 66 | 67 | 67 |
| Median waiting time to service delivery (minutes) ^(b) | | | | | |
| Resuscitation | 0 | 0 | 0 | 0 | 0 |
| Emergency | 5 | 6 | 6 | 5 | 5 |
| Urgent | 22 | 24 | 23 | 22 | 22 |
| Semi-urgent | 41 | 42 | 41 | 39 | 38 |
| Non-urgent | 33 | 34 | 34 | 33 | 34 |
| <i>Total</i> ^(c) | 25 | 26 | 25 | 24 | 24 |

(continued)

Table S5.3 (continued): Emergency department statistics, by triage category, public hospital emergency departments, 2006–07 to 2010–11

| Triage category and peer group | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 |
|---------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Principal referral and specialist women's and children's hospitals (continued) | | | | | |
| 90th percentile waiting time to service delivery (minutes) | | | | | |
| Resuscitation | 0 | 0 | 0 | 0 | 1 |
| Emergency | 22 | 24 | 23 | 21 | 20 |
| Urgent | 96 | 107 | 103 | 98 | 98 |
| Semi-urgent | 158 | 161 | 157 | 151 | 149 |
| Non-urgent | 142 | 146 | 145 | 144 | 147 |
| <i>Total^(c)</i> | <i>127</i> | <i>132</i> | <i>127</i> | <i>122</i> | <i>121</i> |
| Proportion ending in admission (%) ^{(b)(e)} | | | | | |
| Resuscitation | 82 | 81 | 82 | 81 | 80 |
| Emergency | 64 | 64 | 64 | 64 | 63 |
| Urgent | 44 | 44 | 43 | 43 | 43 |
| Semi-urgent | 19 | 18 | 18 | 18 | 19 |
| Non-urgent | 6 | 6 | 6 | 6 | 6 |
| <i>Total^(c)</i> | <i>31</i> | <i>31</i> | <i>31</i> | <i>31</i> | <i>32</i> |
| Large hospitals | | | | | |
| Hospitals reporting emergency department presentations | 38 | 43 | 39 | 41 | 39 |
| Emergency department presentations | 1,081,343 | 1,246,887 | 1,115,448 | 1,182,596 | 1,177,010 |
| Estimated proportion of emergency occasions of service (%) ^(a) | 100 | 100 | 100 | 100 | 100 |
| Proportion by triage category (%) ^(b) | | | | | |
| Resuscitation | <1 | <1 | <1 | <1 | <1 |
| Emergency | 6 | 6 | 6 | 7 | 7 |
| Urgent | 27 | 27 | 28 | 28 | 30 |
| Semi-urgent | 48 | 49 | 48 | 48 | 49 |
| Non-urgent | 19 | 19 | 18 | 16 | 13 |
| <i>Total^(c)</i> | <i>100</i> | <i>100</i> | <i>100</i> | <i>100</i> | <i>100</i> |

(continued)

Table S5.3 (continued): Emergency department presentation statistics, by triage category, public hospital emergency departments, 2006–07 to 2010–11

| Triage category and peer group | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 |
|------------------------------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Large hospitals (continued) | | | | | |
| Proportion seen on time (%) ^(e) | | | | | |
| Resuscitation | 99 | 99 | 99 | 99 | 99 |
| Emergency | 82 | 81 | 82 | 80 | 81 |
| Urgent | 70 | 70 | 72 | 72 | 70 |
| Semi-urgent | 69 | 69 | 71 | 71 | 70 |
| Non-urgent | 87 | 86 | 86 | 85 | 88 |
| <i>Total</i> ^(c) | 73 | 73 | 74 | 74 | 73 |
| Median waiting time to service delivery (minutes) | | | | | |
| Resuscitation | 0 | 0 | 0 | 0 | 0 |
| Emergency | 5 | 5 | 5 | 5 | 5 |
| Urgent | 18 | 18 | 17 | 18 | 18 |
| Semi-urgent | 34 | 33 | 32 | 33 | 32 |
| Non-urgent | 35 | 34 | 34 | 36 | 31 |
| <i>Total</i> ^(c) | 25 | 24 | 22 | 23 | 22 |
| 90th percentile waiting time to service delivery (minutes) | | | | | |
| Resuscitation | 0 | 0 | 0 | 0 | 0 |
| Emergency | 18 | 18 | 17 | 18 | 18 |
| Urgent | 74 | 73 | 71 | 71 | 74 |
| Semi-urgent | 132 | 133 | 126 | 124 | 129 |
| Non-urgent | 142 | 146 | 145 | 148 | 135 |
| <i>Total</i> ^(c) | 116 | 117 | 110 | 110 | 109 |
| Proportion ending in admission (%) ^(e) | | | | | |
| Resuscitation | 66 | 64 | 65 | 63 | 63 |
| Emergency | 57 | 55 | 54 | 52 | 50 |
| Urgent | 37 | 35 | 36 | 35 | 33 |
| Semi-urgent | 13 | 13 | 14 | 13 | 13 |
| Non-urgent | 3 | 3 | 3 | 3 | 4 |
| <i>Total</i> ^(c) | 21 | 20 | 21 | 21 | 21 |
| All hospitals^(f) | | | | | |
| Hospitals reporting emergency department presentations | 164 | 165 | 184 | 184 | 186 |
| Emergency department presentations | 5,287,451 | 5,537,196 | 5,742,140 | 5,957,960 | 6,183,289 |
| Estimated proportion of emergency occasions of service (%)^{(c)(d)} | 78 | 78 | 80 | 81 | 81 |

(continued)

Table S5.3 (continued): Emergency department presentation statistics, by triage category, public hospital emergency departments, 2006–07 to 2010–11

| Triage category and peer group | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 |
|---------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|
| All hospitals (continued) | | | | | |
| Proportion by triage category (%) ^(b) | | | | | |
| Resuscitation | 1 | 1 | 1 | 1 | 1 |
| Emergency | 8 | 8 | 9 | 9 | 9 |
| Urgent | 31 | 31 | 32 | 32 | 33 |
| Semi-urgent | 46 | 46 | 45 | 45 | 45 |
| Non-urgent | 13 | 13 | 13 | 13 | 12 |
| Total^(c) | 100 | 100 | 100 | 100 | 100 |
| Proportion seen on time (%) ^{(b)(d)} | | | | | |
| Resuscitation | 99 | 100 | 100 | 100 | 100 |
| Emergency | 78 | 76 | 77 | 78 | 79 |
| Urgent | 65 | 63 | 64 | 65 | 65 |
| Semi-urgent | 66 | 66 | 67 | 68 | 68 |
| Non-urgent | 88 | 87 | 88 | 88 | 88 |
| Total | 70 | 69 | 70 | 70 | 70 |
| Median waiting time to service delivery (minutes) ^(b) | | | | | |
| Resuscitation | 0 | 0 | 0 | 0 | 0 |
| Emergency | 5 | 6 | 5 | 5 | 5 |
| Urgent | 20 | 21 | 21 | 20 | 21 |
| Semi-urgent | 36 | 36 | 35 | 35 | 35 |
| Non-urgent | 28 | 28 | 28 | 28 | 29 |
| Total^(c) | 24 | 24 | 23 | 23 | 23 |
| 90th percentile waiting time to service delivery (minutes) ^(b) | | | | | |
| Resuscitation | 0 | 0 | 0 | 0 | 1 |
| Emergency | 21 | 23 | 21 | 20 | 20 |
| Urgent | 90 | 97 | 93 | 90 | 91 |
| Semi-urgent | 146 | 148 | 143 | 139 | 138 |
| Non-urgent | 133 | 137 | 134 | 134 | 133 |
| Total^(c) | 120 | 124 | 119 | 115 | 114 |
| Proportion ending in admission (%) ^{(b)(e)} | | | | | |
| Resuscitation | 79 | 78 | 79 | 78 | 77 |
| Emergency | 62 | 61 | 61 | 61 | 60 |
| Urgent | 42 | 41 | 40 | 40 | 40 |
| Semi-urgent | 16 | 16 | 16 | 16 | 16 |
| Non-urgent | 5 | 4 | 5 | 5 | 5 |
| Total^(c) | 27 | 27 | 27 | 27 | 28 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. See Box 5.5 for footnotes specific to this table.

Table S5.4: Emergency department presentations, by age group and sex, public hospital emergency departments, states and territories, 2010–11

| Sex | Age group | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------|----------------------------|------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Males | | | | | | | | | | |
| | 0–4 | 140,075 | 94,792 | 79,230 | 49,177 | 24,233 | 7,663 | 7,094 | 8,380 | 410,644 |
| | 5–14 | 118,186 | 79,266 | 68,863 | 39,249 | 19,392 | 7,061 | 5,896 | 7,099 | 345,012 |
| | 15–24 | 150,666 | 105,349 | 98,810 | 52,163 | 26,539 | 12,643 | 9,679 | 11,027 | 466,876 |
| | 25–34 | 129,905 | 94,688 | 84,006 | 44,210 | 22,957 | 9,595 | 8,066 | 12,108 | 405,535 |
| | 35–44 | 120,814 | 86,882 | 74,345 | 38,127 | 21,439 | 8,524 | 6,364 | 12,086 | 368,581 |
| | 45–54 | 109,865 | 77,107 | 63,965 | 32,831 | 19,754 | 8,049 | 5,842 | 10,332 | 327,745 |
| | 55–64 | 99,755 | 68,788 | 54,242 | 27,702 | 17,514 | 7,292 | 5,055 | 7,154 | 287,502 |
| | 65–74 | 87,062 | 58,844 | 44,253 | 22,394 | 14,195 | 6,445 | 3,920 | 3,942 | 241,055 |
| | 75–84 | 79,115 | 55,461 | 35,234 | 19,097 | 15,009 | 5,032 | 3,339 | 1,703 | 213,990 |
| | 85 and over | 38,271 | 24,003 | 13,872 | 8,600 | 8,219 | 1,913 | 1,394 | 290 | 96,562 |
| | <i>Total^(a)</i> | <i>1,073,835</i> | <i>745,181</i> | <i>616,820</i> | <i>333,550</i> | <i>189,251</i> | <i>74,226</i> | <i>56,649</i> | <i>74,126</i> | <i>3,163,638</i> |
| Females | | | | | | | | | | |
| | 0–4 | 110,314 | 72,464 | 63,412 | 38,763 | 18,859 | 6,053 | 5,301 | 6,802 | 321,968 |
| | 5–14 | 88,918 | 62,253 | 53,966 | 31,021 | 16,060 | 5,958 | 4,664 | 5,696 | 268,536 |
| | 15–24 | 146,543 | 110,797 | 104,023 | 51,892 | 30,208 | 12,537 | 9,836 | 11,492 | 477,328 |
| | 25–34 | 132,828 | 118,407 | 85,695 | 48,356 | 31,138 | 9,180 | 9,072 | 12,709 | 447,385 |
| | 35–44 | 110,381 | 90,769 | 71,075 | 37,849 | 22,596 | 8,104 | 6,736 | 12,028 | 359,538 |
| | 45–54 | 97,530 | 71,130 | 59,175 | 30,451 | 17,898 | 7,635 | 5,548 | 8,980 | 298,347 |
| | 55–64 | 87,297 | 62,351 | 46,883 | 24,645 | 15,360 | 6,450 | 4,968 | 5,449 | 253,403 |
| | 65–74 | 76,753 | 53,084 | 37,215 | 19,177 | 13,673 | 5,437 | 3,578 | 2,432 | 211,349 |
| | 75–84 | 85,380 | 58,058 | 33,997 | 19,441 | 16,453 | 5,126 | 3,365 | 1,202 | 223,022 |
| | 85 and over | 63,647 | 38,659 | 22,994 | 13,993 | 12,485 | 3,134 | 2,511 | 503 | 157,926 |
| | <i>Total^(a)</i> | <i>999,651</i> | <i>737,974</i> | <i>578,435</i> | <i>315,588</i> | <i>194,730</i> | <i>69,621</i> | <i>55,580</i> | <i>67,293</i> | <i>3,018,872</i> |
| All persons^{(a)(b)} | | 2,074,098 | 1,483,159 | 1,195,325 | 649,215 | 383,992 | 143,848 | 112,233 | 141,419 | 6,183,289 |

(a) Includes presentations for which the age group of the patient was not reported.

(b) Includes presentations for which the sex of the patient was not reported.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods.

Table S5.5: Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2010–11

| Triage category and arrival mode | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Resuscitation | | | | | | | | | |
| Ambulance, air ambulance or helicopter rescue service | 10,325 | 6,452 | 9,508 | 4,334 | 3,810 | 561 | 425 | 551 | 35,966 |
| Police/correctional services vehicle | 62 | 94 | 74 | 49 | 9 | 2 | 2 | 12 | 304 |
| Other ^(a) | 1,733 | 1,306 | 1,333 | 739 | 663 | 60 | 70 | 198 | 6,102 |
| Not stated/unknown | 54 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 63 |
| <i>Total</i> | <i>12,174</i> | <i>7,852</i> | <i>10,915</i> | <i>5,131</i> | <i>4,482</i> | <i>623</i> | <i>497</i> | <i>761</i> | <i>42,435</i> |
| Emergency | | | | | | | | | |
| Ambulance, air ambulance or helicopter rescue service | 83,224 | 59,467 | 67,545 | 26,890 | 23,397 | 5,773 | 4,366 | 3,597 | 274,259 |
| Police/correctional services vehicle | 1,494 | 1,558 | 1,981 | 793 | 150 | 264 | 458 | 208 | 6,906 |
| Other ^(a) | 88,212 | 71,706 | 57,051 | 44,144 | 23,725 | 4,179 | 6,290 | 4,841 | 300,148 |
| Not stated/unknown | 103 | 0 | 0 | 179 | 6 | 0 | 7 | 0 | 295 |
| <i>Total</i> | <i>173,033</i> | <i>132,731</i> | <i>126,577</i> | <i>72,006</i> | <i>47,278</i> | <i>10,216</i> | <i>11,121</i> | <i>8,646</i> | <i>581,608</i> |
| Urgent | | | | | | | | | |
| Ambulance, air ambulance or helicopter rescue service | 213,824 | 158,853 | 179,594 | 51,180 | 51,041 | 18,011 | 10,154 | 10,002 | 692,659 |
| Police/correctional services vehicle | 5,624 | 3,646 | 4,796 | 2,936 | 1,323 | 710 | 491 | 1,013 | 20,539 |
| Other ^(a) | 401,051 | 305,026 | 298,213 | 150,998 | 86,485 | 29,565 | 23,773 | 25,422 | 1,320,533 |
| Not stated/unknown | 146 | 0 | 0 | 894 | 7 | 0 | 15 | 0 | 1,062 |
| <i>Total</i> | <i>620,645</i> | <i>467,525</i> | <i>482,603</i> | <i>206,008</i> | <i>138,856</i> | <i>48,286</i> | <i>34,433</i> | <i>36,437</i> | <i>2,034,793</i> |
| Semi-urgent | | | | | | | | | |
| Ambulance, air ambulance or helicopter rescue service | 177,951 | 98,191 | 77,662 | 28,470 | 23,986 | 10,643 | 6,372 | 9,521 | 432,796 |
| Police/correctional services vehicle | 3,752 | 1,531 | 2,132 | 2,131 | 654 | 427 | 385 | 2,299 | 13,311 |
| Other ^(a) | 743,566 | 594,487 | 408,925 | 287,759 | 139,330 | 58,544 | 44,653 | 67,182 | 2,344,446 |
| Not stated/unknown | 26 | 3 | 0 | 1,649 | 6 | 0 | 6 | 0 | 1,690 |
| <i>Total</i> | <i>925,295</i> | <i>694,212</i> | <i>488,719</i> | <i>320,009</i> | <i>163,976</i> | <i>69,614</i> | <i>51,416</i> | <i>79,002</i> | <i>2,792,243</i> |

(continued)

Table S5.5 (continued): Emergency department presentations, by triage category and arrival mode, public hospital emergency departments, states and territories, 2010–11

| Triage category and arrival mode | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------|------------------|------------------|------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Non-urgent | | | | | | | | | |
| Ambulance, air ambulance or helicopter rescue service | 19,680 | 4,167 | 3,825 | 1,045 | 1,768 | 474 | 455 | 675 | 32,089 |
| Police/correctional services vehicle | 2,015 | 277 | 928 | 425 | 261 | 475 | 72 | 425 | 4,878 |
| Other ^(a) | 320,172 | 174,184 | 81,758 | 44,032 | 27,353 | 13,746 | 14,238 | 15,473 | 690,956 |
| Not stated/unknown | 16 | 3 | 0 | 536 | 18 | 0 | 1 | 0 | 574 |
| <i>Total</i> | <i>341,883</i> | <i>178,631</i> | <i>86,511</i> | <i>46,038</i> | <i>29,400</i> | <i>14,695</i> | <i>14,766</i> | <i>16,573</i> | <i>728,497</i> |
| Total^(b) | | | | | | | | | |
| Ambulance, air ambulance or helicopter rescue service | 505,061 | 327,197 | 338,134 | 111,923 | 104,002 | 35,875 | 21,772 | 24,346 | 1,468,310 |
| Police/correctional services vehicle | 12,950 | 7,120 | 9,911 | 6,334 | 2,397 | 1,879 | 1,408 | 3,957 | 45,956 |
| Other ^(a) | 1,555,158 | 1,148,836 | 847,280 | 527,691 | 277,556 | 106,094 | 89,024 | 113,116 | 4,664,755 |
| Not stated/unknown | 929 | 6 | 0 | 3,267 | 37 | 0 | 29 | 0 | 4,268 |
| Total^(b) | 2,074,098 | 1,483,159 | 1,195,325 | 649,215 | 383,992 | 143,848 | 112,233 | 141,419 | 6,183,289 |

(a) Includes presentations for which the patient walked in, came by private transport, public transport, community transport or taxi.

(b) Includes presentations for which the triage category was not reported.

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods.

Table S5.6: Emergency department presentations, by type of visit, public hospital emergency departments, states and territories, 2010–11

| Peer group and type of visit | NSW | Vic | Qld | WA ^(a) | SA ^(b) | Tas ^(c) | ACT | NT | Total |
|---------------------------------------------------------------------------|------------------|------------------|------------------|-------------------|-------------------|--------------------|----------------|----------------|------------------|
| Principal referral and specialist women's and children's hospitals | | | | | | | | | |
| Emergency presentation | 1,269,827 | 1,045,721 | 915,762 | 358,787 | 288,695 | 88,963 | 112,078 | 102,315 | 4,182,148 |
| Return visit, planned | 12,496 | 13,289 | 12,090 | 6,441 | 3,082 | 2,341 | 122 | 1,071 | 50,932 |
| Pre-arranged admission | 2,749 | 306 | 3,827 | 350 | 575 | 0 | 2 | 0 | 7,809 |
| Patient in transit | 25 | 141 | 371 | 0 | 0 | 0 | 5 | 27 | 569 |
| Dead on arrival | 2,024 | 1,237 | 75 | 0 | .. | 0 | 26 | 33 | 3,395 |
| Not reported | 373 | 0 | 0 | 453 | 437 | 0 | 0 | 0 | 1,263 |
| <i>Total</i> | <i>1,287,494</i> | <i>1,060,694</i> | <i>932,125</i> | <i>366,031</i> | <i>292,789</i> | <i>91,304</i> | <i>112,233</i> | <i>103,446</i> | <i>4,246,116</i> |
| Large hospitals | | | | | | | | | |
| Emergency presentation | 373,628 | 307,900 | 150,091 | 243,020 | 42,850 | 24,866 | .. | .. | 1,142,355 |
| Return visit, planned | 6,378 | 15,495 | 6,682 | 1,499 | 458 | 1,530 | .. | .. | 32,042 |
| Pre-arranged admission | 361 | 817 | 287 | 40 | 117 | 0 | .. | .. | 1,622 |
| Patient in transit | 7 | 32 | 17 | 0 | 0 | 0 | .. | .. | 56 |
| Dead on arrival | 169 | 409 | 12 | 0 | .. | 0 | .. | .. | 590 |
| Not reported | 310 | 0 | 0 | 6 | 29 | 0 | .. | .. | 345 |
| <i>Total</i> | <i>380,853</i> | <i>324,653</i> | <i>157,089</i> | <i>244,565</i> | <i>43,454</i> | <i>26,396</i> | .. | .. | <i>1,177,010</i> |
| Other hospitals | | | | | | | | | |
| Emergency presentation | 385,148 | 92,956 | 100,727 | 38,619 | 45,188 | 24,039 | .. | 34,720 | 721,397 |
| Return visit, planned | 20,006 | 4,012 | 5,222 | 0 | 2,084 | 2,109 | .. | 3,229 | 36,662 |
| Pre-arranged admission | 305 | 277 | 109 | 0 | 22 | 0 | .. | 0 | 713 |
| Patient in transit | 14 | 3 | 15 | 0 | 0 | 0 | .. | 22 | 54 |
| Dead on arrival | 270 | 564 | 38 | 0 | .. | 0 | .. | 2 | 874 |
| Not reported | 8 | 0 | 0 | 0 | 455 | 0 | .. | 0 | 463 |
| <i>Total</i> | <i>405,751</i> | <i>97,812</i> | <i>106,111</i> | <i>38,619</i> | <i>47,749</i> | <i>26,148</i> | .. | <i>37,973</i> | <i>760,163</i> |
| All hospitals | | | | | | | | | |
| Emergency presentation | 2,028,603 | 1,446,577 | 1,166,580 | 640,426 | 376,733 | 137,868 | 112,078 | 137,035 | 6,045,900 |
| Return visit, planned | 38,880 | 32,796 | 23,994 | 7,940 | 5,624 | 5,980 | 122 | 4,300 | 119,636 |
| Pre-arranged admission | 3,415 | 1,400 | 4,223 | 390 | 714 | 0 | 2 | 0 | 10,144 |
| Patient in transit | 46 | 176 | 403 | 0 | 0 | 0 | 5 | 49 | 679 |
| Dead on arrival | 2,463 | 2,210 | 125 | 0 | .. | 0 | 26 | 35 | 4,859 |
| Not reported | 691 | 0 | 0 | 459 | 921 | 0 | 0 | 0 | 2,071 |
| Total presentations | 2,074,098 | 1,483,159 | 1,195,325 | 649,215 | 383,992 | 143,848 | 112,233 | 141,419 | 6,183,289 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. Abbreviation: .. —not applicable.

Table S5.7: Emergency department presentation length statistics (hours: minutes) for *Emergency presentations*^(a) with an episode end status of *Admitted to this hospital*, by triage category, public hospital emergency departments, states and territories, 2010–11

| Triage category | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------|------------|------------|------------|-----------|-----------|------------|------------|-----------|--------------|
| Resuscitation | | | | | | | | | |
| Median duration of presentation ^(b) | 3:28 | 4:09 | 2:43 | 1:26 | 1:56 | 2:38 | 3:16 | 1:22 | 2:56 |
| Median duration of service event ^(c) | 3:28 | 4:09 | 2:43 | 1:26 | 1:56 | 2:38 | 3:16 | 1:22 | 2:56 |
| Median time in emergency department ^(d) | 4:38 | 4:13 | 4:49 | 3:28 | 3:49 | 3:41 | 3:18 | 3:59 | 4:18 |
| Emergency | | | | | | | | | |
| Median duration of presentation ^(b) | 4:44 | 5:19 | 3:42 | 2:10 | 2:41 | 4:47 | 5:00 | 1:48 | 4:05 |
| Median duration of service event ^(c) | 4:36 | 5:12 | 3:34 | 2:00 | 2:34 | 4:38 | 4:52 | 1:36 | 3:57 |
| Median time in emergency department ^(d) | 6:14 | 5:21 | 6:35 | 4:05 | 5:41 | 6:13 | 5:04 | 6:54 | 5:47 |
| Urgent | | | | | | | | | |
| Median duration of presentation ^(b) | 5:34 | 5:46 | 4:15 | 2:39 | 3:17 | 5:59 | 6:26 | 2:19 | 4:48 |
| Median duration of service event ^(c) | 5:01 | 5:18 | 3:36 | 1:53 | 2:45 | 5:06 | 5:28 | 1:35 | 4:14 |
| Median time in emergency department ^(d) | 6:52 | 5:48 | 7:13 | 4:15 | 6:12 | 7:19 | 6:30 | 6:39 | 6:19 |
| Semi-urgent | | | | | | | | | |
| Median duration of presentation ^(b) | 5:46 | 5:42 | 4:06 | 2:47 | 3:30 | 6:06 | 6:47 | 2:38 | 5:00 |
| Median duration of service event ^(c) | 4:48 | 4:45 | 3:02 | 1:43 | 2:33 | 4:41 | 4:30 | 1:14 | 3:59 |
| Median time in emergency department ^(d) | 6:53 | 5:43 | 6:59 | 4:16 | 6:12 | 7:21 | 6:52 | 6:01 | 6:12 |
| Non-urgent | | | | | | | | | |
| Median duration of presentation ^(b) | 4:27 | 4:01 | 2:39 | 2:03 | 2:13 | 4:20 | 5:10 | 1:48 | 3:48 |
| Median duration of service event ^(c) | 3:23 | 3:07 | 1:43 | 1:16 | 1:13 | 2:48 | 3:19 | 0:58 | 2:46 |
| Median time in emergency department ^(d) | 5:30 | 4:02 | 4:37 | 3:37 | 4:01 | 5:39 | 5:11 | 2:40 | 4:45 |
| Total^(e) | | | | | | | | | |
| Median duration of presentation ^(b) | 5:24 | 5:37 | 4:02 | 2:31 | 3:07 | 5:42 | 6:08 | 2:17 | 4:39 |
| Median duration of service event ^(c) | 4:48 | 5:04 | 3:28 | 1:51 | 2:36 | 4:49 | 5:00 | 1:28 | 4:03 |
| Median time in emergency department ^(d) | 6:40 | 5:39 | 6:56 | 4:11 | 5:58 | 7:01 | 6:12 | 6:21 | 6:06 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. See Box 5.5 for footnotes specific to this table.

Table S5.8: Emergency department presentation length statistics (hours: minutes) for *Emergency presentations*^(a) with an episode end status other than *Admitted to this hospital*, by triage category, public hospital emergency departments, states and territories, 2010–11

| Triage category | NSW | Vic | Qld | WA | SA | Tas^(c) | ACT | NT | Total |
|----------------------------------------------------|------------|------------|------------|-----------|-----------|--------------------------|------------|-----------|--------------|
| Resuscitation | | | | | | | | | |
| Median duration of presentation ^(b) | 3:39 | 3:55 | 3:34 | 3:37 | 3:21 | 3:23 | 2:35 | 3:33 | 3:36 |
| Median duration of service event ^(c) | 3:39 | 3:55 | 3:33 | 3:34 | 3:21 | 3:23 | 2:35 | 3:33 | 3:35 |
| Median time in emergency department ^(d) | 4:02 | 4:03 | 4:24 | 3:37 | 3:54 | 3:47 | 3:01 | 3:33 | 4:02 |
| Emergency | | | | | | | | | |
| Median duration of presentation ^(b) | 3:41 | 3:08 | 3:12 | 2:50 | 3:04 | 3:53 | 3:46 | 3:12 | 3:15 |
| Median duration of service event ^(c) | 3:33 | 2:58 | 3:03 | 2:40 | 2:55 | 3:42 | 3:36 | 3:01 | 3:06 |
| Median time in emergency department ^(d) | 3:54 | 3:08 | 3:39 | 2:50 | 3:17 | 4:01 | 3:56 | 3:12 | 3:27 |
| Urgent | | | | | | | | | |
| Median duration of presentation ^(b) | 3:15 | 2:55 | 2:55 | 2:31 | 3:15 | 3:12 | 3:34 | 2:49 | 3:00 |
| Median duration of service event ^(c) | 2:43 | 2:22 | 2:14 | 1:45 | 2:39 | 2:20 | 2:39 | 2:03 | 2:21 |
| Median time in emergency department ^(d) | 3:24 | 2:56 | 3:08 | 2:31 | 3:22 | 3:15 | 3:41 | 2:49 | 3:06 |
| Semi-urgent | | | | | | | | | |
| Median duration of presentation ^(b) | 2:23 | 2:16 | 2:02 | 1:50 | 2:29 | 2:03 | 2:56 | 2:10 | 2:12 |
| Median duration of service event ^(c) | 1:30 | 1:12 | 1:03 | 0:55 | 1:37 | 1:01 | 1:22 | 0:57 | 1:12 |
| Median time in emergency department ^(d) | 2:29 | 2:16 | 2:06 | 1:50 | 2:30 | 2:04 | 3:01 | 2:10 | 2:14 |
| Non-urgent | | | | | | | | | |
| Median duration of presentation ^(b) | 1:41 | 1:33 | 1:20 | 1:18 | 1:46 | 1:28 | 2:08 | 1:17 | 1:34 |
| Median duration of service event ^(c) | 0:48 | 0:35 | 0:33 | 0:35 | 0:53 | 0:32 | 0:45 | 0:31 | 0:40 |
| Median time in emergency department ^(d) | 1:45 | 1:33 | 1:23 | 1:18 | 1:46 | 1:30 | 2:10 | 1:17 | 1:36 |
| Total^(e) | | | | | | | | | |
| Median duration of presentation ^(b) | 2:31 | 2:21 | 2:22 | 2:01 | 2:41 | 2:23 | 3:01 | 2:13 | 2:23 |
| Median duration of service event ^(c) | 1:42 | 1:24 | 1:30 | 1:09 | 1:57 | 1:21 | 1:40 | 1:05 | 1:30 |
| Median time in emergency department ^(d) | 2:37 | 2:21 | 2:30 | 2:01 | 2:45 | 2:25 | 3:06 | 2:13 | 2:27 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. See Box 5.5 for footnotes specific to this table.

Table S5.9: Emergency department presentations, by triage category and episode end status, public hospital emergency departments, states and territories, 2010–11

| Triage category and episode end status | NSW^(a) | Vic | Qld | WA^(b) | SA^(c) | Tas | ACT | NT | Total |
|-----------------------------------------------|--------------------------|----------------|----------------|-------------------------|-------------------------|---------------|---------------|---------------|------------------|
| Resuscitation | | | | | | | | | |
| Admitted to this hospital | 9,915 | 6,803 | 7,341 | 3,717 | 3,395 | 482 | 372 | 582 | 32,607 |
| Departed without being admitted or referred | 981 | 598 | 2,202 | 364 | 613 | 22 | 45 | 125 | 4,950 |
| Referred to another hospital for admission | 1,161 | 226 | 699 | 585 | 299 | 42 | 34 | 2 | 3,048 |
| Did not wait | 5 | 0 | 13 | 5 | 0 | 0 | 1 | 0 | 24 |
| Left at own risk | 54 | 40 | 146 | 30 | 23 | 0 | 3 | 2 | 298 |
| Died in emergency department | 0 | 182 | 497 | 430 | 148 | 73 | 38 | 50 | 1,418 |
| Dead on arrival | 47 | 0 | 17 | 0 | 0 | 4 | 4 | 0 | 72 |
| Not reported | 11 | 3 | 0 | 0 | 4 | 0 | 0 | 0 | 18 |
| <i>Total</i> | <i>12,174</i> | <i>7,852</i> | <i>10,915</i> | <i>5,131</i> | <i>4,482</i> | <i>623</i> | <i>497</i> | <i>761</i> | <i>42,435</i> |
| Emergency | | | | | | | | | |
| Admitted to this hospital | 108,018 | 91,874 | 65,965 | 39,089 | 27,328 | 5,395 | 6,001 | 5,402 | 349,072 |
| Departed without being admitted or referred | 54,971 | 37,188 | 51,683 | 27,840 | 16,413 | 4,510 | 4,742 | 3,110 | 200,457 |
| Referred to another hospital for admission | 7,450 | 2,043 | 6,201 | 4,188 | 2,931 | 216 | 279 | 28 | 23,336 |
| Did not wait | 420 | 409 | 329 | 141 | 94 | 10 | 16 | 9 | 1,428 |
| Left at own risk | 2,100 | 1,084 | 2,216 | 673 | 401 | 51 | 69 | 95 | 6,689 |
| Died in emergency department | 0 | 123 | 181 | 67 | 46 | 30 | 14 | 2 | 463 |
| Dead on arrival | 6 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 8 |
| Not reported | 68 | 10 | 0 | 8 | 65 | 4 | 0 | 0 | 155 |
| <i>Total</i> | <i>173,033</i> | <i>132,731</i> | <i>126,577</i> | <i>72,006</i> | <i>47,278</i> | <i>10,216</i> | <i>11,121</i> | <i>8,646</i> | <i>581,608</i> |
| Urgent | | | | | | | | | |
| Admitted to this hospital | 257,671 | 229,485 | 153,348 | 78,690 | 56,258 | 15,401 | 12,825 | 16,698 | 820,376 |
| Departed without being admitted or referred | 319,043 | 215,967 | 292,724 | 118,212 | 72,975 | 30,528 | 19,247 | 18,510 | 1,087,206 |
| Referred to another hospital for admission | 16,925 | 4,304 | 12,910 | 6,327 | 4,872 | 539 | 903 | 60 | 46,840 |
| Did not wait | 14,711 | 12,104 | 15,814 | 1,474 | 3,395 | 1,587 | 1,228 | 825 | 51,138 |
| Left at own risk | 12,090 | 5,571 | 7,691 | 1,254 | 1,110 | 180 | 210 | 343 | 28,449 |
| Died in emergency department | 0 | 67 | 91 | 34 | 29 | 24 | 20 | 1 | 266 |
| Dead on arrival | 19 | 0 | 25 | 0 | 0 | 0 | 0 | 0 | 44 |
| Not reported | 186 | 27 | 0 | 17 | 217 | 27 | 0 | 0 | 474 |
| <i>Total</i> | <i>620,645</i> | <i>467,525</i> | <i>482,603</i> | <i>206,008</i> | <i>138,856</i> | <i>48,286</i> | <i>34,433</i> | <i>36,437</i> | <i>2,034,793</i> |

(continued)

Table S5.9 (continued): Emergency department presentations, by triage category and episode end status, public hospital emergency departments, states and territories, 2010–11

| Triage category and episode end status | NSW^(a) | Vic | Qld | WA^(b) | SA^(c) | Tas | ACT | NT | Total |
|-----------------------------------------------|--------------------------|------------------|------------------|-------------------------|-------------------------|----------------|----------------|----------------|------------------|
| Semi-urgent | | | | | | | | | |
| Admitted to this hospital | 166,457 | 142,493 | 51,055 | 42,721 | 25,347 | 7,336 | 6,978 | 12,184 | 454,571 |
| Departed without being admitted or referred | 657,636 | 480,771 | 383,082 | 266,024 | 124,702 | 56,720 | 36,434 | 57,522 | 2,062,891 |
| Referred to another hospital for admission | 10,470 | 2,389 | 4,074 | 3,613 | 2,156 | 342 | 409 | 68 | 23,521 |
| Did not wait | 66,912 | 58,382 | 41,042 | 6,424 | 10,416 | 4,974 | 7,019 | 8,557 | 203,726 |
| Left at own risk | 23,625 | 10,067 | 9,453 | 1,149 | 1,197 | 211 | 569 | 671 | 46,942 |
| Died in emergency department | 0 | 21 | 12 | 12 | 3 | 2 | 7 | 0 | 57 |
| Dead on arrival | 23 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 24 |
| Not reported | 172 | 89 | 0 | 66 | 155 | 29 | 0 | 0 | 511 |
| <i>Total</i> | <i>925,295</i> | <i>694,212</i> | <i>488,719</i> | <i>320,009</i> | <i>163,976</i> | <i>69,614</i> | <i>51,416</i> | <i>79,002</i> | <i>2,792,243</i> |
| Non-urgent | | | | | | | | | |
| Admitted to this hospital | 19,250 | 8,744 | 2,875 | 1,962 | 2,482 | 607 | 543 | 826 | 37,289 |
| Departed without being admitted or referred | 272,888 | 144,093 | 72,437 | 41,711 | 23,888 | 12,544 | 11,148 | 12,934 | 591,643 |
| Referred to another hospital for admission | 1,274 | 171 | 259 | 146 | 188 | 34 | 52 | 29 | 2,153 |
| Did not wait | 39,796 | 23,630 | 9,872 | 2,017 | 2,549 | 1,456 | 2,836 | 2,655 | 84,811 |
| Left at own risk | 5,922 | 1,975 | 982 | 181 | 243 | 12 | 187 | 94 | 9,596 |
| Died in emergency department | 0 | 1 | 6 | 2 | 0 | 0 | 0 | 0 | 9 |
| Dead on arrival | 2,677 | 0 | 80 | 0 | 0 | 0 | 0 | 35 | 2,792 |
| Not reported | 76 | 17 | 0 | 19 | 50 | 42 | 0 | 0 | 204 |
| <i>Total</i> | <i>341,883</i> | <i>178,631</i> | <i>86,511</i> | <i>46,038</i> | <i>29,400</i> | <i>14,695</i> | <i>14,766</i> | <i>16,573</i> | <i>728,497</i> |
| All triage categories | | | | | | | | | |
| Admitted to this hospital | 561,370 | 479,407 | 280,584 | 166,194 | 114,810 | 29,221 | 26,719 | 35,692 | 1,693,997 |
| Departed without being admitted or referred | 1,305,688 | 878,617 | 802,128 | 454,156 | 238,591 | 104,324 | 71,616 | 92,201 | 3,947,321 |
| Referred to another hospital for admission | 37,280 | 9,133 | 24,143 | 14,859 | 10,446 | 1,173 | 1,677 | 187 | 98,898 |
| Did not wait | 122,087 | 94,525 | 67,070 | 10,061 | 16,454 | 8,027 | 11,100 | 12,046 | 341,370 |
| Left at own risk | 43,799 | 18,737 | 20,488 | 3,287 | 2,974 | 454 | 1,038 | 1,205 | 91,982 |
| Died in emergency department | 0 | 394 | 787 | 548 | 226 | 130 | 79 | 53 | 2,217 |
| Dead on arrival | 2,780 | 2,200 | 125 | 0 | 0 | 417 | 4 | 35 | 5,561 |
| Not reported | 1,094 | 146 | 0 | 110 | 491 | 102 | 0 | 0 | 1,943 |
| Total | 2,074,098 | 1,483,159 | 1,195,325 | 649,215 | 383,992 | 143,848 | 112,233 | 141,419 | 6,183,289 |

Note: See boxes 5.1, 5.2 and 5.3 for notes on data limitations and methods. See Box 5.5 for footnotes specific to this table. Abbreviation: . . —not applicable

6 Outpatient care

This chapter presents information on outpatient services and other non-admitted, non-emergency patient services provided by public hospitals in Australia. Detailed information on non-admitted patient emergency department care for Australia's public hospitals is in Chapter 5 of this report.

What data are reported?

Non-admitted patient occasions of service

The National Public Hospital Establishments Database (NPHEd) has almost complete coverage of public hospitals and includes data on non-admitted patient occasions of service for 14 non-admitted patient service types. Outpatient-related occasions of service sourced from the NPHEd are those individual and group sessions for the non-admitted patient service type of *Allied health, Dental, Dialysis, Endoscopy and related procedures and Other medical/surgical/obstetric*.

In addition to these outpatient-related services, the NPHEd also includes a range of non-admitted patient care services that are not in scope for the National Outpatient Care Database (NOCD). Other non-admitted patient service types reported to the NPHEd analysed in this chapter include the service types of *Alcohol and other drugs, Community health services, District nursing, Mental health, Other outreach services, Pathology, Pharmacy and Radiology and organ imaging*.

Outpatient clinic activity

The National Outpatient Care Database (NOCD) is a compilation of summary data for outpatient clinic occasions of service in public hospitals. The data supplied are based on the National Minimum Data Set (NMDS) for Outpatient care, as defined in the *National health data dictionary version 14* (HDSC 2008). These data were provided to the AIHW for 2010–11 as counts of individual occasions of service and group sessions for 24 types of outpatient clinics.

The scope for the Outpatient care NMDS for 2010–11 was for services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals that were classified as either peer group A (*Principal referral and specialist women's and children's hospitals*) or B (*Large hospitals*) in *Australian hospital statistics 2009–10* (AIHW 2011a). The public hospital peer group classification was developed for the cost per casemix-adjusted separation analysis based on admitted patient activity (see Appendix 1).

For 2010–11, most states and territories were able to provide summary data to the NOCD for all public hospitals in peer groups A and B that managed outpatient clinic services. Some states and territories also provided outpatient care data for public hospitals which were classified to other peer groups:

- New South Wales provided data for 2 *Medium* hospitals
- Victoria provided data for 1 *Medium* hospital
- Western Australia provided data for 3 *Medium* hospitals, 1 *Small regional acute* hospital, 2 *Remote acute* hospitals, 1 *Small non-acute* hospital and 1 *Rehabilitation* hospital

- South Australia provided data for 1 *Medium* hospital
- Tasmania provided data for 1 *Medium* hospital.

These data have also been included in analyses of NOCD data presented in this chapter. The proportion of individual outpatient occasions of service and group sessions for which clinic-level data were available was 96% for peer groups A and B. For all public hospitals the proportion was about 80% for individual occasions of service and 79% for group sessions (see Table S6.1).

Box 6.1: What are the limitations of the data?

When interpreting the data presented, the reader should note the following:

- The data presented are counts of occasions of service, not persons. A person may have multiple occasions of service, at a variety of outpatient clinics or departments reported in a reference year.
- States and territories may differ in the extent to which outpatient services are provided in non-hospital settings (such as community health services) which are beyond the scope of the NPHEd and NOCD.
- There is considerable variation among states and territories and between reporting years in the way in which non-admitted patient occasions of service data are collected for the NPHEd. Differing admission practices between the states and territories also lead to variation among jurisdictions in the services reported.
- Data from the NOCD should be interpreted with caution as they may not be representative of outpatient clinic activity for hospitals that were not required to provide data for the NOCD. The proportion of individual outpatient-related occasions of service and group sessions for which clinic-level data were available was 96% for peer groups A (*Principal referral and specialist women's and children's hospitals*) and B (*Large hospitals*). The proportion for all public hospitals was about 80% for individual occasions of service and 79% for group sessions.
- NOCD data should be interpreted with caution as the comparability of the data may be influenced by variation in admission practices, the type of facility providing these services and in the allocation of outpatient services to the 24 clinic types among the states and territories.
- For South Australia, the increase in outpatient activity between 2006–07 and 2007–08 was due largely to a change in admission practices for chemotherapy and selected endoscopies. In 2006–07, these were treated as same-day admissions, and from 2007–08 onwards, were treated as outpatient occasions of service.
- For 2010–11, some states re-categorised some outpatient clinics to align with the Activity Based Funding Tier 2 clinics structure (IHPA 2011). Therefore, these data may not be comparable to data reported for previous years.
- For Western Australia, counts of outpatient group sessions reported to the NOCD reflect the number of individuals who attended group sessions. The data for Western Australian group sessions are therefore not directly comparable to the data provided for group sessions presented for other states and territories.

(continued)

Box 6.1 (continued)

- For 2009–10, Tasmania were not able to provide outpatient care data for one *Principal referral hospital*, which reported about 180,000 occasions of service to the NPHED and about 134,000 occasions of service to the NOCD in 2010–11.
- For 2010–11, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania’s public hospital counts.

Box 6.2: What methods were used?

- Outpatient-related occasions of service sourced from the NPHED refer to occasions of service and group sessions reported with a non-admitted patient service type of *Allied health, Dental, Dialysis, Endoscopy and related procedures* and *Other medical/surgical/obstetric*.
- The numbers of occasions of service for the non-admitted patient service type *emergency services* are not presented in this chapter. See Chapter 5 of this report.
- The proportion of outpatient occasions of service for which NOCD clinic-level data was available was calculated as the number of outpatient occasions of service reported to the NOCD divided by the number of outpatient-related occasions of service (as defined above), from the NPHED, as a percentage. Where the number of occasions of service reported to the NOCD was greater than the number of outpatient-related occasions of service reported to the NPHED, the proportion is presented as 100%.

How has activity changed over time?

Table 6.1 shows the number of individual occasions of service for outpatient-related services and other non-admitted patient services reported to the NPHED for public acute hospitals between 2006–07 and 2010–11.

Between 2006–07 and 2010–11, outpatient care delivered in specialist outpatient clinics increased by an average of almost 2% per year, with *Endoscopy and related procedures* showing the largest relative increase in number of individual occasions of service (by an average of almost 27% per year). Over the same period *Dialysis* decreased by an average of about 8% per year; *Dental* services decreased by an average of 5% per year; and *Community health, Outreach and District nursing* decreased by just over 1% per year (Table 6.1).

States and territories

Table 6.2 shows the number of individual occasions of service for outpatient-related services and other non-admitted patient services reported to the NPHED for public acute hospitals across states and territories between 2006–07 and 2010–11.

Between 2006–07 and 2010–11, individual *Outpatient* occasions of service increased by an average of 1.3% per year, with the Australian Capital Territory reporting the highest increase of 10.7% (average per year). Between 2006–07 and 2010–11, *Other non-admitted patient* occasions of service increased by an average of 2.3% per year with the Northern Territory reporting the highest increase (7.7% per year) (Table 6.2).

For Tasmania, there was a marked decrease in the numbers of *Other non-admitted* patient occasions of service reported for 2010–11 due to the exclusion of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania’s public hospital counts.

After adjusting for the exclusion of non-public funded outpatient occasions of service for Tasmania in 2010–11 and an undercount in 2009–10, it is estimated that the national average increase for outpatient-related services and other non-admitted patient services was about 2.5% per year.

Table 6.1: Number of individual occasions of service (‘000) for outpatient and other non-admitted patient services, public acute hospitals, 2006–07 to 2010–11^(a)

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 ^(b) | 2010–11 | Change (per cent) | |
|------------------------------------------------------|---------------|---------------|---------------|------------------------|---------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Individual occasions of service | | | | | | | |
| | | | | | | | |
| Outpatient-related care | | | | | | | |
| Allied health | 3,660 | 3,716 | 3,752 | 3,848 | 3,908 | 1.7 | 1.6 |
| Dental | 1,084 | 1,035 | 775 | 864 | 886 | –4.9 | 2.5 |
| Dialysis | 33 | 25 | 26 | 50 | 23 | –8.3 | –53.6 |
| Endoscopy and related procedures | 24 | 47 | 58 | 55 | 63 | 26.9 | 15.9 |
| Other medical/surgical/obstetric | 11,031 | 11,546 | 11,906 | 11,972 | 11,801 | 1.7 | –1.4 |
| <i>Total outpatient-related occasions of service</i> | <i>15,832</i> | <i>16,369</i> | <i>16,516</i> | <i>16,789</i> | <i>16,682</i> | <i>1.3</i> | <i>–0.6</i> |
| Pharmacy, pathology and radiology and organ imaging | 14,910 | 16,213 | 17,066 | 16,815 | 17,197 | 3.6 | 2.3 |
| Mental health, alcohol and drug services | 3,155 | 3,078 | 3,042 | 3,180 | 3,385 | 1.8 | 6.5 |
| Community health, outreach and district nursing | 5,503 | 5,595 | 5,365 | 5,296 | 5,261 | –1.1 | –0.7 |
| Total individual occasions of service | 39,400 | 41,255 | 41,989 | 42,081 | 42,526 | 1.9 | 1.1 |

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) For 2009–10, Tasmania was not able to provide occasions of service data for one hospital that reported about 180,000 non-admitted patient occasions of service to the NPHEd in 2010–11.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Table 6.2: Individual occasions of service for outpatient and other non-admitted patient services, public acute hospitals, states and territories, 2006–07 to 2010–11^(a)

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(b) | | | | | | | |
| Outpatient | 6,255,445 | 6,400,364 | 6,549,516 | 6,450,592 | 6,022,466 | –0.9 | –6.6 |
| Other non-admitted ^(c) | 11,725,443 | 12,414,382 | 13,137,117 | 12,523,328 | 12,827,589 | 2.3 | 2.4 |
| Total ^(d) | 17,980,888 | 18,814,746 | 19,686,633 | 18,973,920 | 18,850,055 | 1.2 | –0.7 |
| Victoria^(b) | | | | | | | |
| Outpatient | 2,831,379 | 2,864,208 | 2,939,829 | 3,094,084 | 3,334,130 | 4.2 | 7.8 |
| Other non-admitted ^(c) | 2,968,958 | 3,115,414 | 3,081,479 | 3,246,556 | 3,393,818 | 3.4 | 4.5 |
| Total ^(d) | 5,800,337 | 5,979,622 | 6,021,308 | 6,340,640 | 6,727,948 | 3.8 | 6.1 |
| Queensland | | | | | | | |
| Outpatient | 3,200,518 | 3,324,742 | 3,190,117 | 3,344,905 | 3,259,578 | 0.5 | –2.6 |
| Other non-admitted ^(c) | 5,365,228 | 5,867,454 | 6,023,488 | 6,155,172 | 6,267,074 | 4.0 | 1.8 |
| Total ^(d) | 8,565,746 | 9,192,196 | 9,213,605 | 9,500,077 | 9,526,652 | 2.7 | 0.3 |
| Western Australia | | | | | | | |
| Outpatient | 1,595,387 | 1,697,777 | 1,775,362 | 1,902,060 | 2,021,564 | 6.1 | 6.3 |
| Other non-admitted ^(c) | 2,344,718 | 2,287,313 | 1,969,478 | 2,195,464 | 2,458,701 | 1.2 | 12.0 |
| Total ^(d) | 3,940,105 | 3,985,090 | 3,744,840 | 4,097,524 | 4,480,265 | 3.3 | 9.3 |
| South Australia^(e) | | | | | | | |
| Outpatient | 1,136,274 | 1,203,133 | 1,130,999 | 1,136,319 | 1,142,192 | 0.1 | 0.5 |
| Other non-admitted ^(c) | 487,254 | 456,785 | 444,769 | 482,368 | 458,092 | –1.5 | –5.0 |
| Total ^(d) | 1,623,528 | 1,659,918 | 1,575,768 | 1,618,687 | 1,600,284 | –0.4 | –1.1 |
| Tasmania^(f) | | | | | | | |
| Outpatient ^(b) | 430,586 | 459,539 | 454,806 | 334,946 | 358,322 | –4.5 | 7.0 |
| Other non-admitted ^(c) | 367,214 | 399,480 | 453,849 | 295,280 | 30,335 | –46.4 | –89.7 |
| Total ^(d) | 797,800 | 859,019 | 908,655 | 630,226 | 388,657 | –16.5 | –38.3 |
| Australian Capital Territory | | | | | | | |
| Outpatient | 264,547 | 296,259 | 343,383 | 379,974 | 396,566 | 10.7 | 4.4 |
| Other non-admitted ^(c) | 131,550 | 150,878 | 158,941 | 169,808 | 170,225 | 6.7 | 0.2 |
| Total ^(d) | 396,097 | 447,137 | 502,324 | 549,782 | 566,791 | 9.4 | 3.1 |
| Northern Territory | | | | | | | |
| Outpatient | 118,161 | 122,694 | 131,993 | 146,607 | 147,188 | 5.6 | 0.4 |
| Other non-admitted ^(c) | 176,930 | 194,087 | 203,994 | 223,292 | 237,874 | 7.7 | 6.5 |
| Total ^(d) | 295,091 | 316,781 | 335,987 | 369,899 | 385,062 | 6.9 | 4.1 |
| Australia | | | | | | | |
| Outpatient | 15,832,297 | 16,368,716 | 16,516,005 | 16,789,487 | 16,682,006 | 1.3 | –0.6 |
| Other non-admitted^(c) | 23,567,295 | 24,885,793 | 25,473,115 | 25,291,268 | 25,843,708 | 2.3 | 2.2 |
| Total^(d) | 39,399,592 | 41,254,509 | 41,989,120 | 42,080,755 | 42,525,714 | 1.9 | 1.1 |

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) From 2009–10, the data for the Albury Base Hospital are included in statistics for Victoria whereas they were formerly reported by, and included in statistics for New South Wales.

(c) *Other Pharmacy, Pathology, Radiology and organ imaging, Mental health, Alcohol and drug, Community health and Outreach and District Nursing.*

(d) Total individual occasions of service.

(e) For South Australia, the increase in outpatient activity between 2006–07 and 2007–08 was due largely to a change in admission practices for chemotherapy and selected endoscopies. In 2006–07, these were treated as same-day admissions, and from 2007–08 onwards, were treated as outpatient occasions of service.

(f) For 2010–11, Tasmania was able to exclude counts of outpatient occasions of service provided at public hospitals by private specialists. In previous years, these were included in Tasmania's public hospital counts.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

How much activity was there in 2010–11?

Table 6.3 shows the number of individual occasions of service for outpatient-related services and other non-admitted patient services reported to the NPHED for public acute hospitals by state and territory. Emergency non-admitted patient services are not included (see Chapter 5).

In 2010–11, public hospitals provided almost 43 million service episodes for non-admitted patients, including:

- 17.2 million services for *Pharmacy, Pathology and Radiology and organ imaging*
- 16.7 million service episodes delivered in specialist outpatient clinics with the chief contributors being *Medical/surgical/obstetric* and *Allied health*
- 5.3 million *Community health, Outreach and District nursing* services.
- 3.4 million services for *Mental health* and *Alcohol and drug* services

Table 6.3: Number of individual occasions of service ('000) for outpatient and other non-admitted patient services, public acute hospitals, states and territories, 2010–11^(a)

| Type of service | NSW | Vic | Qld | WA | SA | Tas ^(b) | ACT | NT ^(c) | Total |
|------------------------------------------------------------------|---------------|--------------|--------------|--------------|--------------|--------------------|------------|-------------------|---------------|
| Outpatient-related care | | | | | | | | | |
| Allied health | 659 | 1,136 | 597 | 1,173 | 177 | 120 | 32 | 12 | 3,908 |
| Dental | 404 | 462 | .. | 12 | 8 | .. | .. | .. | 886 |
| Dialysis | 23 | .. | .. | .. | .. | .. | .. | .. | 23 |
| Endoscopy and related procedures | 23 | .. | 13 | .. | 25 | .. | 3 | .. | 63 |
| Other medical/surgical/obstetric | 4,913 | 1,735 | 2,650 | 836 | 932 | 238 | 362 | 135 | 11,801 |
| <i>Total outpatient-related occasions of service</i> | 6,022 | 3,334 | 3,260 | 2,022 | 1,142 | 358 | 397 | 147 | 16,682 |
| Pharmacy ^(d) , pathology, radiology and organ imaging | 7,622 | 1,971 | 5,728 | 1,273 | 240 | .. | 126 | 238 | 17,197 |
| Mental health, alcohol and drug | 2,299 | 856 | 134 | 79 | 16 | 2 | 1 | .. | 3,385 |
| Community health, outreach and district nursing ^(e) | 2,907 | 567 | 406 | 1,107 | 202 | 29 | 43 | .. | 5,261 |
| Total individual occasions of service | 18,850 | 6,728 | 9,527 | 4,480 | 1,600 | 389 | 567 | 385 | 42,526 |

(a) Reporting arrangements have varied significantly across years and across jurisdictions.

(b) *Radiology* figures for the Northern Territory are underestimated and *Pathology* figures relate only to three of the five hospitals.

(c) Includes only those states and territories for which data were available.

(d) Justice Health in New South Wales reported a large number of occasions of service for *Pharmacy* which may not be typical for other hospitals.

(e) Justice Health in New South Wales reported a large number of occasions of service which may not be typical of *District nursing*.

Note: Also refer to boxes 6.1 and 6.2 for more information on data limitations and methods of analysis. Additional information for states and territories is available in Table S6.2 at the end of this chapter.

Abbreviation: ..—not applicable.

The proportion of non-admitted patient occasions of service which are related to outpatient care varied across states, from 32% in New South Wales to 92% in Tasmania. For all states except Western Australia, the largest contributor to outpatient-related services was *Other medical/surgical/obstetric* followed by *Allied health*, whereas in Western Australia the order was reversed. There was also considerable variation in activity for other non-admitted patient service types across states and territories. These variations are likely to reflect differences in data recording practices.

In 2010–11, almost 318,000 non-admitted patient care occasions of service were reported to the NPHEd for group sessions (care provided to more than one patient at a time), with *Mental health, Alcohol and drug* and *Community health* accounting for 34% of these sessions (see Table S6.2).

Individual occasions of service

In 2010–11, clinic-level data were provided to the NOCD for over 13.3 million occasions of service for individuals (Table 6.4). Just over half of individual outpatient occasions of service reported to the NOCD were provided by *Allied health, Medical* and *Obstetrics* clinics.

The estimated proportions of individual occasions of service reported to the NOCD for 2010–11 varied significantly by state and territory, ranging from 68% for Western Australia to 100% for the Tasmania (Table S6.1).

Group occasions of service

In 2010–11, there were 166,000 group sessions reported for non-admitted patient outpatient clinic care (Table 6.5). Over 55% of group sessions reported to the NOCD were provided by *Allied health* clinics.

The estimated proportions of group occasions of service reported to the NOCD for 2010–11 varied significantly by state and territory, ranging from 28% for the Australian Capital Territory to 100% for Western Australia, the Northern Territory and Tasmania (Table S6.1).

Table 6.4: Outpatient care individual occasions of service^(a), by outpatient clinic type, selected hospitals, states and territories, 2010–11

| Clinic type | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------------------------|------------------|------------------|------------------|------------------|----------------|----------------|----------------|----------------|-------------------|
| Allied health | 557,835 | 816,997 | 497,647 | 394,344 | 180,539 | 109,610 | 30,036 | 11,745 | 2,598,753 |
| Dental | 190,991 | 285,276 | 0 | 3,906 | 7,961 | 0 | 0 | 0 | 488,134 |
| Gynaecology | 53,011 | 49,462 | 67,101 | 22,070 | 35,186 | 23,811 | 5,278 | 6,605 | 262,524 |
| Obstetrics | 790,458 | 351,487 | 384,899 | 134,228 | 108,260 | 22,827 | 59,521 | 26,415 | 1,878,095 |
| Cardiology | 80,279 | 21,760 | 92,351 | 36,200 | 25,285 | 12,260 | 11,809 | 1,930 | 281,874 |
| Endocrinology | 165,135 | 48,727 | 62,730 | 47,244 | 31,850 | 22,019 | 13,791 | 2,037 | 393,533 |
| Oncology | 325,112 | 118,594 | 83,835 | 60,037 | 15,020 | 34,839 | 14,986 | 3,350 | 655,773 |
| Respiratory | 151,078 | 13,671 | 61,114 | 21,267 | 32,618 | 4,559 | 6,288 | 2,428 | 293,023 |
| Gastroenterology | 36,959 | 19,457 | 35,708 | 14,607 | 19,771 | 3,995 | 6,762 | 1,154 | 138,413 |
| Medical | 1,196,643 | 247,901 | 331,163 | 285,121 | 124,442 | 25,510 | 38,129 | 22,380 | 2,271,289 |
| General practice /primary care | 214,453 | 279 | 22,338 | 275 | 0 | 769 | 18,057 | 0 | 256,171 |
| Paediatric | 104,710 | 9,427 | 53,566 | 10,454 | 30,989 | 13,194 | 7,864 | 7,627 | 237,831 |
| Endoscopy | 19,372 | 0 | 12,737 | 0 | 17,231 | 772 | 2,972 | 1,076 | 54,160 |
| Plastic surgery | 35,407 | 88,335 | 32,097 | 49,964 | 28,123 | 11,479 | 5,553 | 1,499 | 252,457 |
| Urology | 21,467 | 48,672 | 49,514 | 22,809 | 14,869 | 4,170 | 2,444 | 644 | 164,589 |
| Orthopaedic | 263,398 | 209,879 | 282,374 | 93,159 | 71,044 | 28,013 | 17,066 | 14,023 | 978,956 |
| Ophthalmology | 118,896 | 96,277 | 77,313 | 58,359 | 63,715 | 8,135 | 10,010 | 12,563 | 445,268 |
| Ear, nose and throat surgery | 36,619 | 46,157 | 47,425 | 26,515 | 20,028 | 2,488 | 4,042 | 4,430 | 187,704 |
| Pre-admission and pre-anaesthesia | 171,605 | 86,119 | 137,483 | 43,915 | 45,668 | 15,587 | 8,433 | 7,670 | 516,480 |
| Chemotherapy | 80,956 | 0 | 2,338 | 0 | 22,446 | 14,845 | 6,033 | 3,209 | 129,827 |
| Dialysis | 22,904 | 0 | 0 | 994 | 0 | 0 | 0 | 5,206 | 29,104 |
| Surgery | 88,469 | 148,886 | 150,605 | 50,767 | 67,601 | 24,958 | 8,983 | 16,282 | 556,551 |
| Paediatric surgery | 6,193 | 9,843 | 7,309 | 420 | 3,536 | 434 | 1,574 | 0 | 29,309 |
| Renal medicine | 130,317 | 0 | 55,507 | 921 | 19,827 | 3,356 | 6,552 | 0 | 216,480 |
| Total | 4,862,267 | 2,717,206 | 2,547,154 | 1,377,576 | 986,009 | 387,630 | 286,183 | 152,273 | 13,316,298 |

(a) There were variations among jurisdictions in the reporting of occasions of service because of differences in admission practices and in the types of facilities offering these services.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods. Source: National Outpatient Care Database.

Table 6.5: Outpatient care group occasions of service^(a), by outpatient clinic type, selected hospitals, states and territories, 2010–11

| Clinic type | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------|---------------|---------------|---------------|---------------|---------------|----------|------------|----------|----------------|
| Allied health | 13,313 | 9,894 | 7,839 | 53,504 | 7,493 | 0 | 147 | 0 | 92,190 |
| Dental | 30 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 34 |
| Gynaecology | 6 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 7 |
| Obstetrics | 2,839 | 0 | 1,930 | 525 | 1,214 | 0 | 183 | 0 | 6,691 |
| Cardiology | 1,071 | 0 | 1,300 | 817 | 357 | 0 | 1 | 0 | 3,546 |
| Endocrinology | 1,464 | 0 | 318 | 4,021 | 188 | 0 | 54 | 0 | 6,045 |
| Oncology | 543 | 0 | 37 | 375 | 0 | 0 | 0 | 0 | 955 |
| Respiratory | 2,457 | 0 | 49 | 596 | 113 | 0 | 0 | 0 | 3,215 |
| Gastroenterology | 91 | 0 | 0 | 52 | 74 | 0 | 0 | 0 | 217 |
| Medical | 16,034 | 526 | 260 | 8,343 | 5,183 | 0 | 14 | 9 | 30,369 |
| General practice/primary care | 129 | 10 | 1 | 28 | 0 | 0 | 0 | 0 | 168 |
| Paediatric | 562 | 0 | 48 | 41 | 516 | 0 | 0 | 0 | 1,167 |
| Plastic surgery | 5 | 0 | 0 | 9,697 | 685 | 0 | 0 | 0 | 10,387 |
| Urology | 13 | 0 | 2 | 232 | 0 | 0 | 0 | 0 | 247 |
| Orthopaedic | 335 | 0 | 0 | 7,465 | 12 | 0 | 0 | 0 | 7,812 |
| Ophthalmology | 1 | 0 | 0 | 92 | 0 | 0 | 0 | 0 | 93 |
| Ear, nose and throat surgery | 1 | 0 | 0 | 595 | 0 | 0 | 0 | 0 | 596 |
| Pre-admission and pre-anaesthesia | 96 | 0 | 5 | 607 | 0 | 0 | 0 | 0 | 708 |
| Chemotherapy | 165 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 166 |
| Dialysis | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Surgery | 49 | 0 | 140 | 313 | 114 | 0 | 1 | 0 | 617 |
| Renal medicine | 377 | 0 | 29 | 2 | 6 | 0 | 0 | 0 | 414 |
| Total | 39,588 | 10,430 | 11,960 | 87,309 | 15,955 | 0 | 400 | 9 | 165,651 |

(a) There were variations among jurisdictions in the reporting of occasions of service because of differences in admission practices and in the types of facilities offering these services. There were no group sessions reported for *Endoscopy* and *Paediatric Surgery*.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods. Source: National Outpatient Care Database.

Supplementary tables

The following supplementary tables provide more detailed information on non-admitted patient care by state and territory.

Box 6.3: Notes – Chapter 6 supplementary tables

Table S6.2

- (a) Non-admitted patient care sourced from the National Public Hospital Establishments Database.
- (b) *Radiology* figures for the Northern Territory are underestimated and *Pathology* figures relate only to three of the five hospitals.
- (c) *Other medical/surgical/obstetric* relates to the NOCD outpatient services of *Gynaecology; Obstetrics; Cardiology; Endocrinology; Oncology; Respiratory; Gastroenterology; Medical; General practice primary care; Paediatric; Plastic surgery, Urology; Orthopaedic surgery; Ophthalmology; Ear, nose and throat; Chemotherapy; Paediatric surgery and Renal medical*.
- (d) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service for *Pharmacy* which may not be typical for other hospitals.
- (e) Justice Health (formerly known as Corrections Health) in New South Wales reported a large number of occasions of service which may not be typical of *District nursing*.
- (f) Includes any group sessions for *Dialysis and Endoscopy and related procedures*.

Table S6.1: Outpatient occasions of service, by public hospital peer group, states and territories, 2010–11

| Peer group | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------------------------------------|-----------|-----------|-----------|-----------|---------|---------|---------|---------|------------|
| Principal referral and specialist women's and children's hospitals | | | | | | | | | |
| Hospitals reporting to NOCD | | | | | | | | | |
| Individual occasions of service | 30 | 22 | 19 | 6 | 5 | 2 | 2 | 2 | 88 |
| Group occasions of service | 29 | 14 | 13 | 6 | 5 | 0 | 2 | 1 | 70 |
| Occasions of service | | | | | | | | | |
| Individual | 4,201,473 | 2,262,794 | 2,365,559 | 985,142 | 847,653 | 289,779 | 286,183 | 152,273 | 11,390,856 |
| Group | 31,409 | 7,247 | 11,316 | 57,719 | 13,473 | 0 | 400 | 9 | 121,573 |
| Large hospitals | | | | | | | | | |
| Hospitals reporting to NOCD | | | | | | | | | |
| Individual | 14 | 13 | 4 | 6 | 2 | 1 | 0 | .. | 40 |
| Group | 13 | 9 | 3 | 6 | 2 | 0 | 0 | .. | 33 |
| Occasions of service reported | | | | | | | | | |
| Individual | 604,216 | 420,029 | 181,595 | 218,476 | 126,946 | 61,102 | .. | .. | 1,612,364 |
| Group | 6,963 | 2,735 | 644 | 10,785 | 2,302 | 0 | .. | .. | 23,429 |
| Other hospitals | | | | | | | | | |
| Hospitals reporting to NOCD | | | | | | | | | |
| Individual | 2 | 1 | 0 | 8 | 1 | 1 | 0 | 0 | 13 |
| Group | 56,578 | 34,383 | .. | 173,958 | 11,410 | 36,749 | .. | .. | 313,078 |
| Group | 1,216 | 448 | .. | 18,805 | 180 | 0 | .. | .. | 20,649 |
| Total | | | | | | | | | |
| Hospitals reporting to NOCD | | | | | | | | | |
| Individual | 46 | 36 | 23 | 20 | 8 | 4 | 2 | 2 | 141 |
| Group | 44 | 24 | 16 | 19 | 8 | 0 | 2 | 1 | 114 |
| Occasions of service reported | | | | | | | | | |
| Individual | 4,862,267 | 2,717,206 | 2,547,154 | 1,377,576 | 986,009 | 387,630 | 286,183 | 152,273 | 13,316,298 |
| Group | 39,588 | 10,430 | 11,960 | 87,309 | 15,955 | 0 | 400 | 9 | 165,651 |
| Estimated proportion of occasions of service in NOCD ^(a) | | | | | | | | | |
| Individual | 81 | 81 | 78 | 68 | 86 | 100 | 72 | 93 | 80 |
| Group | 65 | 40 | 76 | 100 | 95 | 100 | 28 | 100 | 79 |

(a) The number of outpatient occasions of service reported to the NOCD divided by the number of outpatient-related occasions of service reported to the NPHEd, as a percentage.

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods.

Abbreviation: .. –not applicable; NOCD–National Outpatient Care Database.

Table S6.2 Outpatient occasions of service^(a), public acute hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT ^(b) | Total |
|--------------------------------------------------------------------------|-------------------|------------------|------------------|------------------|------------------|----------------|----------------|-------------------|-------------------|
| Individual occasions of service | | | | | | | | | |
| Outpatient-related care | | | | | | | | | |
| Allied health | 659,262 | 1,136,492 | 597,136 | 1,172,949 | 177,208 | 120,329 | 32,074 | 12,477 | 3,907,927 |
| Dental | 403,713 | 462,359 | .. | 12,123 | 7,962 | 0 | .. | .. | 886,157 |
| Dialysis | 23,235 | .. | .. | .. | 0 | .. | .. | .. | 23,235 |
| Endoscopy and related procedures | 22,930 | .. | 12,789 | .. | 24,713 | .. | 2,972 | .. | 63,404 |
| Other medical/surgical/obstetric ^(c) | 4,913,326 | 1,735,276 | 2,649,653 | 836,492 | 932,309 | 237,993 | 361,520 | 134,711 | 11,801,280 |
| <i>Total outpatient-related occasions of service</i> | <i>6,022,466</i> | <i>3,334,127</i> | <i>3,259,578</i> | <i>2,021,564</i> | <i>1,142,192</i> | <i>358,322</i> | <i>396,566</i> | <i>147,188</i> | <i>16,682,003</i> |
| Mental health | 936,365 | 759,138 | 69,343 | 79,086 | 15,641 | 1,548 | 1,051 | .. | 1,862,172 |
| Alcohol and drug | 1,362,297 | 96,520 | 64,488 | .. | .. | .. | .. | .. | 1,523,305 |
| Pharmacy ^(d) | 3,506,719 | 475,610 | 608,615 | 260,086 | .. | .. | 1,075 | 38,066 | 4,890,171 |
| Community health | 1,284,822 | 322,937 | 131,870 | 826,455 | 2,803 | 28,787 | 22,049 | .. | 2,619,723 |
| District nursing ^(e) | 1,237,829 | 238,754 | 142,509 | 153,158 | 6,340 | .. | .. | .. | 1,778,590 |
| Pathology | 3,228,491 | 836,422 | 4,099,874 | 545,648 | .. | .. | 36,042 | 115,279 | 8,861,756 |
| Radiology and organ imaging | 886,291 | 659,285 | 1,019,153 | 467,095 | 239,967 | .. | 89,056 | 84,529 | 3,445,376 |
| Other outreach | 384,775 | 5,152 | 131,222 | 127,173 | 193,341 | 0 | 20,952 | .. | 862,615 |
| Total individual occasions of service | 18,850,055 | 6,727,945 | 9,526,652 | 4,480,265 | 1,600,284 | 388,657 | 566,791 | 385,062 | 42,525,711 |
| Group sessions | | | | | | | | | |
| Outpatient care | | | | | | | | | |
| Allied health | 15,857 | 23,824 | 10,507 | 14,482 | 7,849 | .. | 493 | .. | 73,012 |
| Dental | 59 | .. | .. | 6 | .. | .. | 0 | .. | 65 |
| Other medical/surgical/obstetric ^(c) | 39,829 | 2,028 | 5,252 | 5 | 8,946 | .. | 912 | 9 | 56,981 |
| <i>Total outpatient-related group occasions of service^(f)</i> | <i>55,752</i> | <i>25,852</i> | <i>15,759</i> | <i>14,493</i> | <i>16,795</i> | <i>..</i> | <i>1,405</i> | <i>9</i> | <i>130,065</i> |
| Mental health | 28,102 | .. | 1 | 3,658 | 473 | .. | 4 | .. | 32,238 |
| Alcohol and drug | 755 | .. | 218 | .. | 0 | .. | 0 | .. | 973 |
| Community health | 38,272 | 7 | 1,172 | 34,447 | 0 | .. | 0 | .. | 73,898 |
| District nursing | 2,733 | .. | 91 | 1,854 | 0 | .. | 0 | .. | 4,678 |
| Other outreach | 9,259 | .. | 142 | 2,412 | 63,831 | .. | 50 | .. | 75,694 |
| Other | 139 | n.a. | 0 | 79 | 0 | .. | .. | n.a. | 225 |
| Total group sessions | 135,012 | 25,859 | 17,383 | 56,943 | 81,099 | 0 | 1,459 | 9 | 317,764 |

Note: See boxes 6.1 and 6.2 for notes on data limitations and methods. See Box 6.3 for footnotes specific to this table.

Abbreviations: ..—not applicable; n.a.—not available.

Source: National Public Hospital Establishments Database.

7 Admitted patient care: overview

This chapter draws on data from the National Hospital Morbidity Database (NHMD) to present an overview of admitted patient care in Australia's hospitals, focusing particularly on information related to total admitted patient activity.

Subsequent chapters present information on the following subsets of admitted patient care:

- same-day acute admitted patient care (Chapter 8)
- overnight acute admitted patient care (Chapter 9)
- surgery for admitted patients (Chapter 10)
- sub-acute and non-acute care (Chapter 11).

Data on admitted patients

The NHMD contains episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The data presented in this chapter include administrative, demographic and clinical data.

Administrative data provides information on:

- how patients were admitted
- how patient care ended
- length of stay in hospital
- the source of funding.

Demographic data provides information on:

- patient age
- patient sex
- Indigenous status
- remoteness area of usual residence
- socioeconomic status of area of usual residence.

Clinical data provides information on:

- the type of care provided
- principal and additional diagnoses
- procedures
- Australian Refined-Diagnosis Related Groups (AR-DRGs).

Terms relevant to admitted patient care data are summarised in Box 7.1.

Box 7.1: Summary of terms and classifications relating to admitted patient care

Statistics on admitted patients are compiled when an **admitted patient** (a patient who undergoes a hospital's formal admission process) completes an episode of admitted patient care and 'separates' from the hospital. This is because most of the data on the use of hospitals by admitted patients are based on information provided at the end of the patients' episodes of care, rather than at the beginning. The length of stay and the procedures carried out are then known and the diagnostic information is more accurate.

Separation is the term used to refer to the episode of admitted patient care, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute care to rehabilitation). 'Separation' also means the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care.

Patient day means the occupancy of a hospital bed (or chair in the case of some same-day patients) by an admitted patient for all or part of a day. The length of stay for an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day.

A **same-day** separation occurs when a patient is admitted and separated from the hospital on the same date. An **overnight** separation occurs when a patient is admitted to and separated from the hospital on different dates.

The **principal diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of admitted patient care. An **additional diagnosis** is a condition or complaint that either coexists with the principal diagnosis or arises during the episode of care. Additional diagnoses are reported if the conditions affect patient management.

A **procedure** is a clinical intervention that is surgical in nature, carries an anaesthetic risk, requires specialised training and/or requires special facilities or services available only in an acute care setting. Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays. Patient support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

Australian Refined Diagnosis Related Groups (AR-DRG) is an Australian classification system of diagnoses related groups (AR-DRGs). AR-DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital resources. The AR-DRG system is partly hierarchical, with 23 Major Diagnostics Categories, divided into *Surgical*, *Medical* and *Other* partitions, and then into 698 individual AR-DRGs (in version 6.0 AR-DRGs).

In 2010–11, diagnoses and external causes of injury were recorded using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010). It comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10. The ICD-10-AM classification is hierarchical, with 20 summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes).

(continued)

Box 7.1 (continued)

Most of the 3-character codes are divided into even larger numbers of very specific disease categories represented by 4- and 5-character codes, grouped according to chapters, covering broad groups of conditions. In this publication, most diagnosis information is presented at the chapter and 3-character level.

Procedures were recorded using the 7th edition of the *Australian Classification of Health Interventions* (ACHI) (NCCH 2010). The ACHI classification is divided into 20 chapters by anatomical site. These subchapters are further divided into more specific procedure blocks, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information. In this publication, procedures are mostly presented based on the ACHI procedure chapters and the ACHI procedure blocks.

Box 7.2: What are the limitations of the data?

When interpreting the data presented, the reader should note the following:

- Coverage for the NHMD is essentially complete. For 2010–11, all public hospitals were included except for a small mothercraft hospital in the Australian Capital Territory. Private hospital data were not provided for private free-standing day hospital facilities in the Australian Capital Territory and the Northern Territory, and for one private free-standing day facility in Tasmania.
- Hospitals may be re-categorised as public or private between or within years (see Appendix 1).
- For Victoria, the decrease in private hospital separations between 2009–10 and 2010–11 was mainly due to the reclassification of some same-day mental health care as non-admitted patient activity (which was previously classified as admitted patient activity).
- From 2009–10, the data for the Albury Base Hospital are included in statistics for Victoria whereas they were formerly reported by, and included in statistics for New South Wales.
- For South Australia, the decrease in public hospital separations between 2006–07 and 2007–08 was due largely to a change in admission practices for chemotherapy and selected endoscopies. In 2006–07, these were treated as same-day admissions, and from 2007–08 onwards, were treated as outpatient occasions of service.
- For 2010–11, some psychiatric care provided by Tasmanian public hospitals was categorised as residential care. In previous years, this care was categorised as admitted patient care.
- There may be variation among states and territories in the use of statistical discharges and the assignment of care types (see Appendix 1).
- The overall quality of the data provided for Indigenous status in 2010–11 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).

(continued)

Box 7.2 (continued)

- In 2010–11, there were 173 separations that did not have sex reported as male or female, and 98 separations for which date of birth was not reported (age could not be calculated).
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients (see Appendix 1). This is particularly important for the Australian Capital Territory. In 2010–11, about 23% of separations for the Australian Capital Territory hospitals were for patients who resided in New South Wales.
- The 7th edition of ICD-10-AM was implemented in Australian hospitals from 1 July 2010. Three major changes to the following Australian Coding Standards (ACS) occurred between the 6th and 7th editions of this classification:
 - Deletion of ACS 1505 *Single spontaneous vaginal delivery*: between 2009–10 and 2010–11, there was a very large increase in the volume of separations reported with principal diagnoses of O80 to O84 and decreases in other obstetric related principal diagnoses.
 - ACS 0042 *Procedures not normally coded*: the addition of all procedure codes in ACHI Chapter 20 *Imaging services* (except trans oesophageal echocardiogram) to ACS 0042 resulted in an 88% decrease in the numbers of *Imaging services* procedures reported between 2009–10 and 2010–11, including some services that were previously reported in the '20 most common' procedures for both same-day and overnight acute separations.
 - ACS 0401 *Diabetes mellitus and Impaired glucose regulation*: due to changes between ICD-10-AM 5th, 6th and 7th editions, the number of diagnoses reported for diabetes and impaired glucose regulation (E09–E14) decreased from almost 903,000 in 2007–08 to about 330,000 in 2010–11.

See Appendix 2 for more information.

Box 7.3: What methods were used?

- Unless otherwise indicated in footnotes, separations with a care type of *Newborn* (without qualified days) and records for *Hospital boarders* and *Posthumous organ procurement* have been excluded.
- The patient's age is calculated at the date of admission.
- In tables by age group and sex, separations for which age and sex were not reported are included in totals.
- Separation rates are age standardised as detailed in Appendix 2.
- In some tables, separation rates are accompanied by the standardised separation rate ratio (SRR). If the SRR is greater than 1, then the rate for the category was higher than the national average (or, in the case of Indigenous status, than other Australians) (see Appendix 2).

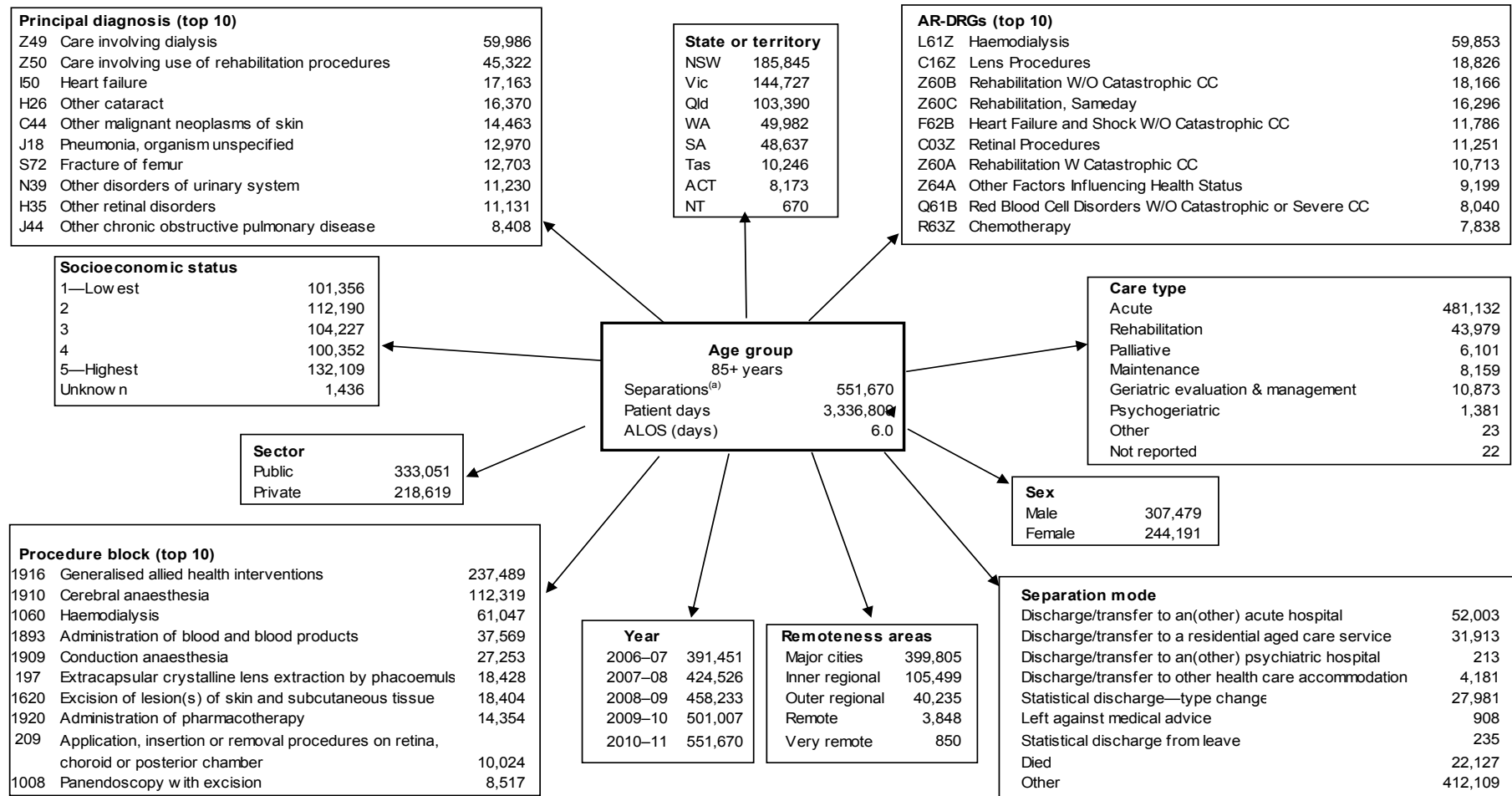
(continued)

Box 7.3 (continued)

- The data presented on area of usual residence were provided as state or territory and statistical local area (SLA) and/or postcode, and have been aggregated to remoteness areas under the Australian Standard Geographical Classification (ABS 2006) (see Appendix 2).
- Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (IRSD) (ABS 2008)) for the area of usual residence (SLA) of the patient. The SLAs are ranked from lowest to highest according to the IRSD. The SLAs are then grouped together so that each of the resulting SES groups contains about 20% of the total Australian population (see Appendix 2).

Figure 7.1 demonstrates some of the data included in the NHMD using the example of separations for admitted patients aged 85 and over. In 2010–11:

- there were about 552,000 separations for people aged 85 and over
- the number of separations for people aged 85 and over increased by 41% over the period 2006–07 to 2010–11, an average annual increase of 8.6%
- most of these separations were for acute care (87%) or rehabilitation care (8%)
- 56% of these separations were for men
- 60% of these separations were in public hospitals
- the majority of separations (75%) had a separation mode of *Other*, suggesting that these patients went home at the end of their care, about 9% were discharged or transferred to another hospital, and 6% were discharged or transferred to a residential aged care service
- about 5% had a separation mode of *Statistical discharge – type change*, indicating that they went on to receive another type of care, for example, rehabilitation, within the same hospital
- among the most common principal diagnoses were heart failure, cataracts and hip fractures (fracture of the femur)
- the most common AR-DRG was *Haemodialysis*
- the most common procedure was *Generalised allied health intervention*, which includes interventions such as physiotherapy, occupational therapy, social work and dietetics.



Abbreviations: ALOS—average length of stay; AR-DRG—Australian Refined Diagnosis Related Group; Cat—catastrophic; CC—complication or comorbidity; O.R.—operating room; Sev—severe; URI—upper respiratory infection; W—with; W/O—without.

Figure 7.1: Data reported for separations for persons aged 85 and over, all hospitals, 2010–11

How has activity changed over time?

From 2009–10 to 2010–11, separations rose 3.8% to 8.9 million (Table 7.1). The increase in separations was higher in public hospitals (4.5%) than in private hospitals (3.2%). After adjusting for changes in the reporting of some Victorian private hospital separations for 2010–11, the increase in separations between 2009–10 and 2010–11 was estimated at about 4.0% per year, 4.1% for public hospitals and 3.9% for private hospitals.

Between 2006–07 and 2010–11, the number of separations rose by an average of 3.9% per year (Table 7.1). Over that period, the average annual rise in separations was higher in private hospitals than in public hospitals. After adjusting for the changes in reporting for some Victorian private hospital patient days for previous years, it is estimated that the national average increase between 2006–07 and 2010–11 was about 3.9% per year, 3.2% for public hospitals and 5.2% for private hospitals.

For both public and private hospitals, the rate and direction of change in the number of separations varied between funding sources.

Table 7.1: Separations, by principal source of funds, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public ^(a) | 4,030,707 | 4,081,111 | 4,188,501 | 4,316,004 | 4,491,588 | 2.7 | 4.1 |
| Private health insurance | 382,085 | 415,919 | 451,591 | 501,416 | 526,546 | 8.3 | 5.0 |
| Self-funded | 53,385 | 54,765 | 58,226 | 58,675 | 65,466 | 5.2 | 11.6 |
| Workers compensation | 22,550 | 23,296 | 22,478 | 21,563 | 22,354 | -0.2 | 3.7 |
| Motor vehicle third party personal claim | 21,664 | 21,880 | 23,102 | 24,980 | 27,666 | 6.3 | 10.8 |
| Department of Veterans' Affairs | 130,908 | 124,664 | 122,656 | 118,301 | 117,284 | -2.7 | -0.9 |
| Other ^(b) | 19,981 | 22,426 | 24,469 | 28,349 | 28,228 | 9.0 | -0.4 |
| Total | 4,661,280 | 4,744,061 | 4,891,023 | 5,069,288 | 5,279,132 | 3.2 | 4.1 |
| Private hospitals | | | | | | | |
| Public ^(a) | 49,095 | 76,227 | 100,619 | 102,014 | 104,951 | 20.9 | 2.9 |
| Private health insurance | 2,348,872 | 2,497,892 | 2,579,128 | 2,767,947 | 2,869,064 | 5.1 | 3.7 |
| Self-funded | 260,940 | 267,179 | 278,086 | 285,850 | 291,402 | 2.8 | 1.9 |
| Workers compensation | 50,735 | 50,163 | 54,788 | 57,555 | 61,035 | 4.7 | 6.0 |
| Motor vehicle third party personal claim | 4,610 | 4,840 | 4,719 | 6,376 | 7,134 | 11.5 | 11.9 |
| Department of Veterans' Affairs | 207,511 | 199,629 | 198,277 | 199,732 | 197,041 | -1.3 | -1.3 |
| Other ^(b) | 19,874 | 33,955 | 41,808 | 42,241 | 42,791 | 21.1 | 1.3 |
| Total | 2,941,637 | 3,129,885 | 3,257,425 | 3,461,715 | 3,573,418 | 5.0 | 3.2 |
| All hospitals | 7,602,917 | 7,873,946 | 8,148,448 | 8,531,003 | 8,852,550 | 3.9 | 3.8 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Scheme.

(b) *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.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

States and territories

Between 2006–07 and 2010–11, the number of public hospital separations increased at a greater rate than the national average in Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory (Table 7.2).

Table 7.2: Separations for public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|----------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(a) | | | | | | | |
| Public hospitals | 1,462,129 | 1,466,737 | 1,505,969 | 1,542,968 | 1,582,804 | 2.0 | 2.6 |
| Private hospitals | 808,376 | 857,920 | 907,214 | 960,706 | 1,011,887 | 5.8 | 5.3 |
| All hospitals | 2,270,505 | 2,324,657 | 2,413,183 | 2,503,674 | 2,594,691 | 3.4 | 3.6 |
| Victoria^(a) | | | | | | | |
| Public hospitals | 1,314,242 | 1,351,171 | 1,379,624 | 1,424,663 | 1,496,041 | 3.3 | 5.0 |
| Private hospitals | 761,417 | 802,291 | 811,020 | 885,776 | 875,470 | 3.6 | -1.2 |
| All hospitals | 2,075,659 | 2,153,462 | 2,190,644 | 2,310,439 | 2,371,511 | 3.4 | 2.6 |
| Queensland | | | | | | | |
| Public hospitals | 784,630 | 831,965 | 883,340 | 922,970 | 964,349 | 5.3 | 4.5 |
| Private hospitals | 742,014 | 780,299 | 813,941 | 844,953 | 859,202 | 3.7 | 1.7 |
| All hospitals | 1,526,644 | 1,612,264 | 1,697,281 | 1,767,923 | 1,823,551 | 4.5 | 3.1 |
| Western Australia^(a) | | | | | | | |
| Public hospitals | 450,896 | 458,202 | 467,433 | 505,909 | 548,272 | 5.0 | 8.4 |
| Private hospitals | 289,163 | 325,418 | 362,162 | 381,300 | 417,761 | 9.6 | 9.6 |
| All hospitals | 740,059 | 783,620 | 829,595 | 887,209 | 966,033 | 6.9 | 8.9 |
| South Australia^(a) | | | | | | | |
| Public hospitals | 390,647 | 368,330 | 374,540 | 383,055 | 390,154 | 0.0 | 1.9 |
| Private hospitals | 229,324 | 243,597 | 255,500 | 270,015 | 283,281 | 5.4 | 4.9 |
| All hospitals | 619,971 | 611,927 | 630,040 | 653,070 | 673,435 | 2.1 | 3.1 |
| Tasmania^(a) | | | | | | | |
| Public hospitals | 97,156 | 96,270 | 94,892 | 101,673 | 99,333 | 0.6 | -2.3 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 75,767 | 81,127 | 89,869 | 88,356 | 93,745 | 5.5 | 6.1 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Northern Territory | | | | | | | |
| Public hospitals | 85,813 | 90,258 | 95,356 | 99,694 | 104,434 | 5.0 | 4.8 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | | | | | | | |
| Public hospitals | 4,661,280 | 4,744,060 | 4,891,023 | 5,069,288 | 5,279,132 | 3.2 | 4.1 |
| Private hospitals | 2,941,637 | 3,129,885 | 3,257,425 | 3,461,715 | 3,573,418 | 5.0 | 3.2 |
| All hospitals | 7,602,917 | 7,873,945 | 8,148,448 | 8,531,003 | 8,852,550 | 3.9 | 3.8 |

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Box 7.2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.1 at the end of this chapter.

Abbreviations: n.p.—not published.

Large single year increases in the number of hospital separations between 2009–10 and 2010–11 were recorded for Western Australia (both public and private hospitals) and for public hospitals in Victoria and the Australian Capital Territory (Table 7.2). For Victoria, the decrease in private hospital separations was mainly due to the reclassification of some same-day mental health care as non-admitted patient activity (which was previously classified as admitted patient activity).

After adjusting for the changes in reporting for some Victorian private hospital separations for 2010–11, it is estimated that private hospital separations in Victoria increased by about 4.2% between 2006–07 and 2010–11 and about 3.7% between 2009–10 and 2010–11.

Between 2006–07 and 2010–11, consistent with the increase in separations, the numbers of public hospital patient days also increased at an above average rate in Victoria, Queensland, Western Australia, the Australian Capital Territory and the Northern Territory (Table 7.3).

Over the same period, above average increases in the number of private hospital separations were recorded in New South Wales, Western Australia and South Australia, and these were accompanied by similar increases in the numbers of private hospital patient days.

After adjusting for the exclusion of the Victorian private hospital patient days for 2010–11, it is estimated that the national average increase between 2006–07 and 2010–11 was about 1.9% per year, 1.5% for public hospitals and 3.0% for private hospitals. Using the same adjustment, the increase in patient days between 2009–10 and 2010–11 was about 2.1% per year, 2.1% for public hospitals and 2.0% for private hospitals.

Between 2009–10 and 2010–11, above average increases in the number of public hospital patient days were recorded for the Northern Territory, the Australian Capital Territory and Western Australia. Western Australia and New South Wales private hospitals recorded above average single year increases in this year (Table 7.3).

Table 7.3: Patient days for public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|----------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(a) | | | | | | | |
| Public hospitals | 6,015,425 | 6,226,798 | 6,114,244 | 6,061,168 | 6,192,497 | 0.7 | 2.2 |
| Private hospitals | 1,970,718 | 2,062,431 | 2,121,237 | 2,225,185 | 2,330,294 | 4.3 | 4.7 |
| All hospitals | 7,986,143 | 8,289,229 | 8,235,481 | 8,286,353 | 8,522,791 | 1.6 | 2.9 |
| Victoria^(a) | | | | | | | |
| Public hospitals | 4,419,117 | 4,447,962 | 4,499,508 | 4,606,599 | 4,722,672 | 1.7 | 2.5 |
| Private hospitals | 1,994,122 | 2,091,331 | 2,060,800 | 2,235,086 | 2,166,659 | 2.1 | –3.1 |
| All hospitals | 6,413,239 | 6,539,293 | 6,560,308 | 6,841,685 | 6,889,331 | 1.8 | 0.7 |
| Queensland | | | | | | | |
| Public hospitals | 2,872,078 | 2,992,821 | 3,072,713 | 3,128,097 | 3,206,398 | 2.8 | 2.5 |
| Private hospitals | 1,900,834 | 1,950,420 | 2,005,809 | 2,062,543 | 2,093,296 | 2.4 | 1.5 |
| All hospitals | 4,772,912 | 4,943,241 | 5,078,522 | 5,190,640 | 5,299,694 | 2.7 | 2.1 |
| Western Australia^(a) | | | | | | | |
| Public hospitals | 1,610,062 | 1,630,285 | 1,647,019 | 1,722,439 | 1,779,052 | 2.5 | 3.3 |
| Private hospitals | 743,581 | 782,787 | 819,851 | 829,497 | 886,003 | 4.5 | 6.8 |
| All hospitals | 2,353,643 | 2,413,072 | 2,466,870 | 2,551,936 | 2,665,055 | 3.2 | 4.4 |
| South Australia^(a) | | | | | | | |
| Public hospitals | 1,598,163 | 1,615,367 | 1,598,610 | 1,591,333 | 1,614,514 | 0.3 | 1.5 |
| Private hospitals | 589,917 | 613,980 | 609,747 | 617,179 | 625,664 | 1.5 | 1.4 |
| All hospitals | 2,188,080 | 2,229,347 | 2,208,357 | 2,208,512 | 2,240,178 | 0.6 | 1.4 |
| Tasmania^(a) | | | | | | | |
| Public hospitals | 406,365 | 384,723 | 394,285 | 423,915 | 372,761 | –2.1 | –12.1 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 260,346 | 277,429 | 292,947 | 296,483 | 311,607 | 4.6 | 5.1 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Northern Territory | | | | | | | |
| Public hospitals | 257,532 | 260,559 | 269,856 | 272,712 | 287,518 | 2.8 | 5.4 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | | | | | | | |
| Public hospitals | 17,439,088 | 17,835,944 | 17,889,182 | 18,102,746 | 18,487,019 | 1.5 | 2.1 |
| Private hospitals | 7,485,477 | 7,806,573 | 7,892,929 | 8,262,177 | 8,407,813 | 2.9 | 1.8 |
| All hospitals | 24,924,565 | 25,642,517 | 25,782,111 | 26,364,923 | 26,894,832 | 1.9 | 2.0 |

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Box 7.2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.1 at the end of this chapter.

Abbreviations: n.p.—not published.

Who used these services?

Sex and age group

Sex and age group profile for 2010–11

In 2010–11, overall there were about 4.6 million separations for females compared with about 4.2 million separations for males. People aged 65 and over accounted for 38% of separations (Figure 7.2).

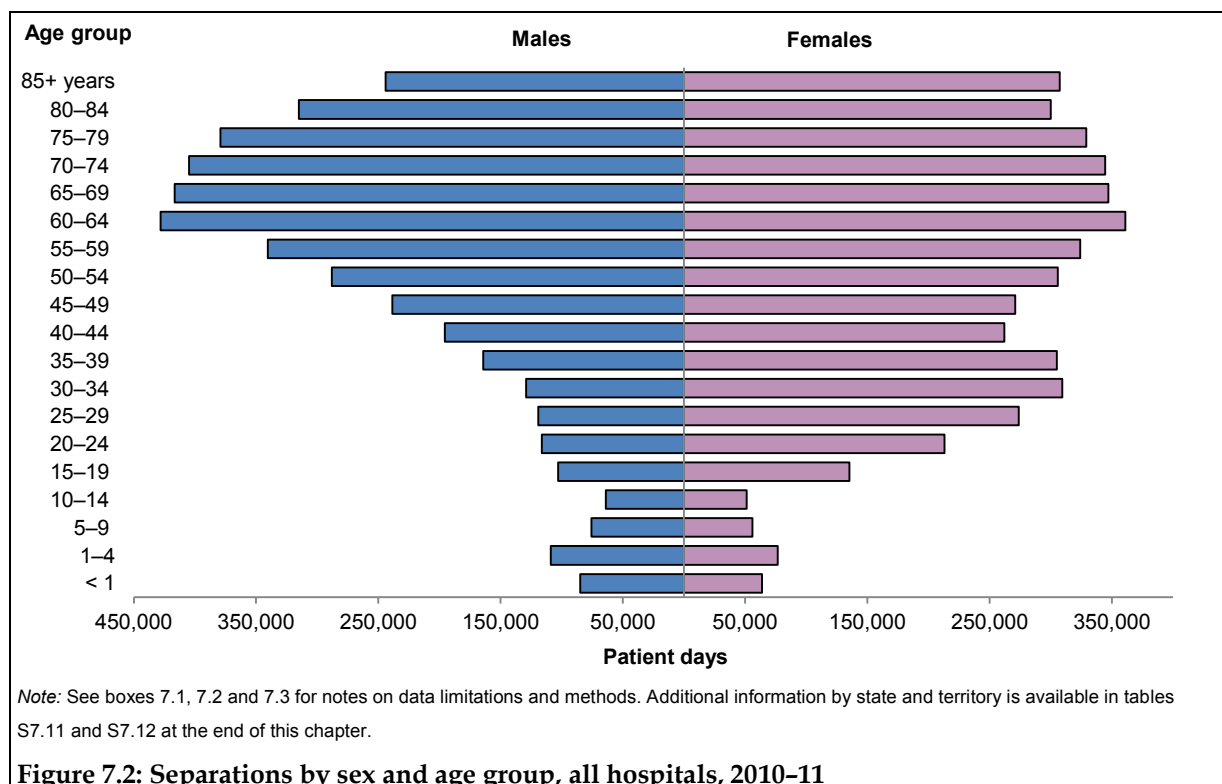
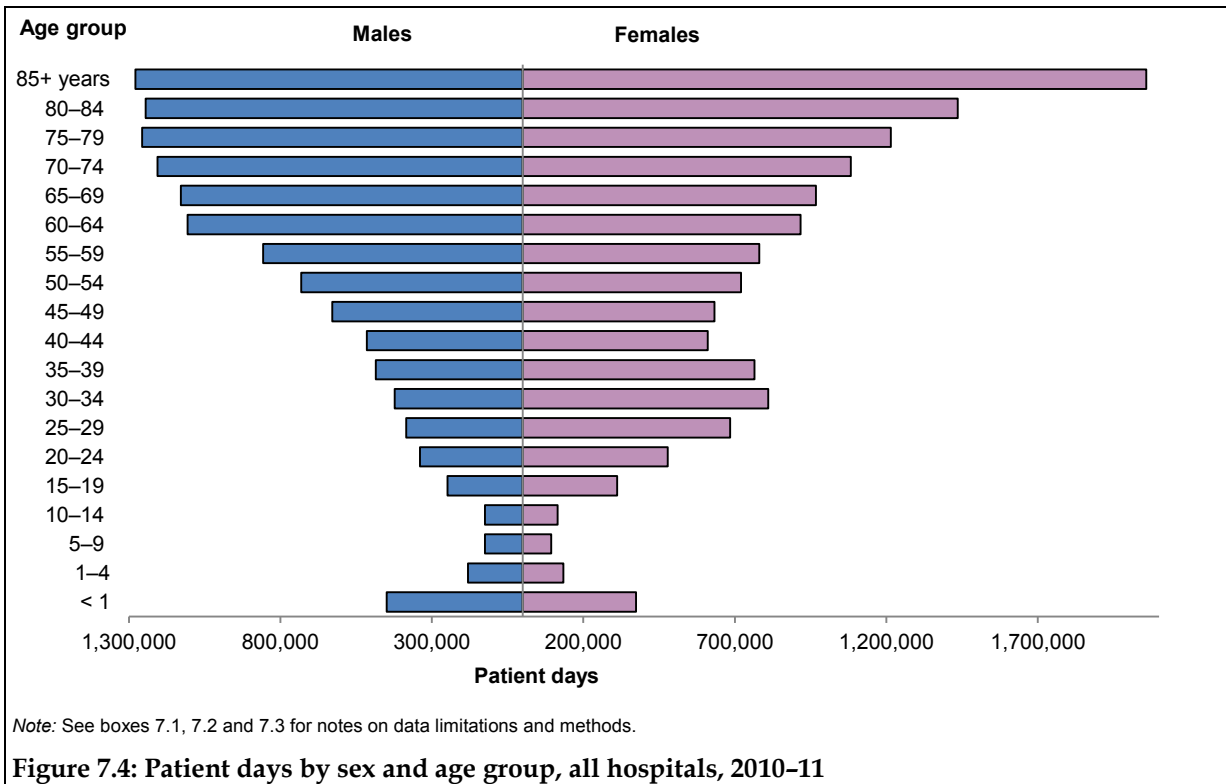
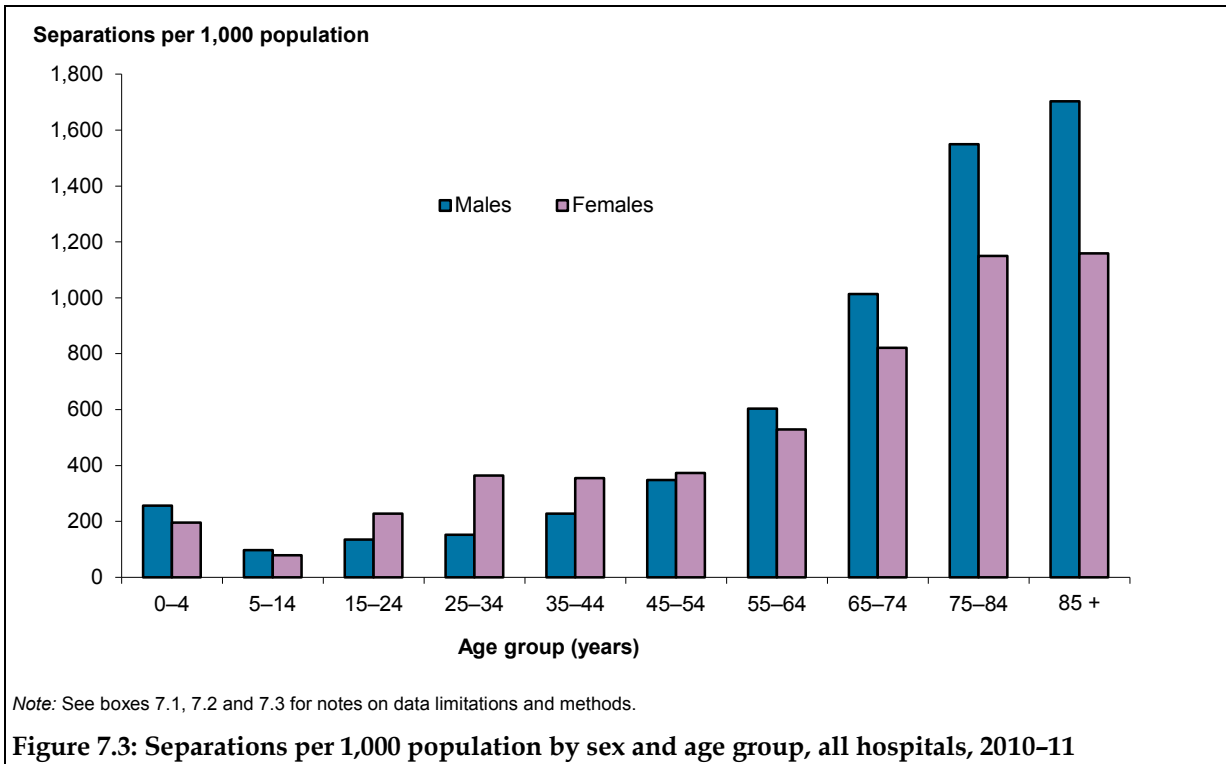


Figure 7.2: Separations by sex and age group, all hospitals, 2010–11

In 2010–11, there were more separations per 1,000 population for females than for males aged 15 to 54 (Figure 7.3). Separation rates increased with age for both males and females aged 55 and above.

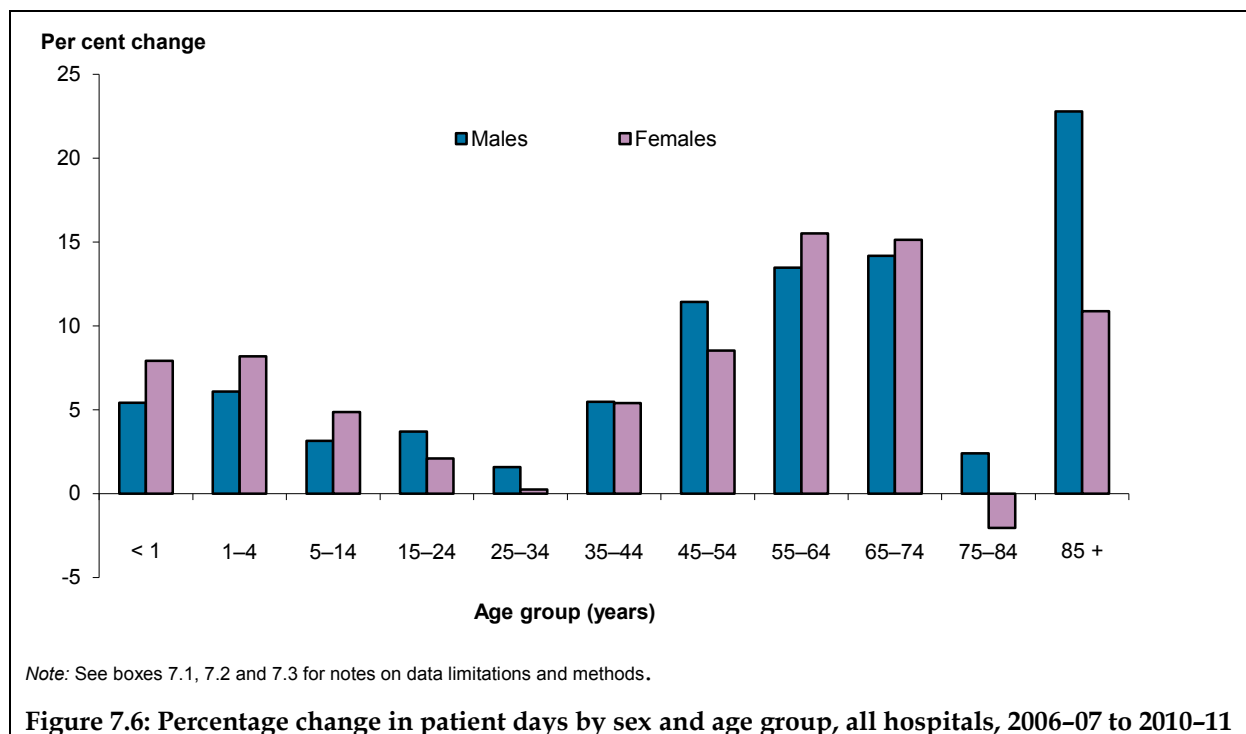
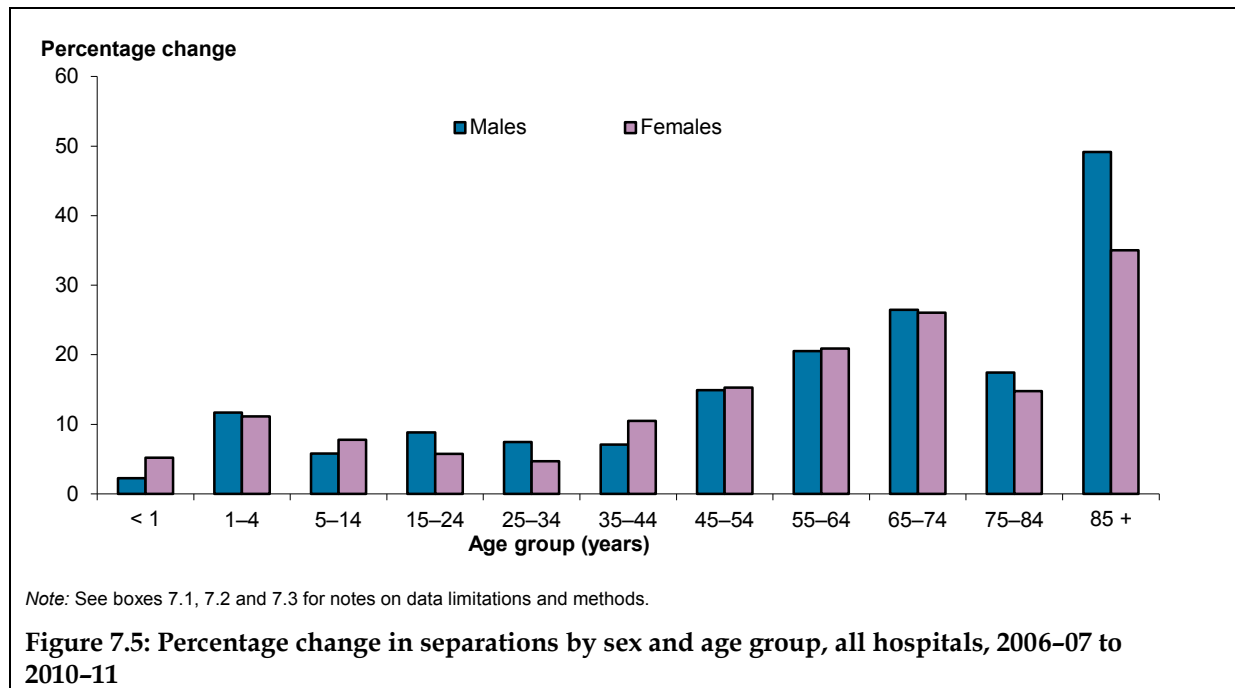
Females accounted for more patient days than males (Figure 7.4). People aged 65 and over accounted for over 48% of patient days in 2010–11.



Changes in activity by patients' sex and age group, over time

Between 2006–07 and 2010–11, the increase in separations was more marked for males than females, particularly for men aged 75 and over (Figure 7.5). For persons aged 85 and over, there was an overall increase of 41% in separations between 2006–07 and 2010–11, an average increase of 9% each year.

Between 2006–07 and 2010–11, patient days in all hospitals increased by 9.3% for males, and by 6.7% for females (Figure 7.6). The relative size and direction of change in patient days varied by sex and age group.



Aboriginal and Torres Strait Islander people

Box 7.4: Quality of Indigenous status data

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2010f) found that the level of Indigenous identification was acceptable for analysis purposes (greater than 80%) for New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory (public hospitals only).

Nationally, about 89% of Indigenous Australians were identified correctly in hospital admissions data, and the 'true' number of separations for Indigenous Australians was about 12% higher than reported.

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality. It should also be noted that data presented for the six jurisdictions noted above are not necessarily representative of the jurisdictions excluded. See Appendix 1 for more information on the quality of Indigenous status data in the NHMD.

In 2010–11, there were about 334,000 separations for Aboriginal and Torres Strait Islander people. About 98% of these separations were reported for the six jurisdictions with data of sufficient quality for analysis purposes (see above and Appendix 1). Other Australians includes separations for which the Indigenous status was not reported.

For the six jurisdictions:

- almost 92% of separations for Indigenous Australians were reported as *Aboriginal but not Torres Strait Islander origin*, 5% were reported as *Torres Strait Islander but not Aboriginal origin* and 4% were reported as *Aboriginal and Torres Strait Islander origin*
- 92% of separations for Indigenous Australians in 2010–11 were from the public sector (302,000), whereas 58% of separations for other Australians were from the public sector.

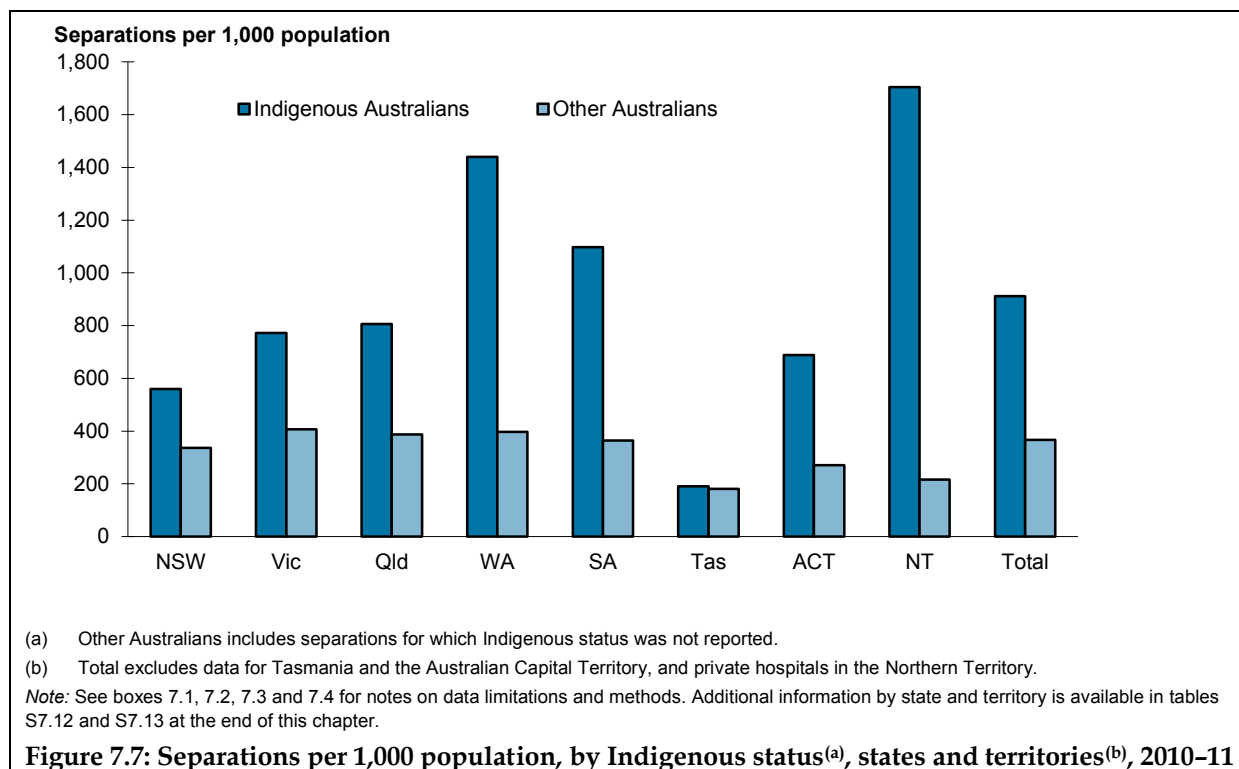
In 2010–11, there were 911 separations per 1,000 population for Indigenous Australians (Figure 7.7), 2.5 times the separation rate for other Australians. About 80% of the difference between these rates was due to higher separation rates for Indigenous Australians admitted for maintenance kidney dialysis (see Chapter 8).

The Northern Territory had the highest separation rate for Indigenous Australians (1,704 separations per 1,000), nearly 8 times the rate for other Australians in the Northern Territory.

Under-identification of Indigenous persons

Using the national estimated Indigenous under-identification level of 89% (see above) (and assuming that the age distributions for unidentified and identified Indigenous Australians is similar), the 'true' number of separations for Indigenous Australians for 2010–11 could be estimated at about 374,000 separations. As other Australians may include unidentified Aboriginal and Torres Strait Islander people, the 'true' number of other Australians would be reduced and could be estimated at about 8,478,000 separations.

Using the same method, the 'true' separation rates for Indigenous Australians and other Australians for 2010–11 could be estimated as about 1,023 per 1,000 population and 364 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, Indigenous Australians were hospitalised at about 2.8 times the rate for other Australians.



Sex and age group

Table 7.4 presents separations for the six jurisdictions by Indigenous status, sex and age group. In 2010–11:

- 56% of separations for Indigenous Australians were for females, compared to 52% for other Australians
- 12% of separations for Indigenous Australians were for people aged 65 and over, compared with 39% of separations for other Australians.

In 2010–11, separation rates for Indigenous males and females were higher than those for other males and females across all age groups (Figure 7.8). Separation rates for Indigenous Australians in older age groups are subject to variability because of the relatively small populations in these age groups.

Table 7.4: Separations by Indigenous status, sex and age group, selected states and territories^(a), 2010–11

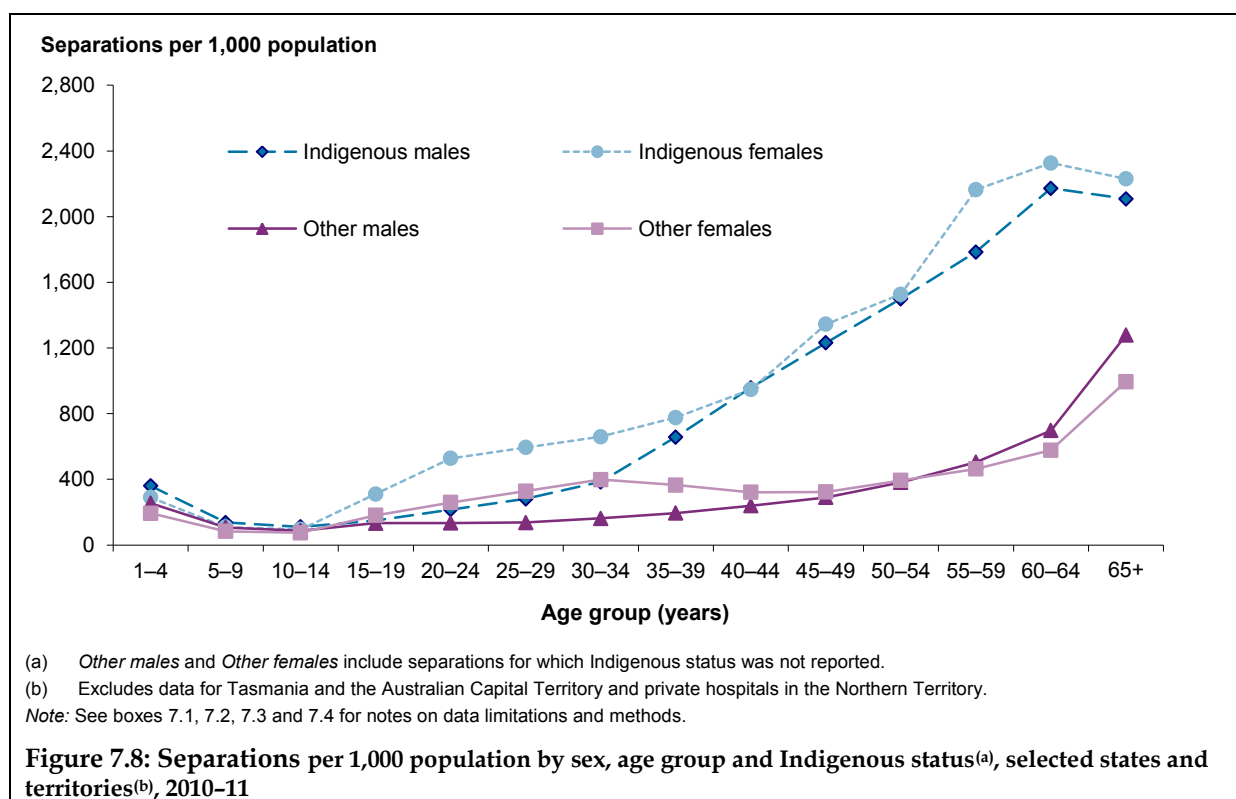
| Age group | Indigenous Australians | | | Other Australians ^(b) | | |
|----------------------------|------------------------|----------------|----------------|----------------------------------|------------------|------------------|
| | Males | Females | Persons | Males | Females | Persons |
| 0–4 | 12,181 | 9,391 | 21,572 | 175,043 | 126,429 | 301,480 |
| 5–9 | 4,319 | 3,282 | 7,601 | 68,842 | 50,839 | 119,681 |
| 10–14 | 3,505 | 2,885 | 6,390 | 57,918 | 46,578 | 104,497 |
| 15–19 | 4,720 | 9,233 | 13,954 | 94,270 | 121,205 | 215,476 |
| 20–24 | 5,452 | 12,742 | 18,194 | 106,439 | 192,498 | 298,941 |
| 25–29 | 5,836 | 11,998 | 17,834 | 109,040 | 251,705 | 360,747 |
| 30–34 | 6,502 | 11,518 | 18,020 | 117,378 | 286,683 | 404,063 |
| 35–39 | 11,014 | 13,912 | 24,926 | 147,237 | 279,551 | 426,790 |
| 40–44 | 14,372 | 15,630 | 30,002 | 174,401 | 236,077 | 410,482 |
| 45–49 | 15,999 | 19,223 | 35,222 | 213,757 | 241,793 | 455,556 |
| 50–54 | 16,008 | 17,640 | 33,648 | 261,735 | 275,774 | 537,510 |
| 55–59 | 14,235 | 19,266 | 33,501 | 313,324 | 293,080 | 606,407 |
| 60–64 | 12,240 | 15,056 | 27,296 | 399,821 | 332,730 | 732,557 |
| 65+ | 16,367 | 22,905 | 39,272 | 1,681,840 | 1,550,090 | 3,231,938 |
| Total^(c) | 142,751 | 184,683 | 327,435 | 3,921,052 | 4,285,043 | 8,206,220 |

(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.

(c) Total includes separations for which the age was not reported.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.13 and S7.14 at the end of this chapter.



State or territory of residence

The admitted patient care data includes information on the patient's area of usual residence, including the state or territory of usual residence and the statistical local area.

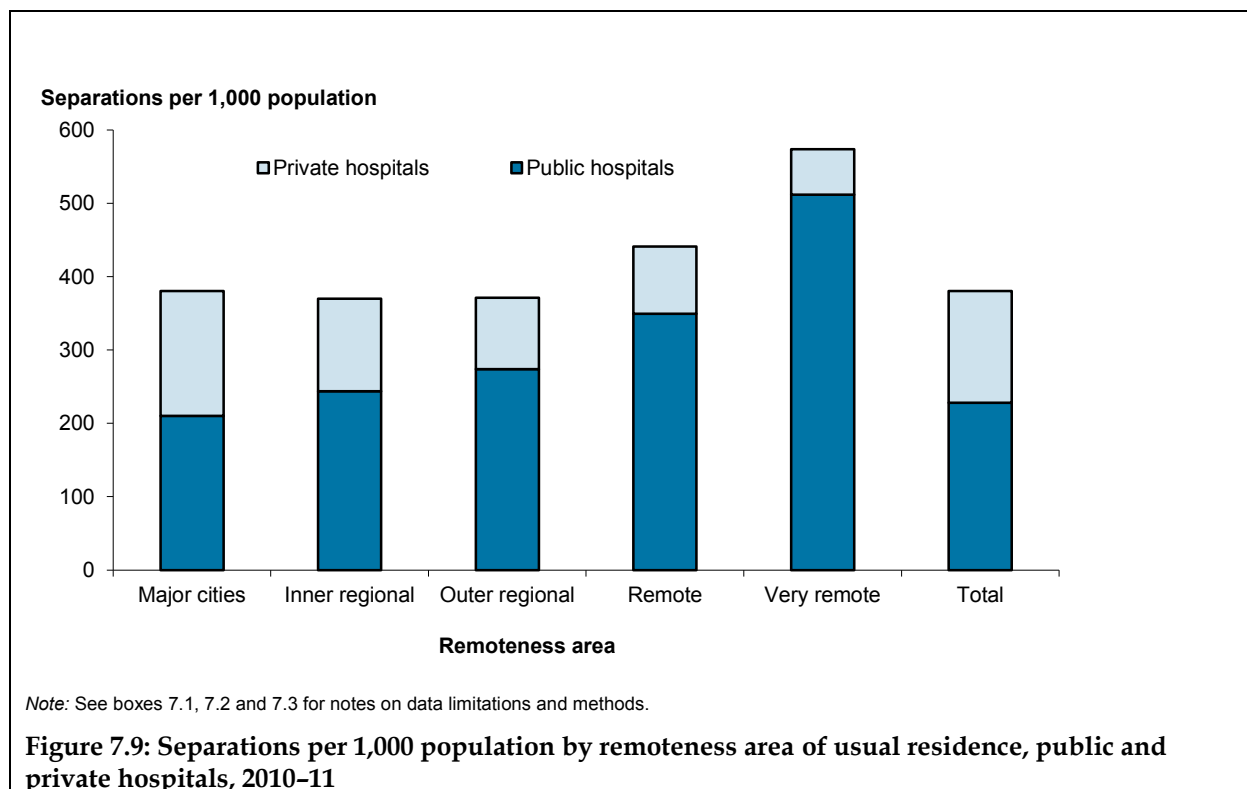
Table S7.4 (at the end of this chapter) presents separations and age-standardised separation rates (per 1,000 population) by both the state or territory of hospitalisation and the state or territory of usual residence of the patient. For 2010–11, about 97% of separations (8.6 million) were for people who were hospitalised in their state or territory of residence. However, in the Australian Capital Territory, only 77% of hospital separations were for Australian Capital Territory residents, with most of the remainder being residents of New South Wales.

Remoteness area of residence

The statistical local area of usual residence can be used to derive the patient's remoteness area of usual residence. Remoteness area categories divide Australia into areas depending on distances from population centres.

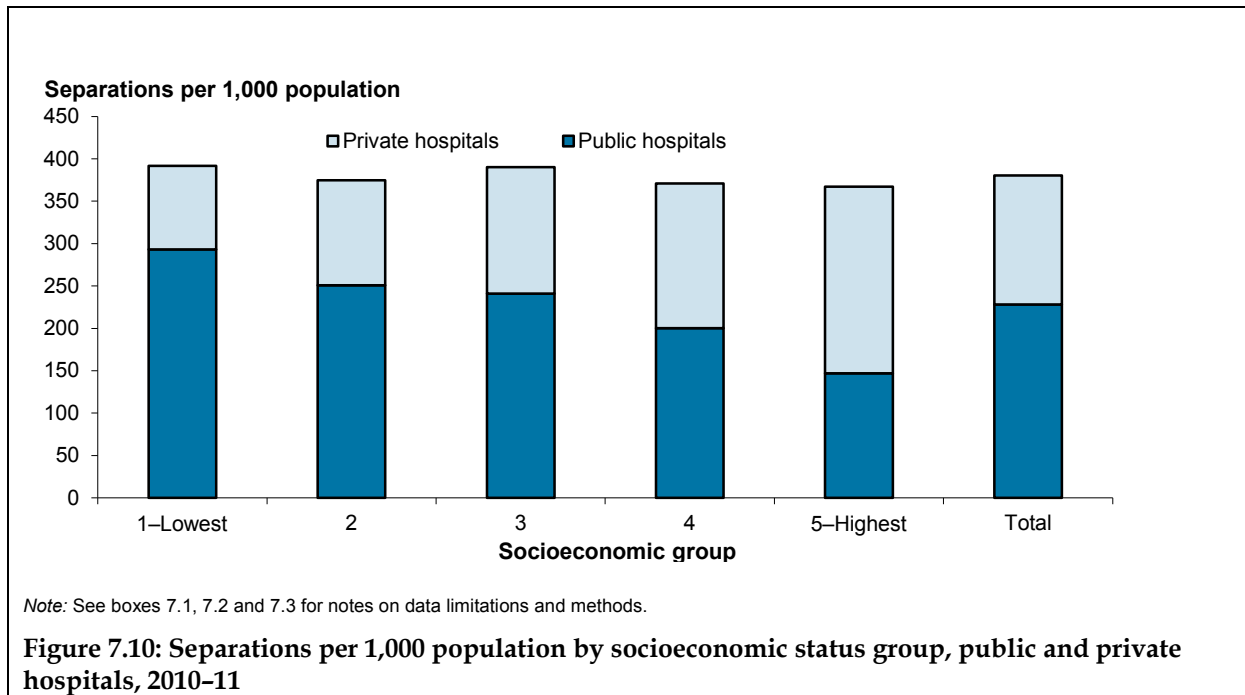
The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for persons residing in *Remote* and *Very remote* areas (440 and 574 per 1,000 population respectively) (Figure 7.9).

The separation rates for public and private sectors varied across remoteness areas. *Very remote* areas, which had the highest separation rate overall, had the highest rate for public hospital separations and the lowest rate for private hospital separations. *Major cities* had the lowest separation rate for public hospitals and the highest rate for private hospitals.

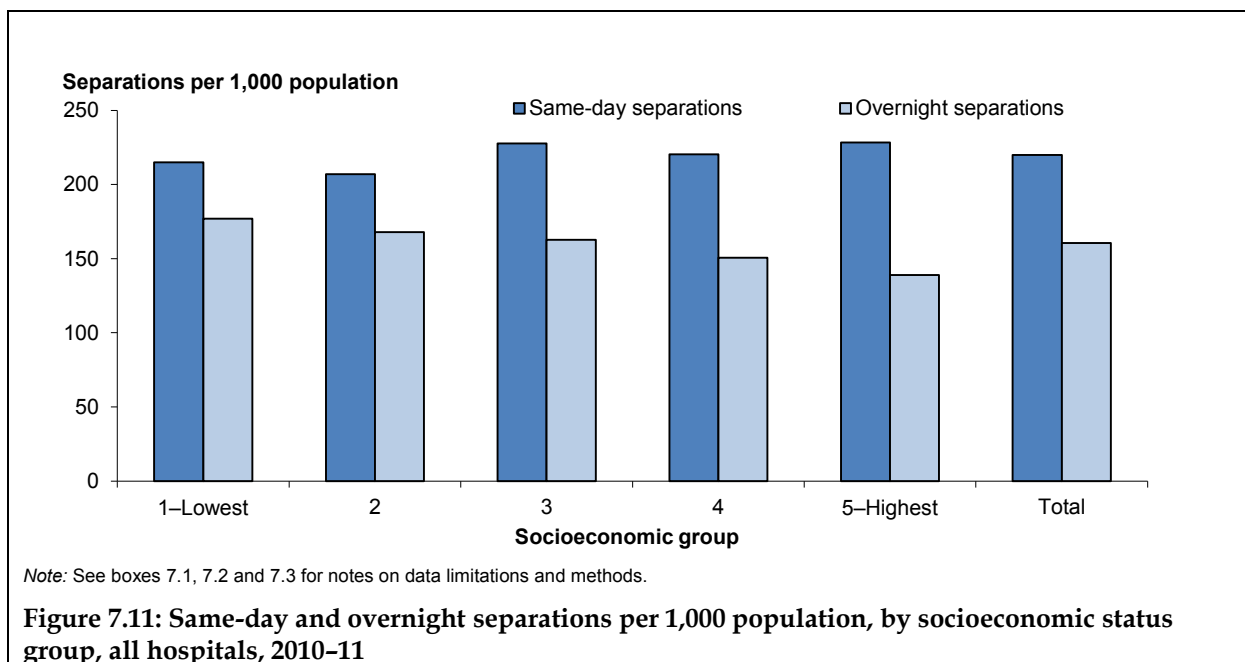


Socioeconomic status

In 2010–11, separation rates varied across socioeconomic status (SES) groups and between public and private hospitals (Figure 7.10). Separation rates for patients living in areas classified as the lowest SES group were slightly above the overall rate. However, for this SES group, rates were relatively high for public hospitals and low for private hospitals.



The separation rates for same-day separations versus overnight separations varied across SES groups (Figure 7.11). The highest rate of same-day separations occurred for patients living in areas classified as being in the three highest SES groups. The highest rate of overnight separations occurred for patients living in areas classified as being in the lowest SES group.



How did people access these services?

The **mode of admission** records the mechanism by which an admitted patient begins an episode of care. Patients may have the following modes of admission:

- *Admitted patient transferred from another hospital*
- *Statistical admission: care type change* – where a new admitted patient episode is created as a result of a change in the clinical intent of care (for example, a patient’s care may move from a focus on acute care to a focus on Rehabilitation or Palliative care), within the same hospital
- *Other* – the term used to refer to all other planned and unplanned admissions.

In 2010–11, most separations in both public and private hospitals had a mode of admission of *Other* (95%). Public hospitals had a higher proportion of transfers than private hospitals (4.6% and 2.8%, respectively). Public hospitals also reported higher proportions of *Statistical admissions* than private hospitals (1.6% and 0.4%, respectively) (Table 7.5).

Table 7.5: Separations by mode of admission, public and private hospitals, 2010–11

| Mode of admission | Public hospitals | Private hospitals | Total |
|----------------------------------------------------|------------------|-------------------|------------------|
| Admitted patient transferred from another hospital | 245,163 | 99,481 | 344,644 |
| Statistical admission: type change | 84,761 | 15,906 | 100,667 |
| Other | 4,929,714 | 3,439,853 | 8,369,567 |
| Not reported | 19,494 | 18,178 | 37,672 |
| Total | 5,279,132 | 3,573,418 | 8,852,550 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.7 at the end of this chapter.

Why did people receive the care?

The reason that a patient receives admitted patient care is 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.

Where a patient has a diagnosis related to injury and poisoning, additional information is available on the cause of the injury (for example, a traffic accident or fall). In some cases, the principal diagnosis is described in terms of a treatment for an ongoing condition (for example, care involving dialysis).

Principal diagnosis

In 2010–11, over one-quarter of separations in public and private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter, which includes care involving dialysis and chemotherapy (Table 7.6).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, over 80% of separations for *Injury, poisoning and certain other consequences of external causes* were from public hospitals and over 70% of separations for *Diseases of the eye and adnexa* were from private hospitals.

Table 7.6: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2010–11

| Principal diagnosis chapter | | Public hospitals | Private hospitals | Total |
|-----------------------------|-----------------------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 113,814 | 21,856 | 135,670 |
| C00–D48 | Neoplasms | 272,563 | 309,700 | 582,263 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 84,286 | 40,036 | 124,322 |
| E00–E90 | Endocrine, nutritional and metabolic diseases ^(a) | 81,053 | 40,798 | 121,851 |
| F00–F99 | Mental and behavioural disorders | 184,067 | 144,982 | 329,049 |
| G00–G99 | Diseases of the nervous system | 128,508 | 93,835 | 222,343 |
| H00–H59 | Diseases of the eye and adnexa | 89,955 | 211,776 | 301,731 |
| H60–H95 | Diseases of the ear and mastoid process | 31,254 | 29,424 | 60,678 |
| I00–I99 | Diseases of the circulatory system | 337,295 | 173,457 | 510,752 |
| J00–J99 | Diseases of the respiratory system | 300,319 | 91,079 | 391,398 |
| K00–K93 | Diseases of the digestive system | 406,977 | 483,023 | 890,000 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 105,024 | 45,114 | 150,138 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 182,948 | 293,680 | 476,628 |
| N00–N99 | Diseases of the genitourinary system | 237,752 | 178,141 | 415,893 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 331,888 | 145,231 | 477,119 |
| P00–P96 | Certain conditions originating in the perinatal period | 43,053 | 11,735 | 54,788 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 24,106 | 10,452 | 34,558 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 425,020 | 201,762 | 626,782 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 475,585 | 104,909 | 580,494 |
| Z00–Z99 | Factors influencing health status and contact with health services | 1,422,783 | 939,122 | 2,361,905 |
| | Not reported | 882 | 3,306 | 4,188 |
| Total | | 5,279,132 | 3,573,418 | 8,852,550 |

(a) A new standard for diabetes coding was introduced on 1 July 2010 that resulted in a decrease in the reporting of diabetes diagnoses and consequently a decrease for the ICD-10-AM chapter *Endocrine, nutritional and metabolic diseases and disorders*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Over 47% of separations for Indigenous Australians were for *Factors influencing health status and contact with health services*, compared to 26% for other Australians (Table 7.7). *Injury, poisoning and certain other consequences of external causes* was the second most common principal diagnosis among Indigenous Australians, accounting for about 7.4% of separations for Indigenous Australians.

Table 7.7: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, selected states and territories^(a), 2010–11

| Principal diagnosis chapter | | Indigenous Australians | Other Australians ^(b) | Total |
|-----------------------------|-----------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 5,742 | 126,201 | 131,943 |
| C00–D48 | Neoplasms | 4,689 | 556,395 | 561,084 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 1,722 | 118,199 | 119,921 |
| E00–E90 | Endocrine, nutritional and metabolic diseases ^(c) | 4,800 | 111,904 | 116,704 |
| F00–F99 | Mental and behavioural disorders | 13,824 | 302,657 | 316,481 |
| G00–G99 | Diseases of the nervous system | 4,049 | 210,457 | 214,506 |
| H00–H59 | Diseases of the eye and adnexa | 2,217 | 286,212 | 288,429 |
| H60–H95 | Diseases of the ear and mastoid process | 2,433 | 56,094 | 58,527 |
| I00–I99 | Diseases of the circulatory system | 9,817 | 481,921 | 491,738 |
| J00–J99 | Diseases of the respiratory system | 19,471 | 358,551 | 378,022 |
| K00–K93 | Diseases of the digestive system | 16,647 | 840,151 | 856,798 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 7,730 | 136,985 | 144,715 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 5,956 | 449,296 | 455,252 |
| N00–N99 | Diseases of the genitourinary system | 8,618 | 391,669 | 400,287 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 20,524 | 438,653 | 459,177 |
| P00–P96 | Certain conditions originating in the perinatal period | 3,232 | 49,066 | 52,298 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 1,086 | 32,276 | 33,362 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 15,470 | 591,259 | 606,729 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 24,365 | 535,574 | 559,939 |
| Z00–Z99 | Factors influencing health status and contact with health services | 154,977 | 2,128,585 | 2,283,562 |
| | Not reported | 66 | 4,115 | 4,181 |
| Total | | 327,435 | 8,206,220 | 8,533,655 |

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

(b) Other Australians includes separations for which the Indigenous status was not reported.

(c) A new standard for diabetes coding was introduced on 1 July 2010 that resulted in a decrease in the reporting of diabetes diagnoses and consequently a decrease for the ICD-10-AM chapter *Endocrine, nutritional and metabolic diseases and disorders*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods.

How many separations were due to injury and poisoning?

The number of separations with a principal diagnosis of injury or poisoning is a National Healthcare Agreement performance indicator.

Some hospitalisations for injury or poisoning may be considered potentially avoidable. It should be noted that the admitted patient care data provide only a partial picture of the overall burden of injury because it does not include injuries treated by general practitioners and in the emergency departments that do not require admission to hospital.

In 2010–11, over 580,000 separations had a principal diagnosis of *Injury, poisoning and certain other consequences of external causes*. The majority (82%) of these were treated in public hospitals (Table 7.8).

Table 7.8: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|-----------------------------------------|----------------------------------------------------------------|------------------|-------------------|----------------|
| S00-S19 | Injuries to head & neck | 86,927 | 6,909 | 93,836 |
| S20-S39 | Injuries to thorax, abdomen, back, spine & pelvis | 44,620 | 5,738 | 50,358 |
| S40-S99 | Injuries to upper & lower limbs | 211,236 | 52,177 | 263,413 |
| T00-T19 | Injuries to multi- or unspecified region; foreign body effects | 10,638 | 1,360 | 11,998 |
| T20-T35 | Burns and frostbite | 8,439 | 253 | 8,692 |
| T36-T65 | Poisoning and toxic effects | 37,751 | 568 | 38,319 |
| T66-T79 | Other and unspecified effects of external causes | 11,341 | 1,081 | 12,422 |
| T80-T88 | Complications of medical and surgical care | 64,475 | 36,733 | 101,208 |
| T89-T98 | Other trauma complications; external cause sequelae | 158 | 90 | 248 |
| Total | | 475,585 | 104,909 | 580,494 |
| Separations per 1,000 population | | 20.7 | 4.5 | 25.2 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Aboriginal and Torres Strait Islander people

Indigenous Australians were hospitalised with a principal diagnosis of injury and poisoning at about twice the rate of other Australians (Table 7.9). *Injuries to the head and neck* accounted for almost 26% of these separations for Indigenous Australians and 16% for other Australians. *Complications of medical and surgical care* accounted for a higher proportion of these separations for other Australians (18%) compared with Indigenous Australians (12%).

Table 7.9: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, selected states and territories^(a), 2010–11

| Principal diagnosis | | Indigenous Australians | Other Australians ^(b) | Total |
|-----------------------------------------|----------------------------------------------------------------|------------------------|----------------------------------|----------------|
| S00-S19 | Injuries to head & neck | 6,281 | 84,998 | 91,279 |
| S20-S39 | Injuries to thorax, abdomen, back, spine & pelvis | 1,856 | 47,019 | 48,875 |
| S40-S99 | Injuries to upper & lower limbs | 9,858 | 243,495 | 253,353 |
| T00-T19 | Injuries to multi- or unspecified region; foreign body effects | 518 | 11,088 | 11,606 |
| T20-T35 | Burns and frostbite | 674 | 7,779 | 8,453 |
| T36-T65 | Poisoning and toxic effects | 1,821 | 35,396 | 37,217 |
| T66-T79 | Other and unspecified effects of external causes | 524 | 11,518 | 12,042 |
| T80-T88 | Complications of medical and surgical care | 2,818 | 94,055 | 96,873 |
| T89-T98 | Other trauma complications; external cause sequelae | 15 | 226 | 241 |
| Total | | 24,365 | 535,574 | 559,939 |
| Separations per 1,000 population | | 51.1 | 25.0 | 25.6 |

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

(b) Other Australians includes separations for which the Indigenous status was not reported.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods.

What were the causes of injury and poisoning?

An **external cause** is defined as the environmental event, circumstance or condition that was the cause of injury, poisoning or adverse event. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause code should be recorded. A place of occurrence code is also usually recorded and, for most records, the activity of the person at the time of the event should be recorded (HDSC 2008).

In 2010–11, there were 1.0 million separations that reported an external cause of injury or poisoning for either a principal or an additional diagnosis of injury or poisoning (Table 7.10). About 77% of these separations were from public hospitals. The most frequently reported group of external causes in both public and private hospitals was *Complications of medical and surgical care*, followed by *Falls*. Public hospitals had notably higher proportions of separations with external causes of *Intentional self-harm* and *Assault* than private hospitals.

Table 7.10: Separations, by external cause in ICD-10-AM groupings, public and private hospitals, 2010–11

| External cause | | Public hospitals | Private hospitals | Total |
|----------------------------|------------------------------------------------------------------|------------------|-------------------|------------------|
| V00–V99 | Transport accidents | 61,145 | 7,631 | 68,776 |
| W00–W19 | Falls | 226,495 | 50,559 | 277,054 |
| W20–W64 | Exposure to mechanical forces | 91,168 | 11,625 | 102,793 |
| W65–W74 | Accidental drowning and submersion | 602 | 14 | 616 |
| W75–W84 | Other accidental threats to breathing | 12,144 | 1,472 | 13,616 |
| W85–W99 | Exposure to electricity, radiation, extreme temperature/pressure | 1,311 | 186 | 1,497 |
| X00–X19 | Exposure to smoke, fire, flames, hot substances | 9,065 | 383 | 9,448 |
| X20–X39 | Exposure to venomous plants, animals, forces of nature | 5,381 | 338 | 5,719 |
| X40–X49 | Accidental poisoning | 12,079 | 629 | 12,708 |
| X50–X59 | Other external causes of accidental injury | 43,068 | 37,945 | 81,013 |
| X60–X84 | Intentional self-harm | 31,507 | 796 | 32,303 |
| X85–Y09 | Assault | 26,501 | 463 | 26,964 |
| Y10–Y34 | Events of undetermined intent | 7,058 | 381 | 7,439 |
| Y35–Y36 | Legal intervention and operations of war | 165 | 342 | 507 |
| Y40–Y84 | Complications of medical and surgical care | 280,994 | 126,977 | 407,971 |
| Y85–Y98 | Sequelae and supplementary factors | 25,790 | 9,421 | 35,211 |
| Total^(a) | | 790,988 | 241,453 | 1,032,441 |

(a) As more than one external cause can be reported for a separation, the totals may not equal the sums of the columns.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

More information on the place of occurrence and the activity when injured is available in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Aboriginal and Torres Strait Islander people

Complications of medical and surgical care was the most commonly reported external cause of injury and poisoning for hospitalisations for Indigenous Australians. *Assault* accounted for 19% of external causes reported for Indigenous Australians, compared to 2.0% of external causes reported for other Australians (Table 7.11).

Table 7.11: Separations, by external cause in ICD-10-AM groupings and Indigenous status, selected states and territories^(a), 2010–11

| External cause | Indigenous Australians | Other Australians ^(b) | Total |
|--------------------------------------------------------------------------|---------------------------|-------------------------------------|----------------|
| V00–V99 Transport accidents | 2,379 | 63,535 | 65,914 |
| W00–W19 Falls | 5,964 | 261,958 | 267,922 |
| W20–W64 Exposure to mechanical forces | 5,000 | 93,998 | 98,998 |
| W65–W74 Accidental drowning and submersion | 41 | 562 | 603 |
| W75–W84 Other accidental threats to breathing | 383 | 13,030 | 13,413 |
| W85–W99 Exposure to electricity, radiation, extreme temperature/pressure | 43 | 1,416 | 1,459 |
| X00–X19 Exposure to smoke, fire, flames, hot substances | 706 | 8,491 | 9,197 |
| X20–X39 Exposure to venomous plants, animals, forces of nature | 232 | 5,379 | 5,611 |
| X40–X49 Accidental poisoning | 659 | 11,711 | 12,370 |
| X50–X59 Other external causes of accidental injury | 2,225 | 75,877 | 78,102 |
| X60–X84 Intentional self-harm | 1,984 | 29,382 | 31,366 |
| X85–Y09 Assault | 6,789 | 19,516 | 26,305 |
| Y10–Y34 Events of undetermined intent | 479 | 6,690 | 7,169 |
| Y35–Y36 Legal intervention and operations of war | 15 | 488 | 503 |
| Y40–Y84 Complications of medical and surgical care | 8,560 | 382,267 | 390,827 |
| Y85–Y98 Sequelae and supplementary factors | 1,867 | 31,797 | 33,664 |
| Total^(c) | 35,487 | 958,397 | 993,884 |

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

(b) Other Australians includes separations for which the Indigenous status was not reported.

(c) As more than one external cause can be reported for a separation, the total may not equal the sum of the column.

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods.

How many separations were potentially preventable?

Potentially preventable hospitalisations

The rate of potentially preventable hospitalisations (PPHs) is a National Healthcare Agreement (NHA) performance indicator, and the proportion of total separations is an NHA benchmark.

PPHs are those conditions where hospitalisation is thought to have been avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community, poorer functioning of the non-hospital care system or an appropriate use of the hospital system to respond to greater need.

(continued)

Potentially preventable hospitalisations (continued)

There are three broad categories of PPHs. These were originally sourced from the Victorian Ambulatory Care Sensitive Conditions Study (DHS, Victoria 2002) and are classified as:

- *Vaccine-preventable*. These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, pertussis and polio. The conditions are considered to be preventable, rather than the hospitalisation.
- *Acute*. These conditions may not be preventable, but theoretically would not result in hospitalisation if adequate and timely care (usually non-hospital) was received. These include complicated appendicitis; dehydration/gastroenteritis; pyelonephritis; perforated ulcer; cellulitis; pelvic inflammatory disease; ear, nose and throat infections; and dental conditions.
- *Chronic*. These conditions may be preventable through behaviour modification and lifestyle change, but they can also be managed effectively through timely care (usually non-hospital) to prevent deterioration and hospitalisation. These conditions include diabetes complications, asthma, angina, hypertension, congestive heart failure and chronic obstructive pulmonary disease.
- Appendix 5 presents more information on the PPH classification.

In 2010–11, over 646,000 separations in public and private hospitals were classified as PPHs (Table 7.12). PPHs accounted for 7.3% of all hospital separations, 9.3% of public hospital separations and 4.3% of private hospital separations. Over three-quarters of PPHs (77%) were reported for public hospitals.

Table 7.12: Separations for potentially preventable hospitalisations, public and private hospitals, 2010–11

| PPH category | Public hospitals | Private hospitals | Total |
|------------------------------------------|------------------|-------------------|----------------|
| Vaccine-preventable conditions | 14,891 | 2,432 | 17,323 |
| Acute conditions | 238,005 | 85,676 | 323,681 |
| <i>Chronic conditions</i> ^(a) | 243,856 | 64,028 | 307,884 |
| Diabetes complications ^(b) | 61,162 | 25,612 | 86,774 |
| Chronic conditions (excluding diabetes) | 189,288 | 39,615 | 228,903 |
| Total | 494,436 | 151,836 | 646,272 |
| Proportion of total separations | 9.3 | 4.3 | 7.3 |

(a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

(b) Changes in coding standards for the recording of diabetes-related conditions took effect from 1 July 2010. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by residence state is available in Table S7.10 at the end of this chapter.

Between 2009–10 and 2010–11, there was a 7.8% decrease in PPHs overall, mostly due to decreases in the number of hospitalisations for *Chronic conditions* (18%). Between 2006–07 and 2010–11, 3 editions of the ICD-10-AM classification were used. ICD-10-AM 5th edition was reported for 2006–07 and 2007–08, ICD-10-AM 6th edition was reported for 2008–09 and 2009–10 and ICD-10-AM 7th edition was reported for 2010–11.

Table 7.13 shows that the decrease in *Diabetes complications* conditions between 2009–10 and 2010–11 was much greater (48%) than for *Chronic conditions* overall. This reflects changes in coding standards for diabetes-related conditions that took effect from 1 July 2010 (for 7th edition ICD-10-AM/ACHI). See Appendix 2 for more information.

In addition, changes in coding standards between 2007–08 and 2008–09 (for 6th edition ICD-10-AM/ACHI) for both diabetes complications and for the reporting of gastrointestinal disorders (an *Acute condition*) resulted in marked decreases in the rates of reported PPHs over this period.

Table 7.13: Separations per 1,000 population (age-standardised) for potentially preventable hospitalisations, by PPH category, all hospitals, 2006–07 to 2010–11

| PPH category | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------------|-------------|-------------|-------------|-------------|-------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Vaccine preventable conditions | 0.6 | 0.7 | 0.7 | 0.8 | 0.8 | 6.4 | –4.5 |
| Acute conditions | 10.8 | 11.1 | 11.2 | 13.6 | 14.2 | 7.0 | 3.9 |
| <i>Chronic conditions</i> ^(a) | 19.0 | 19.4 | 16.5 | 15.8 | 12.9 | –9.3 | –18.1 |
| Diabetes complications ^(b) | 10.4 | 10.7 | 7.7 | 7.1 | 3.7 | –23.0 | –48.0 |
| Chronic conditions (excluding diabetes) | 9.7 | 9.8 | 9.4 | 9.3 | 9.6 | –0.4 | 3.3 |
| Total | 32.5 | 33.3 | 30.6 | 30.0 | 27.7 | –3.9 | –7.8 |

(a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions (excluding diabetes)* does not necessarily equal the total number of separations for *Chronic conditions*.

(b) Changes in coding standards for the recording of diabetes-related conditions took effect from 1 July 2010. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

For 2010–11, the overall rate of PPHs was highest for residents of *Remote* and *Very remote* areas (57 and 64 per 1,000 population, respectively) and lowest for residents of *Major cities* (26 per 1,000 population). Notably high rates for *Diabetes complications* were reported for residents of *Remote* and *Very remote* areas (18 and 14 per 1,000 population respectively).

Separations for patients living in areas classified as being in the lowest SES group were more likely to be hospitalised for a PPH than residents of other SES groups. The rate of PPH separations decreased with increased levels of advantage (Table 7.14).

Table 7.14: Separations per 1,000 population (age-standardised) for potentially preventable hospitalisations, by remoteness area and socioeconomic status, all hospitals, 2010–11

| | Vaccine-preventable conditions | Acute conditions | Total chronic conditions ^(a) | Diabetes complications | Chronic conditions (excluding diabetes) | Total |
|-------------------|--------------------------------|------------------|-----------------------------------------|------------------------|-----------------------------------------|-------------|
| Remoteness | | | | | | |
| Major cities | 0.7 | 13.2 | 12.0 | 3.3 | 8.9 | 25.8 |
| Inner regional | 0.7 | 15.2 | 13.1 | 3.5 | 9.9 | 28.9 |
| Outer regional | 0.8 | 16.3 | 14.6 | 3.7 | 11.3 | 31.6 |
| Remote | 1.6 | 23.6 | 32.4 | 17.7 | 15.3 | 57.3 |
| Very remote | 3.1 | 29.2 | 32.4 | 13.5 | 20.0 | 64.0 |
| SES group | | | | | | |
| 1–Lowest | 1.0 | 16.0 | 17.2 | 5.6 | 12.1 | 34.1 |
| 2 | 0.7 | 15.0 | 13.7 | 3.6 | 10.5 | 29.3 |
| 3 | 0.7 | 14.6 | 13.9 | 4.5 | 9.8 | 29.1 |
| 4 | 0.7 | 13.2 | 10.9 | 2.7 | 8.4 | 24.7 |
| 5–Highest | 0.6 | 11.9 | 8.4 | 1.9 | 6.7 | 20.9 |
| Total | 0.8 | 14.2 | 12.9 | 3.7 | 9.6 | 27.7 |

(a) As more than one chronic condition may be reported for a separation, the sum of *Diabetes complications* and *Chronic conditions* (excluding diabetes) does not necessarily equal the total number of separations for *Chronic conditions*.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: SES—socioeconomic status.

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). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (includes elective and other planned care).

Table 7.15 includes information on urgency of admission and whether the separations were considered to be *Childbirth*, *Specialist mental health*, *Surgical*, *Medical* and *Other*. See the section ‘What care was provided?’ for more information on these types of care.

In 2010–11, 68% of separations were *Non-emergency* admissions, accounting for about 87% of same-day separations and 42% of overnight separations. Private hospitals accounted for about 53% of *Non-emergency* admissions and public hospitals accounted for about 92% of *Emergency* admissions (Table 7.15).

Table 7.15: Same-day and overnight separations by broad category of service, public and private hospitals, states and territories, 2010–11

| | Public hospitals | Private hospitals | Total |
|------------------------------------|------------------|-------------------|------------------|
| Same-day separations | | | |
| Childbirth | 7,287 | 145 | 7,432 |
| Specialist mental health | 10,641 | 98,822 | 109,463 |
| Emergency | | | |
| Surgical | 20,686 | 3,893 | 24,579 |
| Medical | 518,281 | 10,120 | 528,401 |
| Other | 3,886 | 2,739 | 6,625 |
| Non-emergency | | | |
| Surgical | 352,606 | 757,940 | 1,110,546 |
| Medical | 1,513,234 | 871,221 | 2,384,455 |
| Other | 258,527 | 690,389 | 948,916 |
| <i>Total same-day separations</i> | <i>2,685,148</i> | <i>2,435,269</i> | <i>5,120,417</i> |
| Overnight separations | | | |
| Childbirth | 206,133 | 79,859 | 285,992 |
| Specialist mental health | 90,566 | 30,350 | 120,916 |
| Emergency | | | |
| Surgical | 223,155 | 32,724 | 255,879 |
| Medical | 1,293,948 | 134,429 | 1,428,377 |
| Other | 53,565 | 11,228 | 64,793 |
| Non-emergency | | | |
| Surgical | 334,509 | 533,149 | 867,658 |
| Medical | 369,262 | 277,021 | 646,283 |
| Other | 22,846 | 39,389 | 62,235 |
| <i>Total overnight separations</i> | <i>2,593,984</i> | <i>1,138,149</i> | <i>3,732,133</i> |
| Total separations | 5,279,132 | 3,573,418 | 8,852,550 |

Note: See Box 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.8 and S7.9 at the end of this chapter.

What care was provided?

The care that is provided can be described in terms of:

- the broad category of service – *Childbirth*, *Specialist mental health*, *Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or *Other* (involving a non-operating room procedure, such as endoscopy)
- the intent of care – acute, sub-acute (such as *Rehabilitation* or *Palliative*) or non-acute (such as *Maintenance* care)
- Major Diagnostic Categories and Australian Refined Diagnosis Related Groups (AR-DRGs) – based on the AR-DRG classification of acute care separations.

Broad category of service

This section presents information describing care by the following broad categories of service:

- *Childbirth*: separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

In 2010–11, almost 18% of separations in public hospitals were for *Surgical* care and 70% were for *Medical* care, compared to 37% and 36% in private hospitals, respectively (Table 7.15).

Around 3.3% of separations had a broad category of service reported as *Childbirth*.

There were over 230,000 separations for *Specialist mental health care*. Private hospitals provided about 56% of these, accounting for over 90% of same-day separations and 25% of overnight separations for *Specialist mental health care*.

Care type

The **care type** describes the overall nature of a clinical service provided to an admitted patient during an episode of care.

The care type can be classified as *Acute, Rehabilitation, Palliative, Geriatric evaluation and management, Psychogeriatric, Maintenance, Newborn* and *Other admitted patient care*.

For public and private sectors combined, 95% of separations were classified as episodes of *Acute care*, 0.9% as *Newborn* (with qualified days) and 3.2% as *Rehabilitation care* (Table 7.16).

Public and private sectors varied in the proportions of separations and the separation rates for each care type. The proportion of patient days and days per 1,000 population varied for each care type and between public and private sectors.

In public hospitals, the average length of stay for episodes of *Acute care* (2.9 days) was longer than that for private hospitals (2.1 days). The average length of stay for *Rehabilitation care* was 17.4 days in public hospitals, and 4.8 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in the private sector, as well as a number of very long stay rehabilitation separations in the public sector. More information on sub- and non-acute care is available in Chapter 11.

Table 7.16: Selected separation statistics by care type, public and private hospitals, 2010–11

| Care type and sector | Separations | Separations per 1,000 population | Patient days | Patient days per 1,000 population ^(a) | Average length of stay |
|------------------------------------------------------------------------------|------------------|----------------------------------|-------------------|--------------------------------------------------|------------------------|
| Public hospitals | | | | | |
| Acute care | 5,063,825 | 218.9 | 14,879,019 | 636.0 | 2.9 |
| Newborn total ^(b) | 231,418 | 10.5 | 900,310 | 38.1 | 3.9 |
| Newborn with qualified days only | 39,347 | 1.8 | 406,529 | 18.4 | 10.3 |
| Newborn with a mixture of qualified days and unqualified days ^(c) | 11,059 | 0.5 | 36,092 | 1.6 | 3.3 |
| Rehabilitation care | 86,426 | 3.6 | 1,501,869 | 62.6 | 17.4 |
| Other non-acute care ^(d) | 78,475 | 3.1 | 1,663,510 | 67.0 | 21.2 |
| Total | 5,279,132 | 227.9 | 18,944,708 | 785.5 | 3.6 |
| Private hospitals | | | | | |
| Acute care | 3,340,429 | 142.7 | 7,176,581 | 302.7 | 2.1 |
| Newborn total ^(b) | 62,595 | 2.8 | 301,851 | 13.0 | 4.8 |
| Newborn with qualified days only | 15,637 | 0.7 | 101,102 | 4.6 | 6.5 |
| Newborn with a mixture of qualified days and unqualified days ^(c) | 1,869 | 0.1 | 8,018 | 0.4 | 4.3 |
| Rehabilitation care | 200,808 | 8.2 | 964,215 | 38.7 | 4.8 |
| Other non-acute care ^(d) | 14,675 | 0.6 | 157,897 | 6.3 | 10.8 |
| Total | 3,573,418 | 152.3 | 8,600,544 | 352.9 | 2.4 |
| All hospitals | 8,852,550 | 380.3 | 27,545,252 | 1,138.4 | 3.1 |

(a) Rates are directly age-standardised to the 31 December 2010 Australian population as detailed in Appendix 2.

(b) For *Newborns* with a mixture of qualified and unqualified days, the number of patient days includes only the qualified days for these separations. Unqualified days for these separations are not included in counts of patient days in this report.

(c) The totals do not include separations and unqualified days for *Newborns* (without qualified days). For information on *Newborn* (without qualified days), see tables S7.5 and S7.6.

(d) Includes separations for *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care*, *Maintenance care* and *Other admitted patient care*.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.5 and S7.6 at the end of this chapter.

Major Diagnostic Categories

The AR-DRG classification contains 23 Major Diagnostic Categories (MDCs).

Table 7.17 presents acute separations by MDCs for public and private hospitals. *Diseases and disorders of the kidney and urinary tract* accounted for almost 23% of acute separations for public hospitals and *Diseases and disorders of the digestive system* was the most common MDC for private hospitals. Over 68% of acute separations for *Diseases and disorders of the eye* were from private hospitals.

Table 7.17: Separation(a) statistics, by Major Diagnostic Category version 6.0 and Medical/Surgical/Other partition, public and private hospitals, 2010–11

| Major Diagnostic Category | | Public hospitals | Private hospitals | Total |
|---------------------------|-------------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 13,319 | 2,944 | 16,263 |
| 01 | Diseases and disorders of the nervous system | 254,551 | 67,655 | 322,206 |
| 02 | Diseases and disorders of the eye | 101,023 | 216,498 | 317,521 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 188,051 | 219,630 | 407,681 |
| 04 | Diseases and disorders of the respiratory system | 292,818 | 97,717 | 390,535 |
| 05 | Diseases and disorders of the circulatory system | 434,156 | 167,627 | 601,783 |
| 06 | Diseases and disorders of the digestive system | 522,199 | 572,220 | 1,094,419 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 96,278 | 35,464 | 131,742 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 382,474 | 363,715 | 746,189 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 198,106 | 194,035 | 392,141 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 72,832 | 41,629 | 114,461 |
| 11 | Diseases and disorders of the kidney and urinary tract | 1,160,210 | 310,561 | 1,470,771 |
| 12 | Diseases and disorders of the male reproductive system | 46,256 | 68,598 | 114,854 |
| 13 | Diseases and disorders of the female reproductive system | 116,383 | 165,305 | 281,688 |
| 14 | Pregnancy, childbirth and puerperium | 347,915 | 148,145 | 496,060 |
| 15 | Newborns and other neonates | 60,142 | 19,322 | 79,464 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 95,361 | 44,611 | 139,972 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 193,056 | 238,648 | 431,704 |
| 18 | Infectious and parasitic diseases | 62,497 | 13,072 | 75,569 |
| 19 | Mental diseases and disorders | 135,651 | 110,843 | 246,494 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 36,236 | 28,600 | 64,836 |
| 21 | Injuries, poisoning and toxic effects of drugs | 157,586 | 24,448 | 182,034 |
| 22 | Burns | 8,558 | 313 | 8,871 |
| 23 | Factors influencing health status and other contacts with health services | 133,212 | 199,215 | 332,427 |
| ED | Error DRGs ^(b) | 5,503 | 7,151 | 12,654 |
| | <i>Surgical DRG</i> | 995,936 | 1,363,081 | 2,359,017 |
| | <i>Medical DRG</i> | 3,775,302 | 1,246,378 | 5,021,680 |
| | <i>Other DRG</i> | 343,135 | 748,507 | 1,091,642 |
| Total | | 5,114,373 | 3,357,966 | 8,472,339 |

(a) Separations for which the care type was reported as *Acute*, or *Newborn* (with qualified days), or not reported.

(b) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

What was the cost of the care?

Admitted patient expenditure—public hospitals

In 2010–11, approximately \$26 billion was spent on admitted patient services in public hospitals (Table 7.18). This figure is based on the total expenditure reported for public hospitals, multiplied by the estimated ‘admitted patient cost proportion’ provided for each public hospital (see chapters 3 and 4 for more information).

Table 7.18: Estimated expenditure on admitted patient care (\$ million), public hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------------------|------------|-------|-------|-------|-------|------|------|------|--------|
| | \$ million | | | | | | | | |
| Total expenditure | 11,554 | 9,225 | 7,262 | 3,918 | 2,935 | 880 | 697 | 515 | 36,985 |
| Estimated admitted patient cost proportion ^(a) | 0.70 | 0.69 | 0.71 | 0.67 | 0.70 | 0.68 | 0.71 | 0.78 | 0.70 |
| Estimated admitted patient expenditure ^(b) | 8,079 | 6,409 | 5,085 | 2,626 | 2,073 | 552 | 491 | 404 | 25,716 |

(a) Estimated admitted patient cost proportion is based on the weighted mean of reported admitted patient cost proportions for all benchmarking hospitals in the state or territory.

(b) Admitted patient expenditure includes expenditure on non-benchmarking hospitals (see Chapter 3) in the state or territory.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Average cost weights

The cost estimates for admitted patient care are approximations of the relative costs of hospital services during 2010–11. They should be used with caution in any comparisons between the states and territories. They are not derived from, nor comparable to, the expenditure and cost per casemix-adjusted separation information presented in chapters 3 and 4.

Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information. These costs are included in public hospital cost information.

The ‘cost weight’ for a separation is the ratio of the estimated average cost for the separation (based on AR-DRG version 5.2) compared to the average cost for all acute separations. For 2010–11, the 2008–09 AR-DRG version 5.2 cost weights obtained from the National Hospital Cost Data Collection (NHCCDC) (DoHA 2010) were applied to each separation. Separate cost weights are estimated and used here for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals. For more information on the NHCCDC, see Appendix 3.

In public hospitals, separations for *Public patients* generally had lower average cost weights than other patients (Table 7.19). In private hospitals, *Self-funded* separations had lower average costs than other separations. In the public sector, separations funded by *Motor vehicle third party personal claim* had higher average cost weights than most other separations.

Table 7.19: Average cost weight of separations, by principal source of funds, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Public hospitals | | | | | | | | | |
| Public patients ^(a) | 1.03 | 0.94 | 0.99 | 0.90 | 1.05 | 1.07 | 0.98 | 0.67 | 0.98 |
| Private health insurance | 1.08 | 1.04 | 0.98 | 1.33 | 1.31 | 0.88 | 1.42 | 0.99 | 1.08 |
| Self-funded ^(b) | 1.36 | 0.75 | 1.05 | 0.79 | 0.82 | 0.69 | 1.09 | 1.11 | 1.13 |
| Workers compensation | 1.17 | 1.20 | 1.32 | 1.16 | 1.20 | 1.42 | 1.49 | 1.26 | 1.22 |
| Motor vehicle third party personal claim | 1.67 | 2.17 | 2.25 | 2.27 | 2.04 | 2.25 | 2.66 | 2.61 | 2.05 |
| Department of Veterans' Affairs | 1.19 | 1.16 | 1.13 | 1.07 | 1.28 | 1.10 | 0.87 | 1.31 | 1.16 |
| Other ^(c) | 1.65 | 1.30 | 1.34 | 1.19 | 1.21 | 1.77 | 1.02 | 1.29 | 1.34 |
| Total | 1.06 | 0.96 | 1.00 | 0.94 | 1.08 | 1.05 | 1.00 | 0.69 | 1.00 |
| Private hospitals^(d) | | | | | | | | | |
| Public patients ^(a) | 1.19 | 0.67 | 0.56 | 0.15 | 0.29 | n.p. | n.p. | n.p. | 0.32 |
| Private health insurance | 0.86 | 0.82 | 0.83 | 0.86 | 0.84 | n.p. | n.p. | n.p. | 0.84 |
| Self-funded ^(b) | 0.71 | 0.60 | 0.49 | 0.52 | 0.66 | n.p. | n.p. | n.p. | 0.61 |
| Workers compensation | 1.20 | 1.08 | 1.00 | 1.03 | 1.22 | n.p. | n.p. | n.p. | 1.11 |
| Motor vehicle third party personal claim | 0.91 | 0.90 | 0.91 | 1.06 | 1.18 | n.p. | n.p. | n.p. | 0.95 |
| Department of Veterans' Affairs | 1.17 | 1.16 | 0.91 | 1.08 | 1.10 | n.p. | n.p. | n.p. | 1.04 |
| Other ^(c) | 0.59 | 0.74 | 0.73 | 0.67 | 0.74 | n.p. | n.p. | n.p. | 0.79 |
| Total | 0.86 | 0.82 | 0.80 | 0.73 | 0.85 | n.p. | n.p. | n.p. | 0.82 |

(a) *Public patients* includes separations for Medicare-eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Scheme.

(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.

(d) AR-DRG version 5.2 public cost weights 2008–09 were used for public hospitals and AR-DRG version 5.2 private cost weights 2008–09 were used for private hospitals. Estimated total admitted patient costs are not directly comparable between public and private hospitals. Private hospital treatment may include medical, pharmacy and pathology costs that are not included in existing private hospital cost information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Who paid for the care?

The **funding source** describes the principal source of funds for the admitted patient episode.

There may be some variation between jurisdictions in the definitions of funding source categories and in the way in which state- or territory- level information was mapped to the *National health data dictionary* domain values (see *Appendix 1*).

In 2010–11, about 85% of separations in public hospitals were for *Public patients*, compared to about 3% in private hospitals. Just over 80% of private hospital separations were funded by *Private health insurance* (Table 7.20).

Table 7.20: Separations, by principal source of funds, public and private hospitals, 2010–11

| | Public hospitals | Private hospitals | Total |
|------------------------------------------|------------------|-------------------|------------------|
| Public patients ^(a) | 4,491,588 | 104,951 | 4,596,539 |
| Private health insurance | 526,546 | 2,869,064 | 3,395,610 |
| Self-funded | 65,466 | 291,402 | 356,868 |
| Workers compensation | 22,354 | 61,035 | 83,389 |
| Motor vehicle third party personal claim | 27,666 | 7,134 | 34,800 |
| Department of Veterans' Affairs | 117,284 | 197,041 | 314,325 |
| Other ^(b) | 28,228 | 42,791 | 71,019 |
| Total | 5,279,132 | 3,573,418 | 8,852,550 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Scheme.

(b) *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.

Note: See boxes 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.2 and S7.3 at the end of this chapter.

How much care was contracted between hospitals?

Inter-hospital contracted patient separations are episodes of care for admitted patients whose treatment and/or care is provided under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service for which the activity is recorded by both hospitals (HDSC 2008).

These data should be interpreted with caution as the activity reported here includes separations under contract between hospitals, but does not include separations under contract between private hospitals and the jurisdiction or between private hospitals and regional or area health services.

As inter-hospital contracted patients are admitted patients of both the contracting and contracted hospital, these separations may represent double-counting of hospital activity in the NHMD.

In 2010–11, there were over 78,000 separations for inter-hospital contracted patients (Table 7.21). The total number of inter-hospital contracted patients was higher for private hospitals than for public hospitals. Over 98% of all contracted care provided by private hospitals (62,300 separations) was purchased by public hospitals.

Table 7.21: Separations, by inter-hospital contracted patient status, public and private hospitals, 2010–11

| | Public hospitals | Private hospitals | Total |
|-------------------------------------------------------|------------------|-------------------|------------------|
| Inter-hospital contracted patient from public sector | 10,566 | 61,219 | 71,785 |
| Inter-hospital contracted patient from private sector | 5,499 | 1,045 | 6,544 |
| Not inter-hospital contracted patient | 5,178,350 | 3,460,616 | 8,638,966 |
| Not reported | 84,717 | 50,538 | 135,255 |
| Total | 5,279,132 | 3,573,418 | 8,852,550 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.16 at the end of this chapter.

How much hospital care was provided in the patient’s home?

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in the home. This care has been defined as occurring in the patient’s (permanent or temporary) place of residence as a substitute for hospital accommodation and within an episode of care for an admitted patient (HDSC 2008). In 2010–11, New South Wales and Tasmania did not provide information on HITH activity to the NHMD. HITH days are counted as patient days in the data presented in this report (see Table S7.17 at the end of this chapter).

How long did patients stay?

In 2010–11, public hospitals accounted for 60% of separations and 69% of patient days. The average length of stay per separation was higher in the public sector, at 3.5 days, than in the private sector, at 2.4 days. Same-day separations accounted for 51% of public hospital separations and 68% of private hospital separations. The average length of stay for overnight separations was longer in public hospitals (6.1 days) than in private hospitals (5.2 days) (Table 7.22).

Table 7.22 Average length of stay, public and private hospitals, 2010–11

| | Separations | Same-day separations | Patient days | Average length of stay (ALOS) | ALOS (excluding same-day) |
|-------------------|------------------|----------------------|-------------------|-------------------------------|---------------------------|
| Public hospitals | 5,279,132 | 2,685,148 | 18,487,019 | 3.5 | 6.1 |
| Private hospitals | 3,573,418 | 2,435,269 | 8,407,813 | 2.4 | 5.2 |
| Total | 8,852,550 | 5,120,417 | 26,894,832 | 3.0 | 5.8 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S7.2 and S7.3 at the end of this chapter.

Abbreviation: ALOS—average length of stay.

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.

About 92% of separations (8.2 million) had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 7.23). This was particularly the case

in the private sector, where 97% of separations (3.5 million) were categorised as *Other*, compared with 89% (4.7 million) in the public sector.

There is a discrepancy between the number of separations with a mode of separation of *Discharge/transfer to an(other) hospital (acute and psychiatric)* (371,000; see Table 7.23) and the number of separations with a mode of admission of *Admitted patient transferred from another hospital* (345,000; see Table 7.5). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission, or that some patients were admitted and separated in different reporting years.

Table 7.23: Separations, by mode of separation, public and private hospitals, 2010–11

| | Public hospitals | Private hospitals | Total |
|----------------------------------------------------------------------|------------------|-------------------|------------------|
| Discharge/transfer to an (other) acute hospital | 314,653 | 55,847 | 370,500 |
| Discharge/transfer to residential aged care service ^(a) | 59,494 | 7,554 | 67,048 |
| Discharge/transfer to an (other) psychiatric hospital | 6,631 | 189 | 6,820 |
| Discharge/transfer to other health care accommodation ^(b) | 14,321 | 8,746 | 23,067 |
| Statistical discharge: type change | 85,680 | 17,298 | 102,978 |
| Left against medical advice/discharge at own risk | 43,577 | 2,156 | 45,733 |
| Statistical discharge from leave | 6,054 | 129 | 6,183 |
| Died | 61,279 | 13,537 | 74,816 |
| Other ^(c) | 4,686,017 | 3,467,941 | 8,153,958 |
| Not reported | 1,426 | 21 | 1,447 |
| Total | 5,279,132 | 3,573,418 | 8,852,550 |

(a) Unless this is the usual place of residence.

(b) Includes *Mothercraft* hospitals, except in jurisdictions where *Mothercraft* facilities are considered acute.

(c) Includes *Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services)*.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S7.15 at the end of this chapter.

Additional information

At the time of writing, 2010–11 cost weights and average costs were not available for AR-DRG version 6.0, which has been used for the majority of tables that present data for Diagnosis Related Groups and Major Diagnostic Categories. Therefore, cost by volume information was not available. After this report is published, the website will include updates for the tables that use AR-DRG cost weight and/or average cost /cost by volume information.

More detailed information on admitted patient care, including data by state and territory for principal diagnoses and procedures, is provided online at <www.aihw.gov.au/hospitals>.

Supplementary tables

The following supplementary tables provide more information on administrative data such as funding source, care type, sex and age group, Indigenous status, modes of admission and separation, urgency of admission, inter-hospital contracted patients and hospital-in-the-home care by state and territory.

Box 7.5: Methods – Chapter 7 supplementary tables

Table S7.4

- (a) Rates are directly age-standardised to the 31 December 2010 Australian population as detailed in Appendix 2.
- (b) Includes Cocos (Keeling) Islands, Christmas Island, Jervis Bay Territory.
- (c) Includes *Resident overseas, At sea* and *No fixed address*.

Tables S7.5 and S7.6

- (a) The reporting of *Newborns* (without qualified days) only is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.
- (b) Tasmania and the Northern Territory did not supply *Newborn* care according to the National health data dictionary definition and did not report any separations with both qualified and unqualified days.
- (c) Total separations include records for *Newborn* (without qualified days).
- (d) Total patient days exclude unqualified days for *Newborns*.

Table S7.10

- (a) These conditions are defined using ICD-10-AM codes in Appendix 2.
- (b) Includes other territories and excludes overseas residents and unknown state of residence.
- (c) Excludes multiple diagnoses for the same separation within the same group.
- (d) *Rheumatic heart disease* includes acute rheumatic fever as well as the chronic disease.

Tables S7.11 and S7.12

- (a) Totals include separations where age group was not reported.

Table S7.13 and S7.14

- (a) Identification of Indigenous patients is not considered to be complete and completeness varies among the jurisdictions. See Appendix 1 for further detail.
- (b) Excludes data for Tasmania and the Australian Capital Territory and private hospitals in the Northern Territory. See Box 7.4 for more information. Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.
- (c) Totals include separations for which Indigenous status was not reported.
- (d) The separation rate for other Australians includes Indigenous status not reported.
- (e) The rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Table S7.1: Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------|------------------|------------------|------------------|----------------|----------------|--------------------|--------------------|--------------------|------------------|
| Separations | | | | | | | | | |
| <i>Public hospitals</i> | 1,582,804 | 1,496,041 | 964,349 | 548,272 | 390,154 | 99,333 | 93,745 | 104,434 | 5,279,132 |
| Public acute hospitals | 1,576,866 | 1,495,555 | 964,025 | 546,785 | 388,483 | 99,118 | 93,745 | 104,434 | 5,269,011 |
| Public psychiatric hospitals | 5,938 | 486 | 324 | 1,487 | 1,671 | 215 | .. | .. | 10,121 |
| <i>Private hospitals^(a)</i> | 1,011,887 | 875,470 | 859,202 | 417,761 | 283,281 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 3,573,418 |
| Private free-standing day hospital facilities | 217,490 | 197,625 | 209,869 | 114,032 | 60,904 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 809,158 |
| Other private hospitals ^(a) | 794,397 | 677,845 | 649,333 | 303,729 | 222,377 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2,764,260 |
| <i>Public acute and private hospitals</i> | 2,588,753 | 2,371,025 | 1,823,227 | 964,546 | 671,764 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 8,842,429 |
| Total | 2,594,691 | 2,371,511 | 1,823,551 | 966,033 | 673,435 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 8,852,550 |
| Overnight separations | | | | | | | | | |
| <i>Public hospitals</i> | 875,005 | 645,995 | 472,812 | 255,849 | 212,421 | 49,703 | 43,849 | 38,350 | 2,593,984 |
| Public acute hospitals | 869,273 | 645,515 | 472,492 | 254,433 | 211,101 | 49,496 | 43,849 | 38,350 | 2,584,509 |
| Public psychiatric hospitals | 5,732 | 480 | 320 | 1,416 | 1,320 | 207 | .. | .. | 9,475 |
| <i>Private hospitals^(a)</i> | 291,052 | 297,911 | 278,427 | 130,156 | 93,085 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1,138,149 |
| Private free-standing day hospital facilities | 154 | 7 | 0 | 1,201 | 0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1,363 |
| Other private hospitals ^(a) | 290,898 | 297,904 | 278,427 | 128,955 | 93,085 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1,136,786 |
| <i>Public acute and private hospitals</i> | 1,160,325 | 943,426 | 750,919 | 384,589 | 304,186 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 3,722,658 |
| Total | 1,166,057 | 943,906 | 751,239 | 386,005 | 305,506 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 3,732,133 |
| Same-day separations | | | | | | | | | |
| <i>Public hospitals</i> | 707,799 | 850,046 | 491,537 | 292,423 | 177,733 | 49,630 | 49,896 | 66,084 | 2,685,148 |
| Public acute hospitals | 707,593 | 850,040 | 491,533 | 292,352 | 177,382 | 49,622 | 49,896 | 66,084 | 2,684,502 |
| Public psychiatric hospitals | 206 | 6 | 4 | 71 | 351 | 8 | .. | .. | 646 |
| <i>Private hospitals^(a)</i> | 720,835 | 577,559 | 580,775 | 287,605 | 190,196 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 2,435,269 |
| Private free-standing day hospital facilities | 217,336 | 197,618 | 209,869 | 112,831 | 60,904 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 807,795 |
| Other private hospitals ^(a) | 503,499 | 379,941 | 370,906 | 174,774 | 129,292 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1,627,474 |
| <i>Public acute and private hospitals</i> | 1,428,428 | 1,427,599 | 1,072,308 | 579,957 | 367,578 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 5,119,771 |
| Total | 1,428,634 | 1,427,605 | 1,072,312 | 580,028 | 367,929 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 5,120,417 |

(continued)

Table S7.1 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|-------------|--------------|
| Same-day separations as a % of total | | | | | | | | | |
| <i>Public hospitals</i> | 44.7 | 56.8 | 51.0 | 53.3 | 45.6 | 50.0 | 53.2 | 63.3 | 50.9 |
| Public acute hospitals | 44.9 | 56.8 | 51.0 | 53.5 | 45.7 | 50.1 | 53.2 | 63.3 | 50.9 |
| Public psychiatric hospitals | 3.5 | 1.2 | 1.2 | 4.8 | 21.0 | 3.7 | .. | .. | 6.4 |
| <i>Private hospitals^(a)</i> | 71.2 | 66.0 | 67.6 | 68.8 | 67.1 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 68.1 |
| Private free-standing day hospital facilities | 99.9 | 100.0 | 100.0 | 98.9 | 100.0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 99.8 |
| Other private hospitals ^(a) | 63.4 | 56.1 | 57.1 | 57.5 | 58.1 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 58.9 |
| <i>Public acute and private hospitals</i> | 55.2 | 60.2 | 58.8 | 60.1 | 54.7 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 57.9 |
| Total | 55.1 | 60.2 | 58.8 | 60.0 | 54.6 | n.p. | n.p. | n.p. | 57.8 |
| Separations per 1,000 population^(b) | | | | | | | | | |
| <i>Public hospitals</i> | 205.7 | 255.7 | 209.4 | 235.2 | 217.2 | 181.4 | 272.3 | 504.5 | 225.9 |
| Public acute hospitals | 204.8 | 255.6 | 209.3 | 234.6 | 216.2 | 180.9 | 272.3 | 504.5 | 225.5 |
| Public psychiatric hospitals | 0.8 | 0.1 | 0.1 | 0.6 | 1.0 | 0.5 | 0.0 | 0.0 | 0.5 |
| <i>Private hospitals^(a)</i> | 130.2 | 148.1 | 184.4 | 178.0 | 151.8 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 150.9 |
| Private free-standing day hospital facilities | 28.1 | 33.5 | 45.0 | 48.9 | 32.0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 34.3 |
| Other private hospitals ^(a) | 102.1 | 114.6 | 139.4 | 129.1 | 119.8 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 116.6 |
| <i>Public acute and private hospitals</i> | 335.0 | 403.7 | 393.7 | 412.6 | 368.0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 376.3 |
| Total | 335.9 | 403.8 | 393.7 | 413.2 | 369.0 | n.p. | n.p. | n.p. | 376.8 |
| Average public cost weight of separations^(c) | | | | | | | | | |
| <i>Public hospitals</i> | 1.06 | 0.96 | 1.00 | 0.94 | 1.08 | 1.05 | 1.00 | 0.69 | 1.00 |
| Public acute hospitals | 1.05 | 0.96 | 1.00 | 0.93 | 1.07 | 1.05 | 1.00 | 0.69 | 1.00 |
| Public psychiatric hospitals | 2.66 | 4.18 | 4.20 | 3.33 | 2.32 | 0.86 | .. | .. | 2.75 |
| <i>Private hospitals^(a)</i> | 0.94 | 0.91 | 0.88 | 0.81 | 0.93 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 0.90 |
| Private free-standing day hospital facilities | 0.55 | 0.45 | 0.49 | 0.34 | 0.42 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 0.47 |
| Other private hospitals ^(a) | 1.06 | 1.05 | 1.01 | 0.99 | 1.08 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1.04 |
| <i>Public acute and private hospitals</i> | 1.01 | 0.94 | 0.94 | 0.88 | 1.01 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 0.96 |
| Total | 1.01 | 0.94 | 0.94 | 0.88 | 1.01 | n.p. | n.p. | n.p. | 0.96 |

(continued)

Table S7.1 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|-------------------|
| Average private cost weight of separations^(d) | | | | | | | | | |
| <i>Private hospitals^(a)</i> | 0.86 | 0.82 | 0.80 | 0.73 | 0.85 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 0.82 |
| Private free-standing day hospital facilities | 0.44 | 0.30 | 0.34 | 0.25 | 0.30 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 0.35 |
| Other private hospitals ^(a) | 1.00 | 0.97 | 0.96 | 0.92 | 1.01 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 0.97 |
| Patient days | | | | | | | | | |
| <i>Public hospitals</i> | 6,192,497 | 4,722,672 | 3,206,398 | 1,779,052 | 1,614,514 | 372,761 | 311,607 | 287,518 | 18,487,019 |
| Public acute hospitals | 5,918,473 | 4,680,071 | 3,104,545 | 1,718,891 | 1,501,643 | 371,508 | 311,607 | 287,518 | 17,894,256 |
| Public psychiatric hospitals | 274,024 | 42,601 | 101,853 | 60,161 | 112,871 | 1,253 | .. | .. | 592,763 |
| <i>Private hospitals^(a)</i> | 2,330,294 | 2,166,659 | 2,093,296 | 886,003 | 625,664 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 8,407,813 |
| Private free-standing day hospital facilities | 217,606 | 197,719 | 209,869 | 114,032 | 60,904 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 809,368 |
| Other private hospitals ^(a) | 2,112,688 | 1,968,940 | 1,883,427 | 771,971 | 564,760 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 7,598,445 |
| <i>Public acute and private hospitals</i> | 8,248,767 | 6,846,730 | 5,197,841 | 2,604,894 | 2,127,307 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 26,302,069 |
| Total | 8,522,791 | 6,889,331 | 5,299,694 | 2,665,055 | 2,240,178 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 26,894,832 |
| Patient days per 1,000 population^(b) | | | | | | | | | |
| <i>Public hospitals</i> | 785.7 | 790.1 | 694.9 | 762.9 | 853.2 | 654.3 | 916.2 | 1,554.8 | 777.9 |
| Public acute hospitals | 748.6 | 782.4 | 672.1 | 737.2 | 789.5 | 651.5 | 916.2 | 1,554.8 | 751.7 |
| Public psychiatric hospitals | 37.1 | 7.6 | 22.8 | 25.7 | 63.7 | 2.8 | 0.0 | 0.0 | 26.2 |
| <i>Private hospitals^(a)</i> | 293.7 | 357.8 | 447.4 | 378.3 | 322.3 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 348.9 |
| Private free-standing day hospital facilities | 28.2 | 33.5 | 45.0 | 48.9 | 32.0 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 34.3 |
| Other private hospitals ^(a) | 265.6 | 324.2 | 402.4 | 329.5 | 290.3 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 314.6 |
| <i>Public acute and private hospitals</i> | 1,042.3 | 1,140.2 | 1,119.5 | 1,115.5 | 1,111.8 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1,100.6 |
| Total | 1,079.4 | 1,147.9 | 1,142.4 | 1,141.2 | 1,175.5 | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | 1,126.8 |

(continued)

Table S7.1 (continued): Separation, average cost weight, patient day and average length of stay statistics, by hospital type, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|------------|
| Average length of stay (days) | | | | | | | | | |
| <i>Public hospitals</i> | 3.9 | 3.2 | 3.3 | 3.2 | 4.1 | 3.8 | 3.3 | 2.8 | 3.5 |
| Public acute hospitals | 3.8 | 3.1 | 3.2 | 3.1 | 3.9 | 3.7 | 3.3 | 2.8 | 3.4 |
| Public psychiatric hospitals ^(e) | 46.1 | 87.7 | 314.4 | 40.5 | 67.5 | 5.8 | .. | .. | 58.6 |
| <i>Private hospitals^(a)</i> | 2.3 | 2.5 | 2.4 | 2.1 | 2.2 | n.p. | n.p. | n.p. | 2.4 |
| Private free-standing day hospital facilities | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | n.p. | n.p. | n.p. | 1.0 |
| Other private hospitals ^(a) | 2.7 | 2.9 | 2.9 | 2.5 | 2.5 | n.p. | n.p. | n.p. | 2.7 |
| <i>Public acute and private hospitals</i> | 3.2 | 2.9 | 2.9 | 2.7 | 3.2 | n.p. | n.p. | n.p. | 3.0 |
| Total | 3.3 | 2.9 | 2.9 | 2.8 | 3.3 | n.p. | n.p. | n.p. | 3.0 |
| Average length of stay, excluding same-day separations (days) | | | | | | | | | |
| <i>Public hospitals</i> | 6.3 | 6.0 | 5.7 | 5.8 | 6.8 | 6.5 | 6.0 | 5.8 | 6.1 |
| Public acute hospitals | 6.0 | 5.9 | 5.5 | 5.6 | 6.3 | 6.5 | 6.0 | 5.8 | 5.9 |
| Public psychiatric hospitals ^(e) | 47.8 | 88.7 | 318.3 | 42.4 | 85.2 | 6.0 | .. | .. | 62.5 |
| <i>Private hospitals^(a)</i> | 5.5 | 5.3 | 5.4 | 4.6 | 4.7 | n.p. | n.p. | n.p. | 5.2 |
| Private free-standing day hospital facilities | 1.8 | 14.4 | .. | 1.0 | .. | n.p. | n.p. | n.p. | 1.2 |
| Other private hospitals ^(a) | 5.5 | 5.3 | 5.4 | 4.6 | 4.7 | n.p. | n.p. | n.p. | 5.3 |
| <i>Public acute and private hospitals</i> | 5.9 | 5.7 | 5.5 | 5.3 | 5.8 | n.p. | n.p. | n.p. | 5.7 |
| Total | 6.1 | 5.8 | 5.6 | 5.4 | 6.1 | n.p. | n.p. | n.p. | 5.8 |

(a) Includes private psychiatric hospitals.

(b) Rates are directly age-standardised to the December 2010 Australian population as detailed in Appendix 1.

(c) Separations for which the care type was reported as *Acute*, or as *Newborn* (with qualified days), or was not reported. AR-DRG version 5.2 national public sector estimated cost weights 2008–09 were applied to AR-DRG version 5.2 DRGs for all rows in *Average public cost weight of separations*.

(d) Separations for which the care type was reported as *Acute*, or as *Newborn* (with qualified days), or was not reported. AR-DRG version 5.2 national private sector estimated cost weights for 2008–09 were applied to AR-DRG version 5.2 DRGs for all rows in *Average private cost weight of separations*.

(e) Caution should be used with average length of stay data for public psychiatric hospitals. The figures include a small percentage of long-stay patients who can affect the average markedly.

Note: See boxes 7.1, 7.2, 7.3 and 7.5 for notes on data limitations and methods.

Abbreviations: ..—not applicable; n.p.—not published.

Table S7.2: Separations by funding source, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------|------------------|------------------|------------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Public hospitals | | | | | | | | | |
| Public ^(a) | 1,225,748 | 1,287,549 | 872,391 | 497,600 | 344,226 | 80,548 | 82,193 | 101,333 | 4,491,588 |
| Private health insurance | 253,815 | 140,181 | 52,661 | 31,244 | 27,709 | 14,313 | 6,029 | 594 | 526,546 |
| Self-funded ^(b) | 33,357 | 14,457 | 14,407 | 713 | 1,694 | n.a. | 156 | 602 | 65,466 |
| Workers compensation | 6,915 | 6,149 | 4,896 | 1,892 | 1,306 | 410 | 400 | 386 | 22,354 |
| Motor vehicle third party personal claim | 7,817 | 8,834 | 3,815 | 3,373 | 2,357 | 737 | 252 | 481 | 27,666 |
| Department of Veterans' Affairs | 49,483 | 26,778 | 15,244 | 8,653 | 10,082 | 2,901 | 3,909 | 234 | 117,284 |
| Other ^(c) | 5,669 | 12,093 | 935 | 4,797 | 2,780 | 344 | 806 | 804 | 28,228 |
| Total | 1,582,804 | 1,496,041 | 964,349 | 548,272 | 390,154 | 99,333 | 93,745 | 104,434 | 5,279,132 |
| Private hospitals | | | | | | | | | |
| Public ^(a) | 8,830 | 2,842 | 18,146 | 71,483 | 3,593 | n.p. | n.p. | n.p. | 104,951 |
| Private health insurance | 817,637 | 737,928 | 676,320 | 299,772 | 248,045 | n.p. | n.p. | n.p. | 2,869,064 |
| Self-funded ^(b) | 111,752 | 79,855 | 65,632 | 18,841 | 10,709 | n.p. | n.p. | n.p. | 291,402 |
| Workers compensation | 22,625 | 11,727 | 12,674 | 7,617 | 4,636 | n.p. | n.p. | n.p. | 61,035 |
| Motor vehicle third party personal claim | 1,268 | 3,883 | 516 | 764 | 465 | n.p. | n.p. | n.p. | 7,134 |
| Department of Veterans' Affairs | 46,388 | 36,093 | 78,089 | 16,584 | 13,667 | n.p. | n.p. | n.p. | 197,041 |
| Other ^(c) | 3,387 | 3,142 | 7,825 | 2,700 | 2,166 | n.p. | n.p. | n.p. | 42,791 |
| Total | 1,011,887 | 875,470 | 859,202 | 417,761 | 283,281 | n.p. | n.p. | n.p. | 3,573,418 |
| All hospitals | 2,594,691 | 2,371,511 | 1,823,551 | 966,033 | 673,435 | n.p. | n.p. | n.p. | 8,852,550 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Scheme.

(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.

Note: See boxes 7.1, 7.2, 7.3 and 7.5 for notes on data limitations and methods.

Abbreviations: n.a.—not available; n.p.—not published.

Table S7.3: Patient days by funding source, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------|------------------|------------------|------------------|------------------|------------------|----------------|----------------|----------------|-------------------|
| Public hospitals | | | | | | | | | |
| Public ^(a) | 4,631,174 | 3,863,258 | 2,884,229 | 1,522,111 | 1,350,749 | 295,675 | 264,225 | 273,513 | 15,084,934 |
| Private health insurance | 999,871 | 546,372 | 180,139 | 159,723 | 156,022 | 46,633 | 28,459 | 1,318 | 2,118,537 |
| Self-funded ^(b) | 139,592 | 22,016 | 26,939 | 4,682 | 2,565 | n.a. | 498 | 2,036 | 198,433 |
| Workers compensation | 20,977 | 17,186 | 17,007 | 5,936 | 5,387 | 1,448 | 1,357 | 1,405 | 70,703 |
| Motor vehicle third party personal claim | 45,932 | 44,480 | 22,857 | 25,006 | 15,565 | 4,484 | 2,085 | 4,048 | 164,457 |
| Department of Veterans' Affairs | 275,148 | 150,303 | 71,741 | 41,187 | 73,903 | 17,558 | 12,312 | 1,398 | 643,550 |
| Other ^(c) | 79,803 | 79,057 | 3,486 | 20,407 | 10,323 | 6,858 | 2,671 | 3,800 | 206,405 |
| <i>Total</i> | <i>6,192,497</i> | <i>4,722,672</i> | <i>3,206,398</i> | <i>1,779,052</i> | <i>1,614,514</i> | <i>372,761</i> | <i>311,607</i> | <i>287,518</i> | <i>18,487,019</i> |
| Private hospitals | | | | | | | | | |
| Public ^(a) | 13,728 | 4,365 | 50,720 | 92,875 | 4,717 | n.p. | n.p. | n.p. | 166,748 |
| Private health insurance | 1,867,050 | 1,786,618 | 1,620,190 | 665,737 | 539,190 | n.p. | n.p. | n.p. | 6,693,181 |
| Self-funded ^(b) | 186,637 | 150,691 | 74,349 | 21,584 | 13,587 | n.p. | n.p. | n.p. | 452,339 |
| Workers compensation | 50,316 | 29,985 | 21,965 | 12,827 | 9,945 | n.p. | n.p. | n.p. | 128,980 |
| Motor vehicle third party personal claim | 3,244 | 23,184 | 1,029 | 1,638 | 1,936 | n.p. | n.p. | n.p. | 33,122 |
| Department of Veterans' Affairs | 201,157 | 165,516 | 310,661 | 86,108 | 51,262 | n.p. | n.p. | n.p. | 841,351 |
| Other ^(c) | 8,162 | 6,300 | 14,382 | 5,234 | 5,027 | n.p. | n.p. | n.p. | 92,092 |
| <i>Total</i> | <i>2,330,294</i> | <i>2,166,659</i> | <i>2,093,296</i> | <i>886,003</i> | <i>625,664</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>8,407,813</i> |
| All hospitals | 8,522,791 | 6,889,331 | 5,299,694 | 2,665,055 | 2,240,178 | n.p. | n.p. | n.p. | 26,894,832 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Scheme.

(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.

Note: See boxes 7.1, 7.2, 7.3 and 7.5 for notes on data limitations and methods.

Abbreviations: n.a.—not available; n.p.—not published.

Table S7.4: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2010–11

| State or territory of usual residence | State or territory of hospitalisation | | | | | | | | | Separations per 1,000 population ^(a) |
|---------------------------------------------|---------------------------------------|------------------|------------------|----------------|----------------|---------------|---------------|----------------|------------------|-------------------------------------------------|
| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total | |
| Public hospitals | | | | | | | | | | |
| New South Wales | 1,552,557 | 29,907 | 10,850 | 721 | 1,763 | 211 | 21,196 | 399 | 1,617,604 | 211.9 |
| Victoria | 3,606 | 1,453,122 | 2,127 | 718 | 2,326 | 309 | 307 | 431 | 1,462,946 | 252.2 |
| Queensland | 12,125 | 1,621 | 943,713 | 631 | 459 | 205 | 189 | 511 | 959,454 | 210.4 |
| Western Australia | 543 | 639 | 433 | 543,249 | 308 | 63 | 44 | 2,357 | 547,636 | 217.7 |
| South Australia | 581 | 1,957 | 483 | 319 | 382,589 | 73 | 59 | 3,320 | 389,381 | 238.0 |
| Tasmania | 260 | 1,763 | 281 | 94 | 109 | 97,330 | 27 | 43 | 99,907 | 183.6 |
| Australian Capital Territory | 3,184 | 305 | 161 | 40 | 58 | 15 | 71,832 | 30 | 75,625 | 489.8 |
| Northern Territory | 187 | 326 | 434 | 256 | 1,961 | 5 | 22 | 97,007 | 100,198 | 222.4 |
| Other Australian territories ^(b) | n.p. | 18 | 6 | 165 | 0 | 0 | 0 | 3 | n.p. | n.p. |
| Not elsewhere classified ^(c) | n.p. | 5,537 | 4,937 | 2,046 | 145 | 72 | 69 | 331 | n.p. | .. |
| Not reported | 77 | 846 | 924 | 33 | 436 | 0 | 0 | 0 | 3,368 | .. |
| <i>Total</i> | <i>1,582,804</i> | <i>1,496,041</i> | <i>964,349</i> | <i>548,272</i> | <i>390,154</i> | <i>99,333</i> | <i>93,745</i> | <i>104,434</i> | <i>5,279,132</i> | <i>259.7</i> |
| Private hospitals | | | | | | | | | | |
| New South Wales | 994,462 | 8,232 | 31,014 | 403 | 1,714 | n.p. | n.p. | n.p. | 1,043,635 | 135.3 |
| Victoria | 7,746 | 862,827 | 1,470 | 315 | 1,646 | n.p. | n.p. | n.p. | 874,288 | 149.4 |
| Queensland | 4,288 | 1,037 | 824,055 | 419 | 279 | n.p. | n.p. | n.p. | 830,219 | 180.3 |
| Western Australia | 290 | 386 | 295 | 415,804 | 117 | n.p. | n.p. | n.p. | 416,998 | 150.6 |
| South Australia | 299 | 503 | 320 | 346 | 277,850 | n.p. | n.p. | n.p. | 279,366 | 180.1 |
| Tasmania | 244 | 1,375 | 271 | 79 | 79 | n.p. | n.p. | n.p. | 70,201 | 125.8 |
| Australian Capital Territory | 2,380 | 206 | 186 | 43 | 50 | n.p. | n.p. | n.p. | 33,090 | 75.6 |
| Northern Territory | 379 | 413 | 659 | 198 | 1,347 | n.p. | n.p. | n.p. | 14,626 | 96.1 |
| Other Australian territories ^(b) | 276 | 2 | 66 | 54 | 0 | n.p. | n.p. | n.p. | n.p. | n.p. |
| Not elsewhere classified ^(c) | 1,523 | 471 | 593 | 97 | 12 | n.p. | n.p. | n.p. | n.p. | .. |
| Not reported | 0 | 0 | 273 | 0 | 187 | n.p. | n.p. | n.p. | 491 | .. |
| <i>Total</i> | <i>1,011,887</i> | <i>875,470</i> | <i>859,202</i> | <i>417,761</i> | <i>283,281</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>3,573,418</i> | <i>117.1</i> |
| Total | 2,594,691 | 2,371,511 | 1,823,551 | 966,033 | 673,435 | n.p. | n.p. | n.p. | 8,852,550 | 376.8 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.5: Separations by care type, public and private hospitals, states and territories, 2010–11

| Care type | NSW | Vic ^(a) | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------|------------------|--------------------|----------------|----------------|----------------|----------------|---------------|----------------|------------------|
| Public hospitals | | | | | | | | | |
| Acute care | 1,510,980 | 1,446,301 | 919,598 | 529,774 | 371,880 | 96,124 | 86,828 | 102,340 | 5,063,825 |
| Rehabilitation care | 30,832 | 14,776 | 19,385 | 9,496 | 7,664 | 1,114 | 2,718 | 441 | 86,426 |
| Palliative care | 10,919 | 6,659 | 6,599 | 1,234 | 1,678 | 217 | 629 | 320 | 28,255 |
| Geriatric evaluation and management | 5,624 | 15,293 | 2,172 | 804 | 1,701 | 141 | 707 | 42 | 26,484 |
| Psychogeriatric care | 808 | 0 | 596 | 730 | 288 | 1 | 21 | 1 | 2,445 |
| Maintenance care | 7,919 | 621 | 5,863 | 1,384 | 2,803 | 437 | 1,570 | 292 | 20,889 |
| Newborn—qualified days only | 10,690 | 10,856 | 7,431 | 4,142 | 2,900 | 1,281 | 1,125 | 922 | 39,347 |
| Newborn—qualified and unqualified days ^(b) | 5,028 | 1,401 | 2,536 | 708 | 1,240 | 0 | 146 | 0 | 11,059 |
| Newborn—unqualified days only | 62,019 | 44,278 | 35,563 | 18,423 | 11,553 | 3,267 | 3,286 | 2,623 | 181,012 |
| <i>Newborn total</i> | <i>77,737</i> | <i>56,535</i> | <i>45,530</i> | <i>23,273</i> | <i>15,693</i> | <i>4,548</i> | <i>4,557</i> | <i>3,545</i> | <i>231,418</i> |
| Other admitted patient care | 0 | 0 | 169 | 0 | 0 | 14 | 1 | 76 | 260 |
| Not reported | 4 | 134 | 0 | 0 | 0 | 4 | 0 | 0 | 142 |
| <i>Total</i> | <i>1,644,823</i> | <i>1,540,319</i> | <i>999,912</i> | <i>566,695</i> | <i>401,707</i> | <i>102,600</i> | <i>97,031</i> | <i>107,057</i> | <i>5,460,144</i> |
| Private hospitals | | | | | | | | | |
| Acute care | 881,401 | 848,373 | 821,649 | 409,635 | 260,035 | n.p. | n.p. | n.p. | 3,340,429 |
| Rehabilitation care | 122,431 | 17,453 | 30,929 | 2,241 | 22,185 | n.p. | n.p. | n.p. | 200,808 |
| Palliative care | 475 | 617 | 1,715 | 2,317 | 264 | n.p. | n.p. | n.p. | 5,507 |
| Geriatric evaluation and management | 0 | 0 | 22 | 2 | 49 | n.p. | n.p. | n.p. | 77 |
| Psychogeriatric care | 0 | 5,339 | 3 | 992 | 0 | n.p. | n.p. | n.p. | 6,336 |
| Maintenance care | 139 | 38 | 2,321 | 126 | 12 | n.p. | n.p. | n.p. | 2,665 |
| Newborn—qualified days only | 7,002 | 3,576 | 2,107 | 1,530 | 736 | n.p. | n.p. | n.p. | 15,637 |
| Newborn—qualified and unqualified days ^(b) | 439 | 74 | 402 | 918 | 0 | n.p. | n.p. | n.p. | 1,869 |
| Newborn—unqualified days only | 15,905 | 629 | 16,265 | 7,949 | 808 | n.p. | n.p. | n.p. | 45,089 |
| <i>Newborn total</i> | <i>23,346</i> | <i>4,279</i> | <i>18,774</i> | <i>10,397</i> | <i>1,544</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>62,595</i> |
| Other admitted patient care | 0 | 0 | 54 | 0 | 0 | n.p. | n.p. | n.p. | 59 |
| Not reported | 0 | 0 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 31 |
| <i>Total^(c)</i> | <i>1,027,792</i> | <i>876,099</i> | <i>875,467</i> | <i>425,710</i> | <i>284,089</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>3,618,507</i> |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.6: Patient days, by care type, public and private hospitals, states and territories, 2010–11

| Care type | NSW | Vic ^(a) | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------|------------------|--------------------|------------------|------------------|------------------|----------------|----------------|----------------|-------------------|
| Public hospitals | | | | | | | | | |
| Acute care | 5,122,792 | 3,793,901 | 2,499,320 | 1,451,845 | 1,202,469 | 315,963 | 236,678 | 256,051 | 14,879,019 |
| Rehabilitation care | 518,213 | 305,253 | 302,574 | 180,410 | 131,237 | 25,958 | 29,358 | 8,866 | 1,501,869 |
| Palliative care | 122,669 | 91,926 | 56,862 | 13,311 | 19,249 | 4,478 | 7,648 | 3,516 | 319,659 |
| Geriatric evaluation and management | 70,613 | 346,469 | 42,644 | 6,281 | 26,666 | 4,820 | 8,940 | 1,123 | 507,556 |
| Psychogeriatric care | 49,429 | 0 | 9,144 | 36,658 | 24,856 | 6 | 758 | 18 | 120,869 |
| Maintenance care | 188,114 | 63,817 | 207,455 | 47,751 | 168,270 | 11,258 | 17,259 | 7,373 | 711,297 |
| Newborn—qualified days | 120,091 | 119,596 | 86,959 | 42,796 | 41,767 | 10,131 | 10,965 | 10,316 | 442,621 |
| Newborn—unqualified days | 162,344 | 111,939 | 79,005 | 47,860 | 31,920 | 9,903 | 7,367 | 7,351 | 457,689 |
| Newborn total | 282,435 | 231,535 | 165,964 | 90,656 | 73,687 | 20,034 | 18,332 | 17,667 | 900,310 |
| Other admitted patient care | 0 | 0 | 1,440 | 0 | 0 | 21 | 1 | 255 | 1,717 |
| Not reported | 576 | 1,710 | 0 | 0 | 0 | 126 | 0 | 0 | 2,412 |
| <i>Total^(b)</i> | <i>6,192,497</i> | <i>4,722,672</i> | <i>3,206,398</i> | <i>1,779,052</i> | <i>1,614,514</i> | <i>372,761</i> | <i>311,607</i> | <i>287,518</i> | <i>18,487,019</i> |
| Private hospitals | | | | | | | | | |
| Acute care | 1,851,006 | 1,867,286 | 1,853,730 | 790,506 | 549,017 | n.p. | n.p. | n.p. | 7,176,581 |
| Rehabilitation total | 432,773 | 242,214 | 148,127 | 39,839 | 67,250 | n.p. | n.p. | n.p. | 964,215 |
| Palliative care | 5,630 | 7,433 | 26,848 | 21,946 | 4,105 | n.p. | n.p. | n.p. | 67,142 |
| Geriatric evaluation and management | 0 | 0 | 187 | 2 | 336 | n.p. | n.p. | n.p. | 575 |
| Psychogeriatric care | 0 | 27,438 | 29 | 16,272 | 0 | n.p. | n.p. | n.p. | 43,758 |
| Maintenance care | 1,565 | 937 | 38,272 | 4,204 | 282 | n.p. | n.p. | n.p. | 46,101 |
| Newborn—qualified days | 39,320 | 21,351 | 25,919 | 13,234 | 4,674 | n.p. | n.p. | n.p. | 109,120 |
| Newborn—unqualified days | 69,816 | 2,875 | 64,617 | 37,528 | 3,277 | n.p. | n.p. | n.p. | 192,731 |
| Newborn total | 109,136 | 24,226 | 90,536 | 50,762 | 7,951 | n.p. | n.p. | n.p. | 301,851 |
| Other admitted patient care | 0 | 0 | 184 | 0 | 0 | n.p. | n.p. | n.p. | 229 |
| Not reported | 0 | 0 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 92 |
| <i>Total^(b)</i> | <i>2,330,294</i> | <i>2,166,659</i> | <i>2,093,296</i> | <i>886,003</i> | <i>625,664</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>8,407,813</i> |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.7: Separations, by mode of admission, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------|------------------|------------------|------------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Public hospitals | | | | | | | | | |
| Admitted patient transferred from another hospital | 83,902 | 67,855 | 32,383 | 37,336 | 18,415 | 1,546 | 3,485 | 241 | 245,163 |
| Statistical admission: type change | 27,231 | 13,067 | 22,362 | 8,345 | 5,482 | 1,894 | 4,884 | 1,496 | 84,761 |
| Other | 1,454,499 | 1,414,633 | 909,604 | 502,591 | 364,652 | 95,662 | 85,376 | 102,697 | 4,929,714 |
| Not reported | 17,172 | 486 | 0 | 0 | 1,605 | 231 | 0 | 0 | 19,494 |
| Total | 1,582,804 | 1,496,041 | 964,349 | 548,272 | 390,154 | 99,333 | 93,745 | 104,434 | 5,279,132 |
| Private hospitals | | | | | | | | | |
| Admitted patient transferred from another hospital | 38,014 | 29,777 | 16,946 | 7,292 | 5,736 | n.p. | n.p. | n.p. | 99,481 |
| Statistical admission: type change | 3,971 | 2,787 | 5,974 | 1,922 | 573 | n.p. | n.p. | n.p. | 15,906 |
| Other | 966,712 | 842,906 | 836,282 | 408,547 | 276,802 | n.p. | n.p. | n.p. | 3,439,853 |
| Not reported | 3,190 | 0 | 0 | 0 | 170 | n.p. | n.p. | n.p. | 18,178 |
| Total | 1,011,887 | 875,470 | 859,202 | 417,761 | 283,281 | n.p. | n.p. | n.p. | 3,573,418 |
| All hospitals | | | | | | | | | |
| Admitted patient transferred from another hospital | 121,916 | 97,632 | 49,329 | 44,628 | 24,151 | n.p. | n.p. | n.p. | 344,644 |
| Statistical admission: type change | 31,202 | 15,854 | 28,336 | 10,267 | 6,055 | n.p. | n.p. | n.p. | 100,667 |
| Other | 2,421,211 | 2,257,539 | 1,745,886 | 911,138 | 641,454 | n.p. | n.p. | n.p. | 8,369,567 |
| Not reported | 20,362 | 486 | 0 | 0 | 1,775 | n.p. | n.p. | n.p. | 37,672 |
| Total | 2,594,691 | 2,371,511 | 1,823,551 | 966,033 | 673,435 | n.p. | n.p. | n.p. | 8,852,550 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.8: Same-day and overnight separations by broad category of service, public hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------|------------------|------------------|----------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Same-day separations | | | | | | | | | |
| Childbirth | 2,521 | 1,053 | 2,018 | 604 | 485 | 139 | 295 | 172 | 7,287 |
| Specialist mental health | 4,054 | 478 | 4,689 | 461 | 790 | 7 | 131 | 31 | 10,641 |
| Emergency | | | | | | | | | |
| Surgical | 7,389 | 5,907 | 2,480 | 2,224 | 1,246 | 434 | 842 | 164 | 20,686 |
| Medical | 126,629 | 171,859 | 113,517 | 53,409 | 32,461 | 3,523 | 8,679 | 8,204 | 518,281 |
| Other | 1,585 | 677 | 529 | 588 | 245 | 125 | 124 | 13 | 3,886 |
| Non-emergency | | | | | | | | | |
| Surgical | 99,826 | 109,628 | 54,476 | 37,527 | 35,393 | 7,389 | 4,477 | 3,890 | 352,606 |
| Medical | 395,545 | 469,718 | 277,515 | 157,769 | 98,613 | 30,203 | 31,761 | 52,110 | 1,513,234 |
| Other | 70,250 | 90,726 | 36,313 | 39,841 | 8,500 | 7,810 | 3,587 | 1,500 | 258,527 |
| <i>Total same-day separations</i> | <i>707,799</i> | <i>850,046</i> | <i>491,537</i> | <i>292,423</i> | <i>177,733</i> | <i>49,630</i> | <i>49,896</i> | <i>66,084</i> | <i>2,685,148</i> |
| Overnight separations | | | | | | | | | |
| Childbirth | 69,745 | 51,012 | 40,436 | 20,253 | 14,098 | 3,877 | 3,836 | 2,876 | 206,133 |
| Specialist mental health | 31,383 | 19,788 | 17,609 | 9,851 | 7,723 | 2,166 | 1,214 | 832 | 90,566 |
| Emergency | | | | | | | | | |
| Surgical | 72,491 | 54,112 | 37,342 | 25,808 | 18,292 | 5,337 | 5,535 | 4,238 | 223,155 |
| Medical | 454,462 | 300,851 | 236,543 | 130,372 | 110,240 | 20,886 | 18,536 | 22,058 | 1,293,948 |
| Other | 19,670 | 12,367 | 7,891 | 5,623 | 4,819 | 1,326 | 1,019 | 850 | 53,565 |
| Non-emergency | | | | | | | | | |
| Surgical | 100,550 | 94,549 | 62,142 | 32,440 | 29,169 | 7,109 | 5,935 | 2,615 | 334,509 |
| Medical | 120,144 | 106,682 | 65,653 | 30,036 | 26,001 | 8,538 | 7,582 | 4,626 | 369,262 |
| Other | 6,560 | 6,634 | 5,196 | 1,466 | 2,079 | 464 | 192 | 255 | 22,846 |
| <i>Total overnight separations</i> | <i>875,005</i> | <i>645,995</i> | <i>472,812</i> | <i>255,849</i> | <i>212,421</i> | <i>49,703</i> | <i>43,849</i> | <i>38,350</i> | <i>2,593,984</i> |
| Total | 1,582,804 | 1,496,041 | 964,349 | 548,272 | 390,154 | 99,333 | 93,745 | 104,434 | 5,279,132 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Table S7.9: Same-day and overnight separations by broad category of service, private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------|------------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| Same-day separations | | | | | | | | | |
| Childbirth | 42 | 26 | 27 | 12 | 10 | n.p. | n.p. | n.p. | 145 |
| Specialist mental health | 38,997 | 23,262 | 28,637 | 4,776 | 458 | n.p. | n.p. | n.p. | 98,822 |
| Emergency | | | | | | | | | |
| Surgical | 425 | 390 | 513 | 499 | 2,045 | n.p. | n.p. | n.p. | 3,893 |
| Medical | 1,569 | 1,859 | 3,059 | 1,783 | 1,809 | n.p. | n.p. | n.p. | 10,120 |
| Other | 190 | 193 | 260 | 138 | 1,951 | n.p. | n.p. | n.p. | 2,739 |
| Non-emergency | | | | | | | | | |
| Surgical | 243,218 | 183,830 | 164,708 | 78,332 | 56,461 | n.p. | n.p. | n.p. | 757,940 |
| Medical | 231,752 | 171,589 | 231,804 | 133,218 | 82,474 | n.p. | n.p. | n.p. | 871,221 |
| Other | 204,642 | 196,410 | 151,767 | 68,847 | 44,988 | n.p. | n.p. | n.p. | 690,389 |
| <i>Total same-day separations</i> | <i>720,835</i> | <i>577,559</i> | <i>580,775</i> | <i>287,605</i> | <i>190,196</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>2,435,269</i> |
| Overnight separations | | | | | | | | | |
| Childbirth | 22,622 | 19,822 | 17,982 | 10,037 | 4,923 | n.p. | n.p. | n.p. | 79,859 |
| Specialist mental health | 10,014 | 8,481 | 6,299 | 3,493 | 1,402 | n.p. | n.p. | n.p. | 30,350 |
| Emergency | | | | | | | | | |
| Surgical | 3,621 | 8,574 | 10,735 | 5,055 | 4,188 | n.p. | n.p. | n.p. | 32,724 |
| Medical | 13,751 | 33,722 | 53,207 | 15,757 | 15,623 | n.p. | n.p. | n.p. | 134,429 |
| Other | 856 | 3,440 | 3,951 | 1,467 | 1,299 | n.p. | n.p. | n.p. | 11,228 |
| Non-emergency | | | | | | | | | |
| Surgical | 155,134 | 129,590 | 112,037 | 66,915 | 44,526 | n.p. | n.p. | n.p. | 533,149 |
| Medical | 75,452 | 81,646 | 63,713 | 24,870 | 18,288 | n.p. | n.p. | n.p. | 277,021 |
| Other | 9,602 | 12,636 | 10,503 | 2,562 | 2,836 | n.p. | n.p. | n.p. | 39,389 |
| <i>Total overnight separations</i> | <i>291,052</i> | <i>297,911</i> | <i>278,427</i> | <i>130,156</i> | <i>93,085</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1,138,149</i> |
| Total | 1,011,887 | 875,470 | 859,202 | 417,761 | 283,281 | n.p. | n.p. | n.p. | 3,573,418 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S7.10: Separations for selected potentially preventable hospitalisations^(a), by state or territory of usual residence, all hospitals, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total ^(b) |
|------------------------------------------------------------------------------|----------------|----------------|----------------|---------------|---------------|---------------|--------------|--------------|----------------------|
| Vaccine-preventable conditions | | | | | | | | | |
| Influenza and pneumonia | 3,858 | 2,937 | 2,707 | 1,134 | 1,298 | 180 | 143 | 524 | 12,791 |
| Other vaccine-preventable conditions | 1,031 | 1,621 | 992 | 342 | 417 | 33 | 23 | 107 | 4,571 |
| <i>Total vaccine-preventable conditions^(c)</i> | <i>4,879</i> | <i>4,546</i> | <i>3,688</i> | <i>1,476</i> | <i>1,710</i> | <i>213</i> | <i>165</i> | <i>631</i> | <i>17,323</i> |
| Acute conditions | | | | | | | | | |
| Appendicitis with generalised peritonitis | 388 | 403 | 281 | 150 | 98 | 29 | 23 | 35 | 1,409 |
| Cellulitis | 13,917 | 10,418 | 10,405 | 4,019 | 3,068 | 726 | 481 | 798 | 43,893 |
| Convulsions and epilepsy | 11,149 | 8,263 | 7,098 | 3,431 | 2,691 | 554 | 437 | 723 | 34,441 |
| Dehydration and gastroenteritis | 20,541 | 20,110 | 12,857 | 6,411 | 4,985 | 1,164 | 587 | 523 | 67,234 |
| Dental conditions | 16,102 | 15,937 | 12,173 | 8,461 | 5,350 | 1,099 | 725 | 707 | 60,590 |
| Ear, nose and throat infections | 11,346 | 8,821 | 8,550 | 4,343 | 3,593 | 560 | 358 | 606 | 38,222 |
| Gangrene | 1,350 | 2,024 | 1,290 | 691 | 393 | 154 | 43 | 178 | 6,128 |
| Pelvic inflammatory disease | 1,366 | 1,311 | 1,139 | 441 | 371 | 103 | 55 | 147 | 4,938 |
| Perforated/bleeding ulcer | 1,525 | 1,343 | 905 | 519 | 427 | 124 | 90 | 30 | 4,971 |
| Pyelonephritis | 19,687 | 16,179 | 12,934 | 6,153 | 4,718 | 914 | 785 | 651 | 62,074 |
| <i>Total acute conditions^(c)</i> | <i>97,322</i> | <i>84,743</i> | <i>67,581</i> | <i>34,599</i> | <i>25,676</i> | <i>5,423</i> | <i>3,582</i> | <i>4,389</i> | <i>323,681</i> |
| Chronic conditions | | | | | | | | | |
| Angina | 8,739 | 7,676 | 8,573 | 3,489 | 2,707 | 580 | 215 | 383 | 32,391 |
| Asthma | 12,027 | 10,879 | 7,251 | 2,886 | 3,229 | 499 | 413 | 463 | 37,696 |
| Chronic obstructive pulmonary disease | 20,906 | 16,145 | 14,191 | 5,367 | 5,627 | 1,575 | 612 | 1,091 | 65,570 |
| Congestive cardiac failure | 15,999 | 14,423 | 9,463 | 4,552 | 4,177 | 969 | 604 | 559 | 50,786 |
| Diabetes complications | 19,728 | 18,471 | 19,257 | 20,168 | 5,656 | 1,357 | 734 | 1,333 | 86,774 |
| Hypertension | 2,446 | 1,857 | 1,918 | 560 | 584 | 104 | 46 | 61 | 7,585 |
| Iron deficiency anaemia | 8,929 | 10,377 | 5,137 | 3,537 | 2,553 | 838 | 333 | 210 | 31,936 |
| Nutritional deficiencies | 90 | 57 | 76 | 10 | 28 | 5 | 15 | 13 | 294 |
| Rheumatic heart disease ^(d) | 649 | 574 | 643 | 281 | 236 | 35 | 17 | 209 | 2,645 |
| <i>Total chronic conditions^(c)</i> | <i>87,410</i> | <i>78,124</i> | <i>64,806</i> | <i>40,144</i> | <i>24,253</i> | <i>5,800</i> | <i>2,913</i> | <i>4,161</i> | <i>307,884</i> |
| <i>Total chronic conditions, excluding diabetes^(c)</i> | <i>69,785</i> | <i>61,988</i> | <i>47,252</i> | <i>20,682</i> | <i>19,141</i> | <i>4,605</i> | <i>2,255</i> | <i>2,989</i> | <i>228,903</i> |
| Total selected potentially preventable hospitalisations^(c) | 189,006 | 166,741 | 135,499 | 75,897 | 51,386 | 11,399 | 6,639 | 9,053 | 646,272 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.11: Separations, by age group and sex, public hospitals, states and territories, 2010–11

| Sex | Age group | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------|------------------|------------------|------------------|----------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Males | Under 1 | 22,928 | 16,203 | 13,086 | 6,986 | 5,117 | 1,270 | 1,360 | 1,446 | 68,396 |
| | 1–4 | 27,298 | 20,641 | 17,073 | 9,515 | 6,817 | 1,263 | 1,314 | 1,601 | 85,522 |
| | 5–14 | 34,459 | 27,008 | 21,665 | 12,198 | 7,547 | 1,828 | 2,043 | 1,837 | 108,585 |
| | 15–24 | 41,304 | 41,146 | 29,307 | 17,113 | 10,113 | 2,529 | 2,799 | 2,721 | 147,032 |
| | 25–34 | 45,196 | 47,043 | 33,906 | 20,458 | 11,611 | 2,960 | 3,414 | 3,828 | 168,416 |
| | 35–44 | 62,210 | 64,624 | 43,519 | 26,274 | 15,729 | 4,052 | 4,415 | 7,794 | 228,617 |
| | 45–54 | 87,389 | 88,044 | 61,777 | 34,480 | 22,945 | 6,176 | 5,236 | 10,458 | 316,505 |
| | 55–64 | 120,377 | 123,565 | 80,598 | 45,123 | 30,154 | 7,923 | 8,639 | 9,447 | 425,826 |
| | 65–74 | 139,604 | 142,623 | 83,931 | 46,195 | 32,668 | 9,819 | 8,855 | 5,066 | 468,761 |
| | 75–84 | 141,626 | 131,149 | 68,311 | 40,477 | 36,679 | 8,255 | 7,122 | 1,765 | 435,384 |
| | 85 and over | 50,629 | 38,653 | 19,057 | 12,632 | 13,345 | 2,292 | 3,109 | 210 | 139,927 |
| <i>Total^(a)</i> | | <i>773,025</i> | <i>740,699</i> | <i>472,230</i> | <i>271,451</i> | <i>192,728</i> | <i>48,367</i> | <i>48,306</i> | <i>46,173</i> | <i>2,592,979</i> |
| Females | Under 1 | 17,847 | 12,182 | 10,462 | 5,248 | 4,019 | 1,054 | 983 | 1,131 | 52,926 |
| | 1–4 | 19,953 | 13,912 | 12,467 | 6,805 | 4,886 | 909 | 784 | 1,285 | 61,001 |
| | 5–14 | 24,767 | 20,194 | 16,698 | 8,657 | 5,874 | 1,383 | 1,369 | 1,452 | 80,394 |
| | 15–24 | 64,681 | 60,592 | 52,452 | 25,654 | 18,647 | 4,477 | 4,162 | 5,353 | 236,018 |
| | 25–34 | 112,297 | 103,747 | 71,808 | 35,847 | 26,686 | 6,251 | 6,582 | 8,040 | 371,258 |
| | 35–44 | 84,327 | 88,883 | 58,102 | 32,249 | 21,723 | 5,903 | 5,995 | 9,542 | 306,724 |
| | 45–54 | 78,668 | 88,038 | 57,245 | 34,452 | 21,090 | 7,029 | 4,737 | 12,723 | 303,982 |
| | 55–64 | 88,778 | 100,570 | 63,157 | 36,963 | 22,470 | 7,041 | 5,429 | 12,306 | 336,714 |
| | 65–74 | 116,975 | 108,506 | 66,508 | 37,631 | 25,681 | 7,174 | 6,539 | 5,056 | 374,070 |
| | 75–84 | 127,744 | 108,321 | 55,733 | 35,073 | 29,638 | 6,625 | 5,669 | 1,035 | 369,838 |
| | 85 and over | 73,646 | 50,396 | 27,485 | 18,241 | 16,710 | 3,119 | 3,189 | 338 | 193,124 |
| <i>Total^(a)</i> | | <i>809,696</i> | <i>755,341</i> | <i>492,117</i> | <i>276,820</i> | <i>197,424</i> | <i>50,965</i> | <i>45,438</i> | <i>58,261</i> | <i>2,686,062</i> |
| Total^(a) | | 1,582,804 | 1,496,041 | 964,349 | 548,272 | 390,154 | 99,333 | 93,745 | 104,434 | 5,279,132 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Table S7.12: Separations, by age group and sex, private hospitals, states and territories, 2010–11

| Sex | Age group | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------|------------------|------------------|----------------|----------------|----------------|----------------|-------------|-------------|------------------|------------------|
| Males | Under 1 | 5,581 | 3,755 | 2,902 | 2,765 | 952 | n.p. | n.p. | n.p. | 16,503 |
| | 1–4 | 7,352 | 4,668 | 5,398 | 3,138 | 2,002 | n.p. | n.p. | n.p. | 23,430 |
| | 5–14 | 9,476 | 7,000 | 7,346 | 3,810 | 2,238 | n.p. | n.p. | n.p. | 30,979 |
| | 15–24 | 20,305 | 18,338 | 15,044 | 9,289 | 6,201 | n.p. | n.p. | n.p. | 72,111 |
| | 25–34 | 22,812 | 19,240 | 17,277 | 11,469 | 5,916 | n.p. | n.p. | n.p. | 79,852 |
| | 35–44 | 37,042 | 32,932 | 29,596 | 18,145 | 9,159 | n.p. | n.p. | n.p. | 131,420 |
| | 45–54 | 57,651 | 51,642 | 48,147 | 28,745 | 16,221 | n.p. | n.p. | n.p. | 210,212 |
| | 55–64 | 94,726 | 79,710 | 86,857 | 41,009 | 28,054 | n.p. | n.p. | n.p. | 342,685 |
| | 65–74 | 99,179 | 79,920 | 90,273 | 40,960 | 30,821 | n.p. | n.p. | n.p. | 352,642 |
| | 75–84 | 71,529 | 63,375 | 63,800 | 29,408 | 23,034 | n.p. | n.p. | n.p. | 258,861 |
| | 85 and over | 29,910 | 26,549 | 26,741 | 9,616 | 8,472 | n.p. | n.p. | n.p. | 104,264 |
| <i>Total^(a)</i> | <i>455,563</i> | <i>387,129</i> | <i>393,381</i> | <i>198,354</i> | <i>133,070</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1,622,959</i> | |
| Females | Under 1 | 3,967 | 2,450 | 1,936 | 1,778 | 388 | n.p. | n.p. | n.p. | 10,918 |
| | 1–4 | 5,034 | 2,944 | 3,661 | 2,080 | 1,385 | n.p. | n.p. | n.p. | 15,626 |
| | 5–14 | 8,284 | 6,217 | 6,243 | 3,253 | 1,945 | n.p. | n.p. | n.p. | 26,892 |
| | 15–24 | 30,789 | 30,029 | 26,544 | 14,262 | 6,675 | n.p. | n.p. | n.p. | 112,429 |
| | 25–34 | 59,311 | 54,729 | 50,295 | 26,282 | 12,862 | n.p. | n.p. | n.p. | 212,129 |
| | 35–44 | 73,643 | 71,623 | 58,686 | 30,905 | 15,487 | n.p. | n.p. | n.p. | 260,235 |
| | 45–54 | 73,361 | 69,394 | 65,730 | 32,624 | 21,105 | n.p. | n.p. | n.p. | 272,797 |
| | 55–64 | 98,438 | 83,916 | 82,681 | 41,064 | 29,789 | n.p. | n.p. | n.p. | 348,380 |
| | 65–74 | 93,900 | 74,975 | 77,607 | 33,018 | 27,235 | n.p. | n.p. | n.p. | 317,469 |
| | 75–84 | 77,936 | 62,903 | 62,331 | 24,648 | 23,226 | n.p. | n.p. | n.p. | 259,147 |
| | 85 and over | 31,660 | 29,129 | 30,107 | 9,493 | 10,110 | n.p. | n.p. | n.p. | 114,355 |
| <i>Total^(a)</i> | <i>556,323</i> | <i>488,309</i> | <i>465,821</i> | <i>219,407</i> | <i>150,207</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1,950,377</i> | |
| Total^(a) | | 1,011,887 | 875,470 | 859,202 | 417,761 | 283,281 | n.p. | n.p. | n.p. | 3,573,418 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.13: Separations, by Indigenous status^(a), public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas ^(b) | ACT ^(b) | NT ^(b) | Sub-total— selected states and territories ^(b) | Total |
|----------------------------------------------------------------|------------------|------------------|------------------|----------------|----------------|--------------------|--------------------|-------------------|--------------------------------------------------------------------|------------------|
| Public hospitals | | | | | | | | | | |
| Aboriginal but not Torres Strait Islander origin | 59,866 | 14,073 | 63,440 | 48,997 | 20,396 | 2,568 | 2,007 | 71,527 | 278,299 | 282,874 |
| Torres Strait Islander but not Aboriginal origin | 1,151 | 444 | 9,742 | 295 | 352 | 121 | 28 | 331 | 12,315 | 12,464 |
| Aboriginal and Torres Strait Islander origin | 1,368 | 1,899 | 5,081 | 843 | 78 | 148 | 93 | 1,062 | 10,331 | 10,572 |
| <i>Indigenous people</i> | <i>62,385</i> | <i>16,416</i> | <i>78,263</i> | <i>50,135</i> | <i>20,826</i> | <i>2,837</i> | <i>2,128</i> | <i>72,920</i> | <i>300,945</i> | <i>305,910</i> |
| Neither Aboriginal nor Torres Strait Islander origin | 1,507,520 | 1,468,985 | 872,535 | 498,137 | 351,331 | 94,652 | 90,172 | 31,513 | 4,730,021 | 4,914,845 |
| Not reported | 12,899 | 10,640 | 13,551 | 0 | 17,997 | 1,844 | 1,445 | 1 | 55,088 | 58,377 |
| <i>Total</i> | <i>1,582,804</i> | <i>1,496,041</i> | <i>964,349</i> | <i>548,272</i> | <i>390,154</i> | <i>99,333</i> | <i>93,745</i> | <i>104,434</i> | <i>5,086,054</i> | <i>5,279,132</i> |
| Private hospitals | | | | | | | | | | |
| Aboriginal but not Torres Strait Islander origin | 1,405 | 687 | 1,999 | 16,971 | 496 | n.p. | n.p. | n.p. | 21,558 | 22,025 |
| Torres Strait Islander but not Aboriginal origin | 111 | 1,226 | 1,107 | 392 | 62 | n.p. | n.p. | n.p. | 2,898 | 2,926 |
| Aboriginal and Torres Strait Islander origin | 369 | 783 | 385 | 446 | 51 | n.p. | n.p. | n.p. | 2,034 | 2,152 |
| <i>Indigenous people</i> | <i>1,885</i> | <i>2,696</i> | <i>3,491</i> | <i>17,809</i> | <i>609</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>26,490</i> | <i>27,103</i> |
| Neither Aboriginal nor Torres Strait Islander origin | 980,483 | 862,310 | 790,644 | 399,952 | 244,411 | n.p. | n.p. | n.p. | 3,277,800 | 3,377,407 |
| Not reported | 29,519 | 10,464 | 65,067 | 0 | 38,261 | n.p. | n.p. | n.p. | 143,311 | 168,908 |
| <i>Total</i> | <i>1,011,887</i> | <i>875,470</i> | <i>859,202</i> | <i>417,761</i> | <i>283,281</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>3,447,601</i> | <i>3,573,418</i> |
| All hospitals | | | | | | | | | | |
| <i>Indigenous people</i> | <i>64,270</i> | <i>19,112</i> | <i>81,754</i> | <i>67,944</i> | <i>21,435</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>327,435</i> | <i>333,013</i> |
| <i>Other Australians^(c)</i> | <i>2,530,421</i> | <i>2,352,399</i> | <i>1,741,797</i> | <i>898,089</i> | <i>652,000</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>8,206,220</i> | <i>8,519,537</i> |
| Total | 2,594,691 | 2,371,511 | 1,823,551 | 966,033 | 673,435 | n.p. | n.p. | n.p. | 8,533,655 | 8,852,550 |
| Separation rate for Indigenous people per 1,000 | 559.2 | 771.9 | 805.7 | 1,439.6 | 1,097.4 | 190.5 | 688.6 | 1704.3 | 911.4 | n.p. |
| Separation rate ^(d) for Other Australians per 1,000 | 335.9 | 406.3 | 387.6 | 397.4 | 364.3 | 181.5 | 270.7 | 216.1 | 366.5 | n.p. |
| Separation rate for all people per 1,000 | 339.4 | 407.9 | 396.5 | 417.7 | 372.3 | 181.6 | 274.1 | 513.3 | 374.9 | n.p. |
| Rate ratio ^(e) | 1.7 | 1.9 | 2.1 | 3.6 | 3.0 | 1.0 | 2.5 | 7.9 | 2.5 | n.p. |

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.14: Overnight separations, by Indigenous status(a), public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas ^(b) | ACT ^(b) | NT ^(b) | Sub-total— selected states and territories ^(b) | Total |
|----------------------------------------------------------------|------------------|----------------|----------------|----------------|----------------|--------------------|--------------------|-------------------|--------------------------------------------------------------------|------------------|
| Public hospitals | | | | | | | | | | |
| Aboriginal but not Torres Strait Islander origin | 30,139 | 5,783 | 26,000 | 24,197 | 8,134 | 1,468 | 934 | 21,093 | 115,346 | 117,748 |
| Torres Strait Islander but not Aboriginal origin | 572 | 219 | 3,925 | 72 | 262 | 59 | 19 | 108 | 5,158 | 5,236 |
| Aboriginal and Torres Strait Islander origin | 942 | 827 | 2,012 | 231 | 49 | 84 | 66 | 295 | 4,356 | 4,506 |
| <i>Indigenous people</i> | <i>31,653</i> | <i>6,829</i> | <i>31,937</i> | <i>24,500</i> | <i>8,445</i> | <i>1,611</i> | <i>1,019</i> | <i>21,496</i> | <i>124,860</i> | <i>127,490</i> |
| Neither Aboriginal nor Torres Strait Islander origin | 835,278 | 633,985 | 433,787 | 231,349 | 194,789 | 46,996 | 41,916 | 16,854 | 2,346,042 | 2,434,954 |
| Not reported | 8,074 | 5,181 | 7,088 | 0 | 9,187 | 1,096 | 914 | 0 | 29,530 | 31,540 |
| Total | 875,005 | 645,995 | 472,812 | 255,849 | 212,421 | 49,703 | 43,849 | 38,350 | 2,500,432 | 2,593,984 |
| Private hospitals | | | | | | | | | | |
| Aboriginal but not Torres Strait Islander origin | 438 | 227 | 549 | 151 | 117 | n.p. | n.p. | n.p. | 1,482 | 1,667 |
| Torres Strait Islander but not Aboriginal origin | 42 | 41 | 176 | 7 | 21 | n.p. | n.p. | n.p. | 287 | 296 |
| Aboriginal and Torres Strait Islander origin | 117 | 258 | 110 | 35 | 17 | n.p. | n.p. | n.p. | 537 | 574 |
| <i>Indigenous people</i> | <i>597</i> | <i>526</i> | <i>835</i> | <i>193</i> | <i>155</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>2,306</i> | <i>2,537</i> |
| Neither Aboriginal nor Torres Strait Islander origin | 282,857 | 291,561 | 262,332 | 129,963 | 85,624 | n.p. | n.p. | n.p. | 1,052,337 | 1,090,621 |
| Not reported | 7,598 | 5,824 | 15,260 | 0 | 7,306 | n.p. | n.p. | n.p. | 35,988 | 44,991 |
| Total | 291,052 | 297,911 | 278,427 | 130,156 | 93,085 | n.p. | n.p. | n.p. | 1,090,631 | 1,138,149 |
| All hospitals | | | | | | | | | | |
| <i>Indigenous people</i> | <i>32,250</i> | <i>7,355</i> | <i>32,772</i> | <i>24,693</i> | <i>8,600</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>127,166</i> | <i>130,027</i> |
| <i>Other Australians^(c)</i> | <i>1,133,807</i> | <i>936,551</i> | <i>718,467</i> | <i>361,312</i> | <i>296,906</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>3,463,897</i> | <i>3,602,106</i> |
| Total | 1,166,057 | 943,906 | 751,239 | 386,005 | 305,506 | n.p. | n.p. | n.p. | 3,591,063 | 3,732,133 |
| Separation rate for Indigenous people per 1,000 | 252.4 | 259.8 | 279.2 | 395.8 | 366.6 | 104.4 | 315.6 | 380.4 | 296.5 | n.p. |
| Separation rate ^(d) for Other Australians per 1,000 | 152.1 | 162.6 | 161.0 | 161.1 | 168.1 | 92.0 | 126.0 | 118.0 | 156.5 | n.p. |
| Separation rate for all people per 1,000 | 153.9 | 163.2 | 164.2 | 167.9 | 171.1 | 92.3 | 127.7 | 183.3 | 159.5 | n.p. |
| Rate ratio ^(e) | 1.7 | 1.6 | 1.7 | 2.5 | 2.2 | 1.1 | 2.5 | 3.2 | 1.9 | n.p. |

Note: See boxes 7.1, 7.2, 7.3 and 7.4 for notes on data limitations and methods and Box 7.5 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S7.15: Separations, by mode of separation, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------|------------------|------------------|----------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Public hospitals | | | | | | | | | |
| Discharge/transfer to an(other) acute hospital | 102,100 | 96,544 | 56,169 | 26,238 | 23,602 | 3,701 | 2,933 | 3,366 | 314,653 |
| Discharge/transfer to residential aged care service ^(a) | 17,215 | 22,224 | 4,760 | 5,921 | 7,717 | 882 | 459 | 316 | 59,494 |
| Discharge/transfer to an(other) psychiatric hospital | 2,420 | 1,300 | 125 | 1,035 | 1,043 | 673 | 32 | 3 | 6,631 |
| Discharge/transfer to other health-care accommodation ^(b) | 4,360 | 2,884 | 1,883 | 1,045 | 1,106 | 410 | 593 | 2,040 | 14,321 |
| Statistical discharge: type change | 27,157 | 13,603 | 22,439 | 8,328 | 5,468 | 2,392 | 4,911 | 1,382 | 85,680 |
| Left against medical advice/discharge at own risk | 16,166 | 6,937 | 8,467 | 4,857 | 2,844 | 346 | 337 | 3,623 | 43,577 |
| Statistical discharge from leave | 3,690 | 41 | 615 | 1,586 | 122 | 0 | 0 | 0 | 6,054 |
| Died | 23,435 | 16,115 | 9,966 | 3,964 | 4,831 | 1,521 | 989 | 458 | 61,279 |
| Other ^(c) | 1,386,197 | 1,336,393 | 859,925 | 495,298 | 343,420 | 88,047 | 83,491 | 93,246 | 4,686,017 |
| Not reported | 64 | 64 | 0 | 0 | 0 | 1 | 1,361 | 0 | 0 |
| Total | 1,582,804 | 1,496,041 | 964,349 | 548,272 | 390,154 | 99,333 | 93,745 | 104,434 | 5,279,132 |
| Private hospitals | | | | | | | | | |
| Discharge/transfer to an(other) acute hospital | 20,175 | 17,824 | 8,051 | 2,690 | 6,085 | n.p. | n.p. | n.p. | 55,847 |
| Discharge/transfer to residential aged care service ^(a) | 1,260 | 2,811 | 987 | 1,063 | 1,178 | n.p. | n.p. | n.p. | 7,554 |
| Discharge/transfer to an(other) psychiatric hospital | 58 | 63 | 0 | 47 | 19 | n.p. | n.p. | n.p. | 189 |
| Discharge/transfer to other health-care accommodation ^(b) | 7,355 | 8 | 880 | 59 | 213 | n.p. | n.p. | n.p. | 8,746 |
| Statistical discharge: type change | 4,619 | 2,974 | 5,995 | 1,947 | 576 | n.p. | n.p. | n.p. | 17,298 |
| Left against medical advice/discharge at own risk | 841 | 600 | 425 | 212 | 54 | n.p. | n.p. | n.p. | 2,156 |
| Statistical discharge from leave | 10 | 0 | 98 | 18 | 1 | n.p. | n.p. | n.p. | 129 |
| Died | 2,182 | 3,216 | 4,495 | 2,014 | 1,138 | n.p. | n.p. | n.p. | 13,537 |
| Other ^(c) | 975,387 | 847,974 | 838,271 | 409,711 | 273,996 | n.p. | n.p. | n.p. | 3,467,941 |
| Not reported | 0 | 0 | 0 | 0 | 21 | n.p. | n.p. | n.p. | 21 |
| Total | 1,011,887 | 875,470 | 859,202 | 417,761 | 283,281 | n.p. | n.p. | n.p. | 3,573,418 |

(a) Unless this is the usual place of residence.

(b) Includes *Mothercraft* hospitals, except in jurisdictions where *Mothercraft* facilities are considered acute.

(c) Includes *Discharge to usual residence/ own accommodation/ welfare institution (including prisons, hostels and group homes providing primarily welfare services)*.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S7.16: Separations by inter-hospital contracted patient status, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------|------------------|------------------|------------------|----------------|----------------|---------------|---------------|----------------|------------------|
| Public hospitals | | | | | | | | | |
| Inter-hospital contracted patient from public sector | 1,722 | 393 | 0 | 6,479 | 1,971 | 0 | 0 | 1 | 10,566 |
| Inter-hospital contracted patient from private sector | 5,162 | 101 | 0 | 1 | 0 | 231 | 0 | 4 | 5,499 |
| Not inter-hospital contracted patient | 1,571,492 | 1,494,847 | 964,349 | 541,792 | 388,183 | 92,471 | 20,787 | 104,429 | 5,178,350 |
| Not reported | 4,428 | 700 | 0 | 0 | 0 | 6,631 | 72,958 | 0 | 84,717 |
| <i>Total</i> | <i>1,582,804</i> | <i>1,496,041</i> | <i>964,349</i> | <i>548,272</i> | <i>390,154</i> | <i>99,333</i> | <i>93,745</i> | <i>104,434</i> | <i>5,279,132</i> |
| Private hospitals | | | | | | | | | |
| Inter-hospital contracted patient from public sector | 4,100 | 1,560 | 6,516 | 42,889 | 3,219 | n.p. | n.p. | n.p. | 61,219 |
| Inter-hospital contracted patient from private sector | 0 | 2 | 1,040 | 1 | 2 | n.p. | n.p. | n.p. | 1,045 |
| Not inter-hospital contracted patient | 1,007,787 | 873,908 | 851,102 | 374,871 | 280,060 | n.p. | n.p. | n.p. | 3,460,616 |
| Not reported | 0 | 0 | 544 | 0 | 0 | n.p. | n.p. | n.p. | 50,538 |
| <i>Total</i> | <i>1,011,887</i> | <i>875,470</i> | <i>859,202</i> | <i>417,761</i> | <i>283,281</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>3,573,418</i> |
| All hospitals | | | | | | | | | |
| Inter-hospital contracted patient from public sector | 5,822 | 1,953 | 6,516 | 49,368 | 5,190 | n.p. | n.p. | n.p. | 71,785 |
| Inter-hospital contracted patient from private sector | 5,162 | 103 | 1,040 | 2 | 2 | n.p. | n.p. | n.p. | 6,544 |
| Not inter-hospital contracted patient | 2,579,279 | 2,368,755 | 1,815,451 | 916,663 | 668,243 | n.p. | n.p. | n.p. | 8,638,966 |
| Not reported | 4,428 | 700 | 544 | 0 | 0 | n.p. | n.p. | n.p. | 135,255 |
| Total separations | 2,594,691 | 2,371,511 | 1,823,551 | 966,033 | 673,435 | n.p. | n.p. | n.p. | 8,852,550 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S7.17: Separations with hospital-in-the-home care, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld ^(a) | WA | SA ^(a) | Tas | ACT | NT | Total |
|---------------------------------------------|------|---------|--------------------|---------|-------------------|------|--------|--------|---------|
| Public hospitals | | | | | | | | | |
| Same day separations | n.a. | 3,642 | 460 | 235 | 134 | n.a. | 12 | 12 | 4,495 |
| Overnight separations | n.a. | 21,581 | 2,893 | 9,225 | 6,795 | n.a. | 1,155 | 755 | 42,602 |
| <i>Total patient days</i> | n.a. | 291,062 | 39,012 | 148,972 | 90,630 | n.a. | 14,870 | 13,193 | 601,037 |
| Hospital in the home days | n.a. | 175,328 | 26,016 | 104,338 | 63,563 | n.a. | 10,514 | 8,496 | 390,581 |
| Average length of stay | n.a. | 13.5 | 13.5 | 16.1 | 13.3 | n.a. | 12.9 | 17.5 | 14.1 |
| Average number of hospital-in-the-home days | n.a. | 8.1 | 9.0 | 11.3 | 9.4 | n.a. | 9.1 | 11.3 | 9.2 |
| Private hospitals | | | | | | | | | |
| Same day separations | n.a. | 2,653 | 2,847 | 0 | 6,535 | n.a. | n.p. | n.p. | 12,035 |
| Overnight separations | n.a. | 2,216 | 104 | 293 | 15 | n.a. | n.p. | n.p. | 2,628 |
| <i>Total patient days</i> | n.a. | 34,879 | 3,864 | 7,258 | 6,626 | n.a. | n.p. | n.p. | 52,627 |
| Hospital in the home days | n.a. | 24,175 | 3,864 | 4,374 | 6,626 | n.a. | n.p. | n.p. | 39,039 |
| Average length of stay | n.a. | 15.7 | 37.2 | 24.8 | 441.7 | n.a. | n.p. | n.p. | 20.0 |
| Average number of hospital-in-the-home days | n.a. | 10.9 | 37.2 | 14.9 | 441.7 | n.a. | n.p. | n.p. | 5.2 |
| All hospitals | | | | | | | | | |
| Same day separations | n.a. | 6,295 | 3,307 | 235 | 6,669 | n.a. | n.p. | n.p. | 16,530 |
| Overnight separations | n.a. | 23,797 | 2,997 | 9,518 | 6,810 | n.a. | n.p. | n.p. | 45,230 |
| <i>Total patient days</i> | n.a. | 325,941 | 42,876 | 156,230 | 97,256 | n.a. | n.p. | n.p. | 653,664 |
| Hospital in the home days | n.a. | 199,503 | 29,880 | 108,712 | 70,189 | n.a. | n.p. | n.p. | 429,620 |
| Average length of stay | n.a. | 13.7 | 14.3 | 16.4 | 14.3 | n.a. | n.p. | n.p. | 14.5 |
| Average number of hospital-in-the-home days | n.a. | 8.4 | 10.0 | 11.4 | 10.3 | n.a. | n.p. | n.p. | 9.5 |

(a) For private hospitals in Queensland and South Australia, separations with hospital-in-the-home care were reported with hospital-in-the-home days only.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: n.a.—not available; n.p.—not published.

8 Same-day acute admitted patient care

This chapter presents information on same-day acute admitted patient care provided by public and private hospitals in Australia.

A same-day separation is one in which the patient is admitted and separated on the same day. Acute admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported. Separations for other care types were excluded. The data are sourced from the AIHW's National Hospital Morbidity Database (NHMD). For definitions of terms and classifications, and more information on data limitations and methods, see Chapter 7 (boxes 7.1, 7.2 and 7.3).

Of all same-day separations, 97% were reported as *Acute* with a higher proportion in the public sector (99%) than in the private sector (94%).

How has activity changed over time?

From 2009–10 to 2010–11, same-day acute separations increased by 3.7% to 4.9 million, a smaller increase than the average per year between 2006–07 and 2010–11 (4.4%) (Table 8.1). The growth rate in same-day acute separations between 2009–10 and 2010–11 was higher in public hospitals than in private hospitals, contrasting with the rate for private hospitals over the period 2006–07 to 2010–11. The greatest increase in same-day acute separations occurred in private free-standing day hospital facilities, increasing from 566,000 in 2006–07 to 806,000 in 2010–11.

Table 8.1: Same-day acute separations, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) ^(a) | |
|-----------------------------------------------|------------------|------------------|------------------|------------------|------------------|----------------------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals | 2,311,123 | 2,340,658 | 2,438,288 | 2,548,148 | 2,660,010 | 3.6 | 4.4 |
| Public psychiatric hospitals | 2,147 | 1,798 | 630 | 690 | 630 | –26.4 | –8.7 |
| <i>Total</i> | <i>2,313,270</i> | <i>2,342,456</i> | <i>2,438,918</i> | <i>2,548,838</i> | <i>2,660,640</i> | <i>3.6</i> | <i>4.4</i> |
| Private hospitals | | | | | | | |
| Private free-standing day hospital facilities | 566,190 | 664,151 | 726,572 | 780,690 | 806,409 | 9.2 | 3.3 |
| Other private hospitals | 1,276,154 | 1,319,030 | 1,356,396 | 1,436,250 | 1,476,434 | 3.7 | 2.8 |
| <i>Total</i> | <i>1,842,344</i> | <i>1,983,181</i> | <i>2,082,968</i> | <i>2,216,940</i> | <i>2,282,843</i> | <i>5.5</i> | <i>3.0</i> |
| All hospitals | 4,155,614 | 4,325,637 | 4,521,886 | 4,765,778 | 4,943,483 | 4.4 | 3.7 |

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Between 2006–07 and 2010–11, the number of same-day acute public hospital separations increased at a greater rate than the national average in Queensland, the Northern Territory, Western Australia and the Australian Capital Territory. Over the same period, above average increases in the number of same-day acute private hospital separations were recorded in Western Australia and South Australia. For Victoria, the decrease in private hospital

separations was mainly due to the reclassification of some same-day mental health care as non-admitted patient activity (which was previously classified as admitted patient activity).

Table 8.2: Same-day acute separations, public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) ^(a) | |
|----------------------------------------|------------------|------------------|------------------|------------------|------------------|----------------------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(b) | | | | | | | |
| Public hospitals | 632,739 | 631,985 | 654,272 | 679,911 | 697,804 | 2.5 | 2.6 |
| Private hospitals | 506,749 | 535,887 | 563,959 | 592,552 | 618,824 | 5.1 | 4.4 |
| All hospitals | 1,139,488 | 1,167,872 | 1,218,231 | 1,272,463 | 1,316,628 | 3.7 | 3.5 |
| Victoria^(b) | | | | | | | |
| Public hospitals | 736,981 | 766,885 | 789,255 | 809,244 | 849,798 | 3.6 | 5.0 |
| Private hospitals | 483,211 | 515,376 | 531,609 | 581,364 | 573,363 | 4.4 | -1.4 |
| All hospitals | 1,220,192 | 1,282,261 | 1,320,864 | 1,390,608 | 1,423,161 | 3.9 | 2.3 |
| Queensland | | | | | | | |
| Public hospitals | 377,599 | 398,415 | 433,612 | 459,402 | 482,271 | 6.3 | 5.0 |
| Private hospitals | 474,782 | 502,405 | 530,024 | 549,879 | 556,567 | 4.1 | 1.2 |
| All hospitals | 852,381 | 900,820 | 963,636 | 1,009,281 | 1,038,838 | 5.1 | 2.9 |
| Western Australia^(b) | | | | | | | |
| Public hospitals | 236,029 | 235,065 | 239,899 | 269,408 | 292,117 | 5.5 | 8.4 |
| Private hospitals | 177,384 | 209,893 | 242,941 | 260,654 | 287,160 | 12.8 | 10.2 |
| All hospitals | 413,413 | 444,958 | 482,840 | 530,062 | 579,277 | 8.8 | 9.3 |
| South Australia^(b) | | | | | | | |
| Public hospitals | 188,646 | 160,514 | 164,745 | 170,177 | 173,794 | -2.0 | 2.1 |
| Private hospitals | 134,977 | 148,420 | 153,881 | 162,859 | 172,395 | 6.3 | 5.9 |
| All hospitals | 323,623 | 308,934 | 318,626 | 333,036 | 346,189 | 1.7 | 3.9 |
| Tasmania^(b) | | | | | | | |
| Public hospitals | 48,579 | 50,426 | 49,338 | 51,080 | 49,606 | 0.5 | -2.9 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 40,981 | 43,513 | 48,248 | 47,081 | 49,304 | 4.7 | 4.7 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Northern Territory | | | | | | | |
| Public hospitals | 51,716 | 55,652 | 59,549 | 62,535 | 65,946 | 6.3 | 5.5 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Total | | | | | | | |
| Public hospitals | 2,313,270 | 2,342,455 | 2,438,918 | 2,548,838 | 2,660,640 | 3.6 | 4.4 |
| Private hospitals | 1,842,344 | 1,983,181 | 2,082,968 | 2,216,940 | 2,282,843 | 5.5 | 3.0 |
| All hospitals | 4,155,614 | 4,325,636 | 4,521,886 | 4,765,778 | 4,943,483 | 4.4 | 3.7 |

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

(b) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Box 7.2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: n.p.—not published.

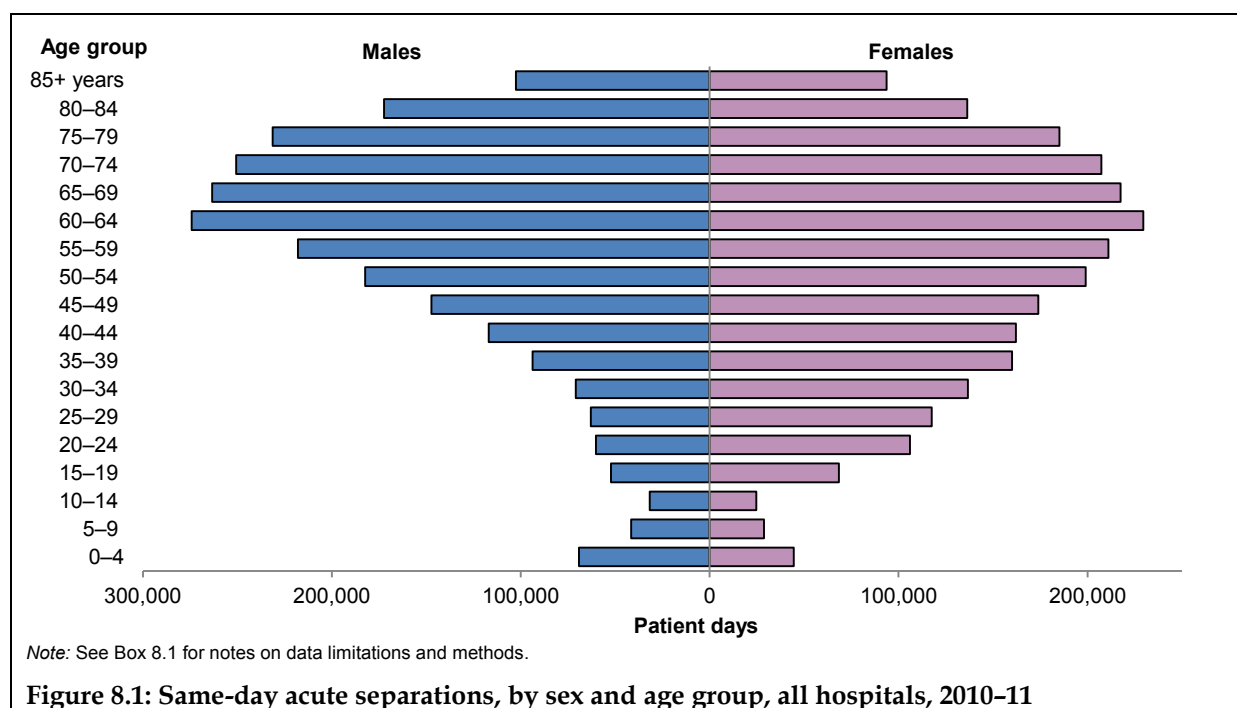
Large single year increases in the number of same-day acute hospital separations between 2009–10 and 2010–11 were recorded for Western Australia (both public and private hospitals), public hospitals in the Northern Territory, Victoria, Queensland and the

Australian Capital Territory together with private hospitals in South Australia and New South Wales (Table 8.2).

Who used these services?

Sex and age group

Just over half (51%) of same-day acute separations were for females (Figure 8.1). However, there were more same-day separations for males aged 0 to 14 and aged 55 and over. People aged 55 and over accounted for over half of all same-day separations.



Aboriginal and Torres Strait Islander people

Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2010-11 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, 4.1% of all same-day acute separations were for Aboriginal or Torres Strait Islander people.

In 2010-11, the same-day acute separation rate for Indigenous Australians was over 3 times the rate for other Australians (Table 8.3). The Northern Territory had the highest rate of same-day acute separations for Indigenous Australians.

For both Indigenous and other Australians, *Care involving dialysis* accounted for a large proportion of same-day separations, particularly for Indigenous Australians, who

were 11 times more likely to be admitted for dialysis than other Australians. Excluding separations for dialysis, Indigenous Australians had a higher same-day acute separation rate than other Australians in Victoria and the Northern Territory.

Table 8.3: Same-day acute separations per 1,000 population, by Indigenous status^(a), states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas ^(a) | ACT ^(a) | NT ^(a) | Total ^(b) |
|------------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------------|--------------------|-------------------|----------------------|
| Indigenous Australians | 305.3 | 512.2 | 524.2 | 1043.4 | 729.3 | 85.8 | 368.7 | 1323.3 | 635.7 |
| Excluding Care involving dialysis | 106.7 | 231.6 | 143.3 | 134.7 | 139.5 | 73.1 | 138.7 | 123.2 | 132.1 |
| Other Australians ^(c) | 169.9 | 243.0 | 219.3 | 236.0 | 185.0 | 89.4 | 143.0 | 97.3 | 206.6 |
| Excluding Care involving dialysis | 131.2 | 192.5 | 178.8 | 180.6 | 146.2 | 63.9 | 69.6 | 73.9 | 161.2 |
| Total^(d) | 171.6 | 244.0 | 225.0 | 249.5 | 190.1 | 89.3 | 144.8 | 329.3 | 212.3 |
| Excluding Care involving dialysis | 131.0 | 192.7 | 178.4 | 180.1 | 146.3 | 64.0 | 70.2 | 86.5 | 162.7 |

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separation rates by Indigenous status are calculated for public hospitals only.

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

(c) Other Australians includes separations for which Indigenous status was not reported.

(d) The separation rate presented in this table differs from the separation rate presented in Table 3.11 because all care types (that is, including sub- and non-acute care) are included in Table 3.11.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Remoteness area

In 2010–11, people who lived in *Very remote* areas had 301 same-day acute separations per 1,000 population, compared with almost 213 per 1,000 nationally (Table 8.4). The standardised separation rate ratio (SRR) for *Very remote* areas was 1.42, indicating that the separation rate was 42% higher than the national separation rate.

Table 8.4: Selected same-day acute separation statistics, by remoteness area of usual residence, all hospitals, 2010–11

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total ^(a) |
|------------------------------------|--------------|----------------|----------------|--------|-------------|----------------------|
| Separations | 3,408,224 | 965,669 | 430,919 | 71,438 | 47,652 | 4,943,483 |
| Separation rate | 218.1 | 198.3 | 192.9 | 218.6 | 301.2 | 212.6 |
| Standardised separation rate ratio | 1.03 | 0.93 | 0.91 | 1.03 | 1.42 | |

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Socioeconomic status

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

Each SES group accounted for between 19% and 21% of total same-day acute separations. The separation rates varied from 202 per 1,000 population for people living in areas classified as being the second lowest SES group to 222 per 1,000 for the middle SES group (Table 8.5).

Table 8.5: Selected same-day acute separation statistics, by socioeconomic status group, all hospitals, 2010–11

| | Socioeconomic status group | | | | | Total ^(a) |
|------------------------------------|----------------------------|---------|-----------|---------|-----------|----------------------|
| | 1—Lowest | 2 | 3 | 4 | 5—Highest | |
| Separations | 993,896 | 978,014 | 1,016,182 | 948,973 | 986,133 | 4,943,483 |
| Separation rate | 211.0 | 201.6 | 221.7 | 212.4 | 214.1 | 212.7 |
| Standardised separation rate ratio | 0.99 | 0.95 | 1.04 | 1.00 | 1.01 | |

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How did people access these services?

The **mode of admission** records the mechanism by which a patient begins an episode of care.

In both public and private hospitals, most same-day separations had a mode of admission of *Other* (99% overall), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions. Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals (1.1% and 0.3%, respectively) (Table 8.6).

Table 8.6: Same-day acute separations, by mode of admission, public and private hospitals, 2010–11

| | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|----------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| Admitted patient transferred from another hospital | 29,422 | 3,647 | 3,286 | 36,355 |
| Statistical admission: type change | 2,741 | .. | 265 | 3,006 |
| Other | 2,612,310 | 802,749 | 1,462,347 | 4,877,406 |
| Not reported | 16,167 | 13 | 10,536 | 26,716 |
| Total | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: ..—not applicable.

Why did people receive the care?

The reason that a patient receives admitted patient care can be 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

In 2010–11, almost half (47%) of same-day acute separations in public hospitals and 31% in private hospitals had a principal diagnosis in the *Factors influencing health status and contact with health services* chapter (Table 8.7). The major contributors to the *Factors influencing health status and contact with health services* separations were for *Care involving dialysis* and *chemotherapy* (Table 8.8).

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For example, about 64% of same-day acute separations for *Factors influencing health status and contact with health services* were from the public hospitals, while about 72% of same-day acute separations for *Diseases of the eye and adnexa* were from private hospitals.

Table 8.7: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2010–11

| Principal diagnosis chapter | | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|-----------------------------|-----------------------------------------------------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 33,817 | 2,185 | 8,171 | 44,173 |
| C00–D48 | Neoplasms | 123,980 | 70,852 | 130,845 | 325,677 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 55,782 | 10,741 | 20,530 | 87,053 |
| E00–E90 | Endocrine, nutritional and metabolic diseases ^(a) | 29,514 | 5,082 | 11,612 | 46,208 |
| F00–F99 | Mental and behavioural disorders | 45,437 | 189 | 104,612 | 150,238 |
| G00–G99 | Diseases of the nervous system | 60,454 | 4,131 | 27,693 | 92,278 |
| H00–H59 | Diseases of the eye and adnexa | 77,215 | 124,379 | 76,983 | 278,577 |
| H60–H95 | Diseases of the ear and mastoid process | 17,962 | 3,525 | 19,589 | 41,076 |
| I00–I99 | Diseases of the circulatory system | 77,853 | 19,983 | 44,102 | 141,938 |
| J00–J99 | Diseases of the respiratory system | 50,686 | 3,581 | 14,245 | 68,512 |
| K00–K93 | Diseases of the digestive system | 172,556 | 149,828 | 230,478 | 552,862 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 36,938 | 10,768 | 20,132 | 67,838 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 72,566 | 18,115 | 108,682 | 199,363 |
| N00–N99 | Diseases of the genitourinary system | 105,766 | 18,511 | 84,352 | 208,629 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 70,930 | 38,872 | 15,014 | 124,816 |
| P00–P96 | Certain conditions originating in the perinatal period | 1,832 | 4 | 457 | 2,293 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 12,038 | 1,400 | 5,013 | 18,451 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 197,964 | 43,814 | 100,184 | 341,962 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 157,350 | 5,448 | 25,530 | 188,328 |
| Z00–Z99 | Factors influencing health status and contact with health services | 1,259,425 | 273,546 | 427,001 | 1,959,972 |
| | Not reported | 575 | 1,455 | 1,209 | 3,239 |
| Total | | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

(a) A new standard for diabetes coding was introduced on 1 July 2010 that resulted in a decrease in the reporting of diabetes diagnoses and consequently a decrease for the ICD-10-AM chapter *Endocrine, nutritional and metabolic diseases and disorders*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S8.2 and S8.3 at the end of this chapter.

Public and private hospitals also differed substantially in the relative distributions of principal diagnoses at the 3-character level. Public hospitals accounted for the majority (82%) of same-day acute separations for *Care involving dialysis*, but private hospitals provided more same-day acute separations (59%) for *Other medical care* (which includes chemotherapy for neoplasms), *Other cataract* (67%) and *Other malignant neoplasms of skin* (71%) (Table 8.8).

Table 8.8: Separations for the top 20 principal diagnoses in 3-character ICD-10-AM groupings with the highest number of same-day acute separations, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|---------------------|-------------------------------------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| Z49 | Care involving dialysis | 970,989 | 120,830 | 88,887 | 1,180,706 |
| Z51 | Other medical care | 148,344 | 59,117 | 151,619 | 359,080 |
| H26 | Other cataract | 53,499 | 53,535 | 55,250 | 162,284 |
| R10 | Abdominal and pelvic pain | 40,802 | 19,731 | 26,494 | 87,027 |
| C44 | Other malignant neoplasms of skin | 23,406 | 24,797 | 31,871 | 80,074 |
| K01 | Embedded and impacted teeth | 7,911 | 19,086 | 47,153 | 74,150 |
| Z45 | Adjustment and management of implanted device | 22,865 | 7,093 | 39,085 | 69,043 |
| R07 | Pain in throat and chest | 51,248 | 1,403 | 7,385 | 60,036 |
| K21 | Gastro-oesophageal reflux disease | 14,527 | 19,471 | 25,395 | 59,393 |
| Z31 | Procreative management | 5,728 | 31,270 | 22,327 | 59,325 |
| Z09 | Follow-up examination after treatment for conditions other than malignant neoplasms | 16,804 | 13,644 | 28,155 | 58,603 |
| D12 | Benign neoplasm of colon, rectum, anus and anal canal | 12,319 | 17,891 | 26,645 | 56,855 |
| Z12 | Special screening examination for neoplasms | 10,754 | 15,480 | 26,943 | 53,177 |
| K92 | Other diseases of digestive system | 19,777 | 8,445 | 22,493 | 50,715 |
| R19 | Other symptoms and signs involving the digestive system and abdomen | 15,357 | 9,600 | 25,680 | 50,637 |
| M23 | Internal derangement of knee | 10,012 | 3,334 | 35,867 | 49,213 |
| Z08 | Follow-up examination after treatment for malignant neoplasms | 20,108 | 4,641 | 23,246 | 47,995 |
| O04 | Medical abortion | 9,454 | 37,575 | 951 | 47,980 |
| I84 | Haemorrhoids | 10,251 | 14,804 | 15,313 | 40,368 |
| H35 | Other retinal disorders | 1,871 | 28,521 | 5,874 | 36,266 |
| | Other | 1,194,614 | 296,141 | 769,801 | 2,260,556 |
| Total | | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S8.4 and S8.5 at the end of this chapter.

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). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (includes elective and other planned care).

Table 8.9 includes information on urgency of admission and whether the separations were considered to be *Childbirth*, *Specialist mental health*, *Surgical*, *Medical* and *Other*. See the section ‘What care was provided?’ for more information on these types of care.

In 2010–11, about 11% of same day acute separations were *Emergency* admissions, with 97% of these occurring in public hospitals. Over 86% of same-day acute separations were *Non-emergency* admissions, and these occurred equally in public and private hospitals (Table 8.9).

Table 8.9: Same-day acute separations, by urgency of admission and broad category of service, public and private hospitals, 2010–11

| | Public hospitals | | Private hospitals | | Total | |
|--------------------------|------------------|-------------------|-------------------|-------------------|------------------|-------------------|
| | Separations | Per cent (column) | Separations | Per cent (column) | Separations | Per cent (column) |
| Childbirth | 7,286 | 0.3 | 145 | 0.0 | 7,431 | 0.2 |
| Specialist mental health | 10,572 | 0.4 | 93,764 | 4.1 | 104,336 | 2.1 |
| Emergency | | | | | | |
| Surgical | 20,684 | 0.8 | 3,893 | 0.2 | 24,577 | 0.5 |
| Medical | 517,560 | 19.5 | 9,825 | 0.4 | 527,385 | 10.7 |
| Other | 3,885 | 0.1 | 2,739 | 0.1 | 6,624 | 0.1 |
| Total emergency | 542,129 | 20.4 | 16,457 | 0.3 | 558,586 | 11.3 |
| Non-emergency | | | | | | |
| Surgical | 352,568 | 13.3 | 757,915 | 33.2 | 1,110,483 | 22.5 |
| Medical | 1,489,602 | 56.0 | 724,211 | 31.7 | 2,213,813 | 44.8 |
| Other | 258,483 | 9.7 | 690,351 | 30.2 | 948,834 | 19.2 |
| Total non-emergency | 2,100,653 | 79.0 | 2,172,477 | 95.2 | 4,273,130 | 86.4 |
| Total | 2,660,640 | 100.0 | 2,282,843 | 100.0 | 4,943,483 | 100.0 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S8.6 at the end of this chapter.

What care was provided?

This section presents information on same-day acute separations describing care by:

- the broad category of service – *Childbirth*, *Specialist mental health*, *Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or *Other* (involving a non-operating room procedure, such as endoscopy). See Chapter 7 for more information.
- Major Diagnostic Categories and Australian Refined Diagnosis Related Groups (AR-DRGs) – based on the AR-DRG classification of acute care separations
- the type of surgical or other procedure undertaken.

Broad categories of service

In 2010–11, over half (55%) of same-day acute separations were reported as *Medical*, 23% were *Surgical* and 19% were *Other* care (excluding *Childbirth* and *Specialist mental health*, Table 8.9). The majority of *Medical* care occurred in public hospitals (73%) and the majority of *Surgical* care occurred in private hospitals (67%). *Specialist mental health* admissions accounted for about 2.1% of same-day acute separations.

Major Diagnostic Categories

The AR-DRG classification contains 23 Major Diagnostic Categories (MDCs).

Table 8.10 presents same-day acute separations by MDCs for public and private hospitals. *Diseases and disorders of the kidney and urinary tract* accounted for one in four same-day acute separations for the combined public and private sectors, with 80% of this activity occurring in public hospitals. Over 70% of same-day acute separations for *Mental diseases and disorders* and 71% for *Diseases and disorders of the eye* were from private hospitals.

Table 8.10: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0, public and private hospitals, 2010–11

| Major Diagnostic Category | | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|---------------------------|-------------------------------------------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 294 | 15 | 143 | 452 |
| 01 | Diseases and disorders of the nervous system | 98,566 | 5,831 | 29,987 | 134,384 |
| 02 | Diseases and disorders of the eye | 83,694 | 126,697 | 78,832 | 289,223 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 88,389 | 42,711 | 113,869 | 244,969 |
| 04 | Diseases and disorders of the respiratory system | 48,679 | 891 | 7,260 | 56,830 |
| 05 | Diseases and disorders of the circulatory system | 131,518 | 6,805 | 39,103 | 177,426 |
| 06 | Diseases and disorders of the digestive system | 249,766 | 190,383 | 271,055 | 711,204 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 18,584 | 701 | 4,141 | 23,426 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 136,055 | 20,034 | 129,863 | 285,952 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 95,652 | 55,353 | 83,438 | 234,443 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 21,666 | 3,728 | 10,869 | 36,263 |
| 11 | Diseases and disorders of the kidney and urinary tract | 1,049,813 | 129,159 | 138,818 | 1,317,790 |
| 12 | Diseases and disorders of the male reproductive system | 25,408 | 7,709 | 35,605 | 68,722 |
| 13 | Diseases and disorders of the female reproductive system | 72,070 | 43,710 | 80,282 | 196,062 |
| 14 | Pregnancy, childbirth and puerperium | 80,445 | 38,872 | 16,301 | 135,618 |
| 15 | Newborns and other neonates | 3,174 | 566 | 1,008 | 4,748 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 64,557 | 12,210 | 23,039 | 99,806 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 173,693 | 65,024 | 162,654 | 401,371 |
| 18 | Infectious and parasitic diseases | 12,357 | 500 | 1,480 | 14,337 |
| 19 | Mental diseases and disorders | 35,077 | 181 | 83,368 | 118,626 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 10,326 | 1 | 21,561 | 31,888 |
| 21 | Injuries, poisoning and toxic effects of drugs | 58,793 | 2,168 | 7,004 | 67,965 |
| 22 | Burns | 3,198 | 30 | 87 | 3,315 |
| 23 | Factors influencing health status and other contacts with health services | 97,318 | 51,136 | 134,567 | 283,021 |
| ED | Error DRGs | 1,548 | 1,994 | 2,100 | 5,642 |
| | <i>Surgical</i> | 373,501 | 295,282 | 466,577 | 1,135,360 |
| | <i>Medical</i> | 2,020,458 | 253,944 | 569,115 | 2,843,517 |
| | <i>Other</i> | 266,681 | 257,183 | 440,742 | 964,606 |
| Total | | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S8.7 and S8.8 at the end of this chapter.

Abbreviations: AR-DRG—Australian Refined Diagnosis Related Group; ECMO—Extracorporeal Membrane Oxygenation.

Most common AR-DRGs

In 2010–11, the 20 most common AR-DRGs accounted for two-thirds of same-day acute separations. Almost one-quarter of same-day acute separations were for *Haemodialysis with Chemotherapy* being the next most common (Table 8.11).

There was variation in the types of same-day acute admitted care by hospital sector. Public hospitals provided the majority of same-day separations for *Haemodialysis, Antenatal and other obstetric admission – same-day* and *Chest pain*. Private hospitals provided over 80% of separations for *Dental extractions and restorations* and *Retinal procedures*.

Table 8.11: Separations for the top 20 AR-DRGs version 6.0 with the highest number of same-day acute separations, public and private hospitals, 2010–11

| AR-DRG | | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|--------------|--------------------------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| L61Z | Haemodialysis | 965,382 | 120,290 | 88,720 | 1,174,392 |
| R63Z | Chemotherapy | 143,492 | 57,831 | 151,073 | 352,396 |
| G48C | Colonoscopy, sameday | 62,672 | 82,271 | 111,264 | 256,207 |
| C16Z | Lens procedures | 58,943 | 74,315 | 59,637 | 192,895 |
| G47C | Other gastroscopy, sameday | 40,371 | 52,471 | 58,280 | 151,122 |
| Z40Z | Endoscopy with diagnoses of other contacts with health services, sameday | 40,774 | 35,479 | 70,350 | 146,603 |
| G46C | Complex gastroscopy, sameday | 29,165 | 48,571 | 64,092 | 141,828 |
| D40Z | Dental extractions and restorations | 23,015 | 28,569 | 67,353 | 118,937 |
| Z64B | Other factors influencing health status, sameday | 45,360 | 13,926 | 54,714 | 114,000 |
| U60Z | Mental health treatment, sameday, W/O ECT | 22,390 | 181 | 78,133 | 100,704 |
| J11Z | Other skin, subcutaneous tissue and breast procedures | 35,683 | 24,107 | 34,714 | 94,504 |
| I18Z | Other knee procedures | 14,712 | 4,592 | 52,782 | 72,086 |
| O05Z | Abortion with OR procedure | 21,459 | 38,118 | 9,288 | 68,865 |
| N07Z | Other uterine and adnexa procedures for non-malignancy | 14,788 | 19,207 | 31,391 | 65,386 |
| Q61B | Red blood cell disorders W/O catastrophic or severe CC | 40,781 | 7,436 | 15,394 | 63,611 |
| L41Z | Cystourethroscopy, sameday | 24,043 | 3,876 | 26,266 | 54,185 |
| F74Z | Chest pain | 47,686 | 880 | 3,141 | 51,707 |
| O66Z | Antenatal and other obstetric admission | 39,809 | 21 | 4,515 | 44,345 |
| C03Z | Retinal procedures | 4,053 | 31,274 | 6,896 | 42,223 |
| I68C | Non-surgical spinal disorders, sameday | 18,656 | 6,636 | 16,638 | 41,930 |
| | Other | 967,406 | 156,358 | 471,793 | 1,595,557 |
| Total | | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S8.9 and S8.10 at the end of this chapter.

Abbreviations: CC— complications and comorbidities; ECT—electroconvulsive therapy; OR—operating room; W/O—without.

Procedures

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 2008).

Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

In 2010–11, 7.4 million procedures were reported for same-day acute separations, with over 4.3 million in the private sector. Public hospitals accounted for close to half (49%) of the same-day acute separations for which a procedure was reported (Table 8.12). In public hospitals, 80% of same-day acute separations involved a procedure, compared to 97% of separations in private hospitals. See Box 7.1 and Appendix 2 for information on the classification of procedures.

Table 8.12: Same-day acute separations, by procedure in ACHI chapters, public and private hospitals, 2010–11

| Procedure chapters | | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|-----------------------------------------|---------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| 1–86 | Procedures on nervous system | 27,536 | 12,602 | 37,792 | 77,930 |
| 110–129 | Procedures on endocrine system | 254 | 2 | 140 | 396 |
| 160–256 | Procedures on eye and adnexa | 76,388 | 122,680 | 75,866 | 274,934 |
| 300–333 | Procedures on ear and mastoid process | 16,909 | 3,578 | 21,176 | 41,663 |
| 370–422 | Procedures on nose, mouth and pharynx | 20,066 | 8,583 | 23,168 | 51,817 |
| 450–490 | Dental services | 24,882 | 32,051 | 72,945 | 129,878 |
| 520–570 | Procedures on respiratory system | 18,051 | 338 | 6,922 | 25,311 |
| 600–777 | Procedures on cardiovascular system | 46,458 | 8,050 | 35,200 | 89,708 |
| 800–817 | Procedures on blood and blood-forming organs | 12,878 | 1,949 | 4,782 | 19,609 |
| 850–1011 | Procedures on digestive system | 226,303 | 237,433 | 364,592 | 828,328 |
| 1040–1129 | Procedures on urinary system | 1,033,057 | 131,431 | 160,028 | 1,324,516 |
| 1160–1203 | Procedures on male genital organs | 22,437 | 7,765 | 36,241 | 66,443 |
| 1240–1299 | Gynaecological procedures | 86,479 | 81,889 | 87,258 | 255,626 |
| 1330–1347 | Obstetric procedures | 7,451 | 50 | 1,417 | 8,918 |
| 1360–1579 | Procedures on musculoskeletal system | 76,680 | 16,284 | 116,473 | 209,437 |
| 1600–1718 | Dermatological and plastic procedures | 89,768 | 57,683 | 88,815 | 236,266 |
| 1740–1759 | Procedures on breast | 7,702 | 5,064 | 10,186 | 22,952 |
| 1786–1799 | Radiation oncology procedures | 1,492 | 45 | 595 | 2,132 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 995,306 | 528,895 | 1,236,295 | 2,760,496 |
| 1940–2016 | Imaging services ^(a) | 20,309 | 2,924 | 17,539 | 40,772 |
| | <i>Procedures reported^(b)</i> | <i>3,125,910</i> | <i>1,475,606</i> | <i>2,829,687</i> | <i>7,431,203</i> |
| | No procedure or not reported | 526,610 | 2,795 | 62,311 | 591,716 |
| Total same-day acute separations | | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

(a) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures in the *Imaging services* chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This resulted in a marked overall decrease in the reporting of *Imaging services*. See Appendix 2 for more information.

(b) A procedure 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.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S8.11 and S8.12 at the end of this chapter.

Abbreviation: n.e.c.—not elsewhere classified.

In 2010–11, *Cerebral anaesthesia* (general anaesthesia) was the most common procedure overall, reflecting that it is a companion procedure for many other procedures (Table 8.13). Apart from *Cerebral anaesthesia*, *Haemodialysis*, *Administration of pharmacotherapy* (including chemotherapy) and *Fibreoptic colonoscopy* were the most frequently reported procedure groups.

Table 8.13: Procedure statistics^(a) for the top 20 ACHI procedure blocks with the highest^(b) number of same-day acute separations, public and private hospitals, 2010–11

| Procedure block | | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|-----------------------------------------|------------------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| 1910 | Cerebral anaesthesia | 622,030 | 431,384 | 920,323 | 1,973,737 |
| 1060 | Haemodialysis | 967,948 | 122,851 | 88,738 | 1,179,537 |
| 1920 | Administration of pharmacotherapy | 211,060 | 63,572 | 182,564 | 457,196 |
| 905 | Fibreoptic colonoscopy | 69,721 | 90,819 | 128,435 | 288,975 |
| 911 | Fibreoptic colonoscopy with excision | 64,556 | 84,953 | 136,742 | 286,251 |
| 1008 | Panendoscopy with excision | 67,836 | 87,658 | 126,669 | 282,163 |
| 197 | Extracapsular crystalline lens extraction by phacoemulsification | 58,178 | 72,688 | 56,584 | 187,450 |
| 1909 | Conduction anaesthesia | 59,927 | 53,502 | 56,091 | 169,520 |
| 1620 | Excision of lesion(s) of skin and subcutaneous tissue | 47,664 | 37,311 | 59,048 | 144,023 |
| 1265 | Curettage and evacuation of uterus | 53,258 | 42,200 | 44,318 | 139,776 |
| 1893 | Administration of blood and blood products | 75,852 | 17,363 | 26,176 | 119,391 |
| 458 | Surgical removal of tooth | 12,236 | 25,108 | 61,195 | 98,539 |
| 1089 | Examination procedures on bladder | 34,595 | 6,219 | 41,616 | 82,430 |
| 1005 | Panendoscopy | 19,506 | 29,797 | 24,131 | 73,434 |
| 1916 | Generalised allied health interventions | 36,902 | 610 | 30,739 | 68,251 |
| 1297 | Procedures for reproductive medicine | 5,594 | 34,750 | 22,104 | 62,448 |
| 1259 | Examination procedures on uterus | 26,960 | 3,345 | 28,759 | 59,064 |
| 1922 | Other procedures related to pharmacotherapy | 14,104 | 6,876 | 31,361 | 52,341 |
| 1517 | Arthroscopic meniscectomy of knee with repair | 6,365 | 3,180 | 32,370 | 41,915 |
| 668 | Coronary angiography | 16,063 | 3,930 | 19,505 | 39,498 |
| | Other | 655,555 | 257,490 | 712,219 | 1,625,264 |
| | <i>Total procedures reported</i> | <i>3,125,910</i> | <i>1,475,606</i> | <i>2,829,687</i> | <i>7,431,203</i> |
| | Separations with no procedure reported | 526,610 | 2,795 | 62,311 | 591,716 |
| Total same-day acute separations | | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

(a) A procedure 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) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures in the Imaging services chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This resulted in a marked overall decrease in the reporting of *Imaging services*, such as *Computerised tomography of the brain* and *Computerised tomography of the abdomen* which were included in this list for 2009–10. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S8.13 and S8.14 at the end of this chapter.

Who paid for the care?

Almost 90% of same-day acute separations from public hospitals were *Public patients*, and about 80% of same-day acute separations from private hospitals were funded by *Private health insurance* (Table 8.14). About two-thirds of same-day separations that were funded by the *Department of Veterans' Affairs* occurred in private hospitals. One in ten same-day acute separations from private hospitals were *Self-funded*, with a higher proportion occurring in *Private free-standing day facilities* (17%) than in *Other private hospitals* (6.5%).

Table 8.14: Same-day acute separations, by principal source of funds, public and private hospitals, 2010–11

| | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| Public patients ^(a) | 2,318,237 | 72,321 | 23,880 | 2,414,438 |
| Private health insurance | 237,457 | 559,314 | 1,242,361 | 2,039,132 |
| Self-funded | 33,790 | 138,404 | 95,409 | 267,603 |
| Workers compensation | 8,859 | 3,269 | 23,375 | 35,503 |
| Motor vehicle third party personal claim | 8,266 | 1,369 | 2,169 | 11,804 |
| Department of Veterans' Affairs | 44,710 | 23,696 | 71,367 | 139,773 |
| Other ^(b) | 9,321 | 8,036 | 17,873 | 35,230 |
| Total same-day acute separations | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Scheme.

(b) *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.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How was the care completed?

Over 96% of same-day acute separations had a mode of separation of *Other*, suggesting that most patients went home after their episode of care. In private hospitals, 99% of separations reported a mode of separation of *Other*, compared to 94% in public hospitals. A higher proportion of separations ended with a *Transfer to another hospital* (acute or psychiatric) in public hospitals compared with private hospital (4.4% and 0.6% respectively) (Table 8.15).

Table 8.15: Same-day acute separations, by mode of separation, public and private hospitals, 2010–11

| Mode of separation | Public hospitals | Private free-standing day facilities | Other private hospitals | Total |
|--------------------------------------------------------------------|------------------|--------------------------------------|-------------------------|------------------|
| Discharge/transfer to an (other) acute hospital | 117,556 | 9,000 | 5,042 | 131,598 |
| Discharge/transfer to residential aged care service ^(a) | 8,425 | 18 | 367 | 8,810 |
| Discharge/transfer to an (other) psychiatric hospital | 2,160 | 10 | 26 | 2,196 |
| Discharge/transfer to other health care accommodation | 2,113 | 71 | 3,881 | 6,065 |
| Statistical discharge: type change | 4,060 | 0 | 201 | 4,261 |
| Left against medical advice/discharge at own risk | 14,439 | 56 | 570 | 15,065 |
| Statistical discharge from leave | 471 | 0 | 55 | 526 |
| Died | 5,799 | 4 | 312 | 6,115 |
| Other ^(b) | 2,504,270 | 797,250 | 1,465,969 | 4,767,489 |
| Not reported | 1,347 | 0 | 11 | 1,358 |
| Total | 2,660,640 | 806,409 | 1,476,434 | 4,943,483 |

(a) Unless this is the usual place of residence.

(b) Includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Supplementary tables

The following supplementary tables provide more diagnosis and procedures information for same-day acute separations, by state and territory.

Box 8.1: Notes – Chapter 8 supplementary tables

Table S8.6

- (a) The type of care is assigned according to the *Medical/Surgical/Other* partitions of the AR-DRG classification.

Tables S8.7 to S8.8

- (a) An *Error* DRG is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: MDC – Major Diagnostic Category; DRG – Diagnosis Related Group; ECMO – Extracorporeal Membrane Oxygenation; CC – complications and comorbidities; ECT – electroconvulsive therapy; Gastroent – gastroenteritis; misc – miscellaneous; O.R. – operating room; URI – upper respiratory tract infection; W – with; W/O – without.

Tables S8.11 to S8.12

- (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) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures contained in the *Imaging services* chapter, if they were considered ‘standard treatment’ for the particular diagnosis or procedure performed. This has resulted in a marked overall decrease in the reporting of *Imaging services*, such as *Computerised tomography of the brain* and *Computerised tomography of the abdomen*.

Abbreviation: n.e.c. – not elsewhere classified.

Tables S8.13 to S8.14

- (a) For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. 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 S8.1: Same-day acute separations, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------------------------|------------------|------------------|------------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Public hospitals | | | | | | | | | |
| Public acute | 697,609 | 849,792 | 482,271 | 292,046 | 173,444 | 49,598 | 49,304 | 65,946 | 2,660,010 |
| Public psychiatric | 195 | 6 | 0 | 71 | 350 | 8 | .. | .. | 630 |
| <i>Total</i> | <i>697,804</i> | <i>849,798</i> | <i>482,271</i> | <i>292,117</i> | <i>173,794</i> | <i>49,606</i> | <i>49,304</i> | <i>65,946</i> | <i>2,660,640</i> |
| Separation rate | 91.6 | 146.7 | 105.7 | 126.7 | 97.4 | 90.1 | 146.2 | 320.5 | 114.9 |
| Private hospitals | | | | | | | | | |
| Private free-standing day facilities | 217,336 | 197,618 | 208,487 | 112,831 | 60,903 | n.p. | n.p. | n.p. | 806,409 |
| Other private hospitals | 401,488 | 375,745 | 348,080 | 174,329 | 111,492 | n.p. | n.p. | n.p. | 1,476,434 |
| <i>Total</i> | <i>618,824</i> | <i>573,363</i> | <i>556,567</i> | <i>287,160</i> | <i>172,395</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>2,282,843</i> |
| Separation rate | 80.9 | 98.6 | 120.7 | 123.9 | 93.7 | n.p. | n.p. | n.p. | 97.6 |
| All hospitals | 1,316,628 | 1,423,161 | 1,038,838 | 579,277 | 346,189 | n.p. | n.p. | n.p. | 4,943,483 |
| Separation rate | 172.4 | 245.3 | 226.4 | 250.6 | 191.1 | n.p. | n.p. | n.p. | 212.6 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviations: ..—not applicable; n.p.—not published.

Table S8.2: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------|-----------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 7,332 | 12,827 | 7,363 | 3,593 | 1,781 | 231 | 350 | 340 | 33,817 |
| C00–D48 | Neoplasms | 30,143 | 41,486 | 23,704 | 13,495 | 10,348 | 2,981 | 940 | 883 | 123,980 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 12,620 | 20,754 | 8,679 | 7,276 | 3,992 | 1,191 | 1,033 | 237 | 55,782 |
| E00–E90 | Endocrine, nutritional and metabolic diseases ^(a) | 5,777 | 11,298 | 4,304 | 4,293 | 1,886 | 919 | 406 | 631 | 29,514 |
| F00–F99 | Mental and behavioural disorders | 14,190 | 12,981 | 9,015 | 3,969 | 3,222 | 1,037 | 338 | 685 | 45,437 |
| G00–G99 | Diseases of the nervous system | 13,483 | 23,139 | 10,837 | 6,157 | 3,717 | 1,548 | 1,237 | 336 | 60,454 |
| H00–H59 | Diseases of the eye and adnexa | 23,092 | 21,975 | 9,799 | 11,619 | 7,647 | 982 | 1,401 | 700 | 77,215 |
| H60–H95 | Diseases of the ear and mastoid process | 3,530 | 5,299 | 4,776 | 1,795 | 1,842 | 250 | 238 | 232 | 17,962 |
| I00–I99 | Diseases of the circulatory system | 21,284 | 24,782 | 13,735 | 8,510 | 6,257 | 1,255 | 1,480 | 550 | 77,853 |
| J00–J99 | Diseases of the respiratory system | 12,734 | 16,177 | 12,401 | 3,953 | 3,324 | 749 | 604 | 744 | 50,686 |
| K00–K93 | Diseases of the digestive system | 48,533 | 56,489 | 29,700 | 21,895 | 6,740 | 4,709 | 2,849 | 1,641 | 172,556 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 8,125 | 10,936 | 7,287 | 3,581 | 4,885 | 1,316 | 315 | 493 | 36,938 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 17,952 | 22,089 | 12,261 | 8,808 | 7,107 | 1,975 | 1,699 | 675 | 72,566 |
| N00–N99 | Diseases of the genitourinary system | 29,446 | 34,346 | 19,450 | 10,423 | 7,450 | 2,032 | 1,579 | 1,040 | 105,766 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 19,910 | 18,857 | 14,792 | 5,106 | 7,957 | 1,051 | 835 | 2,422 | 70,930 |
| P00–P96 | Certain conditions originating in the perinatal period | 557 | 476 | 418 | 176 | 97 | 46 | 40 | 22 | 1,832 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 4,053 | 3,551 | 1,958 | 1,082 | 907 | 224 | 209 | 54 | 12,038 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 48,639 | 68,742 | 36,236 | 24,385 | 11,338 | 3,431 | 3,253 | 1,940 | 197,964 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 42,299 | 48,230 | 34,340 | 15,760 | 9,298 | 1,954 | 2,801 | 2,668 | 157,350 |
| Z00–Z99 | Factors influencing health status and contact with health services | 333,585 | 395,311 | 221,216 | 136,241 | 73,999 | 21,723 | 27,697 | 49,653 | 1,259,425 |
| | Not reported | 520 | 53 | 0 | 0 | 0 | 2 | 0 | 0 | 575 |
| Total | | 697,804 | 849,798 | 482,271 | 292,117 | 173,794 | 49,606 | 49,304 | 65,946 | 2,660,640 |

(a) A new standard for diabetes coding was introduced on 1 July 2010 that resulted in a decrease in the reporting of diabetes diagnoses and consequently a decrease for the ICD-10-AM chapter *Endocrine, nutritional and metabolic diseases and disorders*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Table S8.3: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------|-----------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 2,781 | 2,263 | 2,712 | 1,348 | 807 | n.p. | n.p. | n.p. | 10,356 |
| C00–D48 | Neoplasms | 55,418 | 41,667 | 56,478 | 21,909 | 19,226 | n.p. | n.p. | n.p. | 201,697 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 6,971 | 7,856 | 10,834 | 2,100 | 2,542 | n.p. | n.p. | n.p. | 31,271 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 3,492 | 4,790 | 4,125 | 2,417 | 1,115 | n.p. | n.p. | n.p. | 16,694 |
| F00–F99 | Mental and behavioural disorders | 40,329 | 21,765 | 31,287 | 5,650 | 513 | n.p. | n.p. | n.p. | 104,801 |
| G00–G99 | Diseases of the nervous system | 7,697 | 7,451 | 8,429 | 4,863 | 2,259 | n.p. | n.p. | n.p. | 31,824 |
| H00–H59 | Diseases of the eye and adnexa | 70,951 | 43,712 | 45,173 | 18,383 | 12,873 | n.p. | n.p. | n.p. | 201,362 |
| H60–H95 | Diseases of the ear and mastoid process | 7,014 | 5,606 | 4,107 | 2,664 | 2,703 | n.p. | n.p. | n.p. | 23,114 |
| I00–I99 | Diseases of the circulatory system | 21,034 | 17,110 | 10,890 | 7,150 | 4,737 | n.p. | n.p. | n.p. | 64,085 |
| J00–J99 | Diseases of the respiratory system | 6,385 | 3,856 | 4,394 | 1,304 | 1,245 | n.p. | n.p. | n.p. | 17,826 |
| K00–K93 | Diseases of the digestive system | 113,730 | 108,792 | 83,768 | 36,308 | 25,945 | n.p. | n.p. | n.p. | 380,306 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 8,537 | 8,222 | 5,860 | 3,745 | 3,507 | n.p. | n.p. | n.p. | 30,900 |
| M00–M99 | Diseases of the musculoskeletal system and connective | 33,881 | 31,628 | 24,481 | 16,564 | 14,582 | n.p. | n.p. | n.p. | 126,797 |
| N00–N99 | Diseases of the genitourinary system | 36,657 | 24,978 | 21,497 | 9,526 | 6,238 | n.p. | n.p. | n.p. | 102,863 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 10,182 | 18,929 | 15,219 | 7,723 | 939 | n.p. | n.p. | n.p. | 53,886 |
| P00–P96 | Certain conditions originating in the perinatal period | 65 | 167 | 70 | 89 | 37 | n.p. | n.p. | n.p. | 461 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 2,178 | 1,460 | 1,464 | 588 | 518 | n.p. | n.p. | n.p. | 6,413 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 40,526 | 42,794 | 30,200 | 16,802 | 8,300 | n.p. | n.p. | n.p. | 143,998 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 8,766 | 6,636 | 6,717 | 3,034 | 4,635 | n.p. | n.p. | n.p. | 30,978 |
| Z00–Z99 | Factors influencing health status and contact with health services | 142,228 | 171,021 | 188,862 | 124,993 | 59,674 | n.p. | n.p. | n.p. | 700,547 |
| | Not reported | 2 | 2,660 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 2,664 |
| Total | | 618,824 | 573,363 | 556,567 | 287,160 | 172,395 | n.p. | n.p. | n.p. | 2,282,843 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S8.4: Same-day acute separations, for the top 20 principal diagnoses, public hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------|-------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Z49 | Care involving dialysis | 296,011 | 272,802 | 158,194 | 92,069 | 64,731 | 14,888 | 24,862 | 47,432 | 970,989 |
| Z51 | Other medical care | 4,174 | 81,214 | 30,497 | 27,662 | 397 | 2,822 | 969 | 609 | 148,344 |
| H26 | Other cataract | 16,520 | 15,715 | 5,782 | 7,932 | 5,275 | 725 | 1,113 | 437 | 53,499 |
| R07 | Pain in throat and chest | 11,017 | 16,763 | 10,971 | 6,430 | 3,986 | 444 | 1,178 | 459 | 51,248 |
| R10 | Abdominal and pelvic pain | 10,352 | 15,220 | 7,187 | 4,947 | 1,592 | 568 | 507 | 429 | 40,802 |
| C44 | Other malignant neoplasms of skin | 5,150 | 6,222 | 6,128 | 2,370 | 2,523 | 712 | 90 | 211 | 23,406 |
| Z45 | Adjustment and management of implanted device | 2,226 | 6,184 | 9,325 | 2,402 | 594 | 1,393 | 625 | 116 | 22,865 |
| Z08 | Follow-up examination after treatment for malignant neoplasms | 5,120 | 6,420 | 4,002 | 2,532 | 1,370 | 442 | 157 | 65 | 20,108 |
| K92 | Other diseases of digestive system | 7,404 | 5,155 | 3,125 | 2,938 | 252 | 659 | 119 | 125 | 19,777 |
| A09 | Other gastroenteritis and colitis of infectious and unspecified origin | 3,794 | 7,533 | 2,981 | 1,820 | 729 | 97 | 170 | 106 | 17,230 |
| Z09 | Follow-up examination after treatment for conditions other than malignant neoplasms | 4,550 | 5,688 | 2,968 | 2,448 | 459 | 383 | 250 | 58 | 16,804 |
| R19 | Other symptoms and signs involving the digestive system and abdomen | 4,909 | 4,113 | 1,916 | 3,115 | 31 | 966 | 157 | 150 | 15,357 |
| D50 | Iron deficiency anaemia | 3,468 | 5,377 | 2,148 | 2,156 | 998 | 428 | 216 | 107 | 14,898 |
| K21 | Gastro-oesophageal reflux disease | 4,415 | 4,468 | 2,235 | 2,445 | 285 | 397 | 211 | 71 | 14,527 |
| K02 | Dental caries | 3,186 | 3,994 | 2,744 | 855 | 928 | 427 | 155 | 308 | 12,597 |
| D64 | Other anaemias | 2,597 | 4,646 | 1,756 | 1,932 | 1,188 | 338 | 91 | 39 | 12,587 |
| G56 | Mononeuropathies of upper limb | 3,443 | 3,609 | 2,203 | 1,261 | 1,447 | 304 | 123 | 69 | 12,459 |
| K29 | Gastritis and duodenitis | 3,419 | 4,885 | 1,934 | 1,534 | 259 | 99 | 81 | 211 | 12,422 |
| D12 | Benign neoplasm of colon, rectum, anus and anal canal | 4,355 | 4,055 | 1,622 | 1,786 | 29 | 301 | 98 | 73 | 12,319 |
| S01 | Open wound of head | 2,788 | 3,759 | 2,809 | 1,443 | 592 | 68 | 130 | 355 | 11,944 |
| | Other | 298,906 | 371,976 | 221,744 | 122,040 | 86,129 | 23,145 | 18,002 | 14,516 | 1,156,458 |
| Total (all principal diagnoses) | | 697,804 | 849,798 | 482,271 | 292,117 | 173,794 | 49,606 | 49,304 | 65,946 | 2,660,640 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Table S8.5: Same-day acute separations, for the top 20 principal diagnoses, private hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------|-------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| Z51 | Other medical care | 40,054 | 54,074 | 64,979 | 27,181 | 18,982 | n.p. | n.p. | n.p. | 210,736 |
| Z49 | Care involving dialysis | 26,894 | 35,453 | 58,220 | 68,888 | 20,242 | n.p. | n.p. | n.p. | 209,717 |
| H26 | Other cataract | 41,097 | 26,067 | 18,338 | 10,240 | 7,503 | n.p. | n.p. | n.p. | 108,785 |
| K01 | Embedded and impacted teeth | 17,249 | 18,628 | 12,478 | 10,321 | 5,118 | n.p. | n.p. | n.p. | 66,239 |
| C44 | Other malignant neoplasms of skin | 14,046 | 13,234 | 13,952 | 7,062 | 6,496 | n.p. | n.p. | n.p. | 56,668 |
| Z31 | Procreative management | 16,486 | 15,228 | 11,180 | 4,917 | 3,754 | n.p. | n.p. | n.p. | 53,597 |
| R10 | Abdominal and pelvic pain | 11,221 | 17,377 | 10,094 | 4,753 | 1,652 | n.p. | n.p. | n.p. | 46,225 |
| Z45 | Adjustment and management of implanted device | 5,344 | 16,859 | 13,172 | 6,280 | 3,797 | n.p. | n.p. | n.p. | 46,178 |
| K21 | Gastro-oesophageal reflux disease | 13,500 | 11,836 | 11,097 | 4,020 | 2,999 | n.p. | n.p. | n.p. | 44,866 |
| D12 | Benign neoplasm of colon, rectum, anus and anal canal | 15,305 | 6,753 | 12,937 | 3,885 | 4,346 | n.p. | n.p. | n.p. | 44,536 |
| Z12 | Special screening examination for neoplasms | 14,136 | 12,409 | 9,428 | 3,840 | 1,129 | n.p. | n.p. | n.p. | 42,423 |
| Z09 | Follow-up examination after treatment for conditions other than malignant neoplasms | 12,721 | 12,882 | 9,323 | 3,281 | 2,462 | n.p. | n.p. | n.p. | 41,799 |
| M23 | Internal derangement of knee | 11,478 | 9,491 | 7,748 | 4,471 | 4,327 | n.p. | n.p. | n.p. | 39,201 |
| O04 | Medical abortion | 5,381 | 15,039 | 11,846 | 6,128 | 68 | n.p. | n.p. | n.p. | 38,526 |
| R19 | Other symptoms and signs involving the digestive system and abdomen | 12,149 | 8,445 | 7,037 | 3,773 | 2,143 | n.p. | n.p. | n.p. | 35,280 |
| H35 | Other retinal disorders | 13,076 | 7,605 | 6,847 | 3,357 | 1,011 | n.p. | n.p. | n.p. | 34,395 |
| K92 | Other diseases of digestive system | 11,910 | 7,263 | 6,902 | 2,354 | 1,432 | n.p. | n.p. | n.p. | 30,938 |
| I84 | Haemorrhoids | 7,931 | 10,669 | 5,344 | 2,790 | 2,133 | n.p. | n.p. | n.p. | 30,117 |
| K63 | Other diseases of intestine | 9,979 | 9,884 | 5,523 | 1,552 | 1,515 | n.p. | n.p. | n.p. | 28,981 |
| Z08 | Follow-up examination after treatment for malignant neoplasms | 9,264 | 6,543 | 6,191 | 2,746 | 1,993 | n.p. | n.p. | n.p. | 27,887 |
| | Other | 309,603 | 257,624 | 253,931 | 105,321 | 79,293 | n.p. | n.p. | n.p. | 1,045,749 |
| Total (all principal diagnoses) | | 618,824 | 573,363 | 556,567 | 287,160 | 172,395 | n.p. | n.p. | n.p. | 2,282,843 |

(a) A new standard for coding of obstetric episodes was introduced on 1 July 2010.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S8.6: Same-day acute separations, by broad categories of service^(a), public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Public hospitals | | | | | | | | | |
| Childbirth | 2,520 | 1,053 | 2,018 | 604 | 485 | 139 | 295 | 172 | 7,286 |
| Specialist mental health | 4,037 | 478 | 4,670 | 432 | 786 | 7 | 131 | 31 | 10,572 |
| Emergency | | | | | | | | | |
| Surgical | 7,387 | 5,907 | 2,480 | 2,224 | 1,246 | 434 | 842 | 164 | 20,684 |
| Medical | 126,476 | 171,818 | 113,368 | 53,343 | 32,425 | 3,520 | 8,410 | 8,200 | 517,560 |
| Other | 1,585 | 677 | 528 | 588 | 245 | 125 | 124 | 13 | 3,885 |
| Non-emergency | | | | | | | | | |
| Surgical | 99,799 | 109,628 | 54,469 | 37,523 | 35,393 | 7,389 | 4,477 | 3,890 | 352,568 |
| Medical | 385,768 | 469,511 | 268,449 | 157,562 | 94,714 | 30,182 | 31,439 | 51,977 | 1,489,602 |
| Other | 70,232 | 90,726 | 36,289 | 39,841 | 8,500 | 7,810 | 3,586 | 1,499 | 258,483 |
| <i>Total</i> | <i>697,804</i> | <i>849,798</i> | <i>482,271</i> | <i>292,117</i> | <i>173,794</i> | <i>49,606</i> | <i>49,304</i> | <i>65,946</i> | <i>2,660,640</i> |
| Private hospitals | | | | | | | | | |
| Childbirth | 42 | 26 | 27 | 12 | 10 | n.p. | n.p. | n.p. | 145 |
| Specialist mental health | 38,997 | 19,093 | 27,749 | 4,775 | 458 | n.p. | n.p. | n.p. | 93,764 |
| Emergency | | | | | | | | | |
| Surgical | 425 | 390 | 513 | 499 | 2,045 | n.p. | n.p. | n.p. | 3,893 |
| Medical | 1,335 | 1,859 | 3,022 | 1,774 | 1,796 | n.p. | n.p. | n.p. | 9,825 |
| Other | 190 | 193 | 260 | 138 | 1,951 | n.p. | n.p. | n.p. | 2,739 |
| Non-emergency | | | | | | | | | |
| Surgical | 243,216 | 183,829 | 164,701 | 78,330 | 56,452 | n.p. | n.p. | n.p. | 757,915 |
| Medical | 129,978 | 171,563 | 208,553 | 132,785 | 64,707 | n.p. | n.p. | n.p. | 724,211 |
| Other | 204,641 | 196,410 | 151,742 | 68,847 | 44,976 | n.p. | n.p. | n.p. | 690,351 |
| <i>Total</i> | <i>618,824</i> | <i>573,363</i> | <i>556,567</i> | <i>287,160</i> | <i>172,395</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>2,282,843</i> |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S8.7: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0, public hospitals, states and territories, 2010–11

| Major Diagnostic Category | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------|-------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 66 | 65 | 31 | 71 | 59 | 2 | 0 | 0 | 294 |
| 01 | Diseases and disorders of the nervous system | 23,445 | 34,565 | 19,139 | 10,244 | 6,561 | 1,960 | 1,856 | 796 | 98,566 |
| 02 | Diseases and disorders of the eye | 24,537 | 24,481 | 11,107 | 12,208 | 8,010 | 1,044 | 1,501 | 806 | 83,694 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 19,935 | 27,730 | 20,601 | 8,495 | 7,367 | 1,764 | 1,217 | 1,280 | 88,389 |
| 04 | Diseases and disorders of the respiratory system | 12,883 | 15,622 | 10,844 | 4,177 | 2,870 | 927 | 660 | 696 | 48,679 |
| 05 | Diseases and disorders of the circulatory system | 32,117 | 43,043 | 25,474 | 14,579 | 10,948 | 1,685 | 2,678 | 994 | 131,518 |
| 06 | Diseases and disorders of the digestive system | 71,614 | 83,851 | 41,157 | 34,309 | 7,252 | 5,928 | 3,605 | 2,050 | 249,766 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 5,061 | 6,436 | 3,193 | 2,068 | 778 | 482 | 354 | 212 | 18,584 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 37,220 | 40,644 | 25,610 | 14,397 | 10,546 | 2,967 | 3,194 | 1,477 | 136,055 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 22,666 | 27,550 | 20,430 | 10,452 | 9,920 | 2,705 | 706 | 1,223 | 95,652 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders ^(a) | 4,833 | 7,485 | 3,688 | 3,154 | 1,352 | 477 | 379 | 298 | 21,666 |
| 11 | Diseases and disorders of the kidney and urinary tract | 316,802 | 299,014 | 172,351 | 100,677 | 70,142 | 16,533 | 26,037 | 48,257 | 1,049,813 |
| 12 | Diseases and disorders of the male reproductive system | 6,419 | 7,832 | 3,788 | 3,973 | 2,259 | 547 | 358 | 232 | 25,408 |
| 13 | Diseases and disorders of the female reproductive system | 18,801 | 24,881 | 13,404 | 5,351 | 6,363 | 1,602 | 923 | 745 | 72,070 |
| 14 | Pregnancy, childbirth and puerperium | 23,158 | 19,788 | 18,801 | 5,308 | 8,283 | 1,159 | 877 | 3,071 | 80,445 |
| 15 | Newborns and other neonates | 968 | 716 | 859 | 262 | 173 | 86 | 56 | 54 | 3,174 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 14,003 | 24,912 | 9,456 | 8,512 | 4,557 | 1,668 | 1,063 | 386 | 64,557 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 8,288 | 93,322 | 34,654 | 29,788 | 3,774 | 2,126 | 1,058 | 683 | 173,693 |
| 18 | Infectious and parasitic diseases | 2,774 | 4,368 | 2,997 | 1,119 | 608 | 174 | 124 | 193 | 12,357 |
| 19 | Mental diseases and disorders | 11,879 | 10,520 | 6,401 | 2,295 | 2,338 | 990 | 228 | 426 | 35,077 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 2,137 | 2,799 | 2,535 | 1,622 | 833 | 40 | 97 | 263 | 10,326 |
| 21 | Injuries, poisoning and toxic effects of drugs | 14,963 | 18,469 | 12,724 | 6,409 | 3,621 | 653 | 876 | 1,078 | 58,793 |
| 22 | Burns | 989 | 699 | 930 | 237 | 219 | 41 | 24 | 59 | 3,198 |
| 23 | Factors influencing health status and other contacts with health services | 21,442 | 30,609 | 22,009 | 12,251 | 4,895 | 4,026 | 1,429 | 657 | 97,318 |
| ED | Error DRGs ^(a) | 804 | 397 | 88 | 159 | 66 | 20 | 4 | 10 | 1,548 |
| Total | | 697,804 | 849,798 | 482,271 | 292,117 | 173,794 | 49,606 | 49,304 | 65,946 | 2,660,640 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Table S8.8: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 6.0, private hospitals, states and territories, 2010-11

| Major Diagnostic Category | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------|-------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 40 | 26 | 52 | 24 | 7 | n.p. | n.p. | n.p. | 158 |
| 01 | Diseases and disorders of the nervous system | 8,730 | 8,369 | 10,331 | 4,668 | 2,491 | n.p. | n.p. | n.p. | 35,818 |
| 02 | Diseases and disorders of the eye | 72,306 | 44,520 | 46,238 | 18,867 | 13,147 | n.p. | n.p. | n.p. | 205,529 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 44,931 | 40,733 | 29,981 | 21,594 | 13,577 | n.p. | n.p. | n.p. | 156,580 |
| 04 | Diseases and disorders of the respiratory system | 1,451 | 1,890 | 2,761 | 931 | 896 | n.p. | n.p. | n.p. | 8,151 |
| 05 | Diseases and disorders of the circulatory system | 15,802 | 9,350 | 8,050 | 6,207 | 4,112 | n.p. | n.p. | n.p. | 45,908 |
| 06 | Diseases and disorders of the digestive system | 142,143 | 131,453 | 106,634 | 37,873 | 28,868 | n.p. | n.p. | n.p. | 461,438 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 1,094 | 1,248 | 1,625 | 335 | 341 | n.p. | n.p. | n.p. | 4,842 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 41,681 | 36,548 | 29,223 | 18,871 | 16,971 | n.p. | n.p. | n.p. | 149,897 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 36,117 | 32,729 | 32,846 | 17,424 | 15,173 | n.p. | n.p. | n.p. | 138,791 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 3,311 | 3,632 | 3,553 | 2,462 | 1,103 | n.p. | n.p. | n.p. | 14,597 |
| 11 | Diseases and disorders of the kidney and urinary tract | 46,986 | 47,775 | 70,374 | 75,170 | 24,756 | n.p. | n.p. | n.p. | 267,977 |
| 12 | Diseases and disorders of the male reproductive system | 13,351 | 10,466 | 8,304 | 6,161 | 3,489 | n.p. | n.p. | n.p. | 43,314 |
| 13 | Diseases and disorders of the female reproductive system | 39,672 | 33,652 | 26,576 | 11,611 | 7,865 | n.p. | n.p. | n.p. | 123,992 |
| 14 | Pregnancy, childbirth and puerperium | 10,637 | 19,255 | 15,489 | 7,822 | 945 | n.p. | n.p. | n.p. | 55,173 |
| 15 | Newborns and other neonates | 419 | 389 | 282 | 164 | 279 | n.p. | n.p. | n.p. | 1,574 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 7,529 | 9,300 | 12,242 | 2,268 | 2,635 | n.p. | n.p. | n.p. | 35,249 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 41,950 | 57,895 | 73,676 | 27,964 | 20,011 | n.p. | n.p. | n.p. | 227,678 |
| 18 | Infectious and parasitic diseases | 291 | 204 | 702 | 108 | 640 | n.p. | n.p. | n.p. | 1,980 |
| 19 | Mental diseases and disorders | 30,694 | 16,088 | 26,998 | 4,347 | 503 | n.p. | n.p. | n.p. | 83,549 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 9,602 | 5,672 | 4,258 | 1,690 | 6 | n.p. | n.p. | n.p. | 21,562 |
| 21 | Injuries, poisoning and toxic effects of drugs | 2,076 | 2,234 | 1,954 | 1,158 | 1,434 | n.p. | n.p. | n.p. | 9,172 |
| 22 | Burns | 19 | 29 | 24 | 20 | 16 | n.p. | n.p. | n.p. | 117 |
| 23 | Factors influencing health status and other contacts with health | 47,463 | 56,828 | 44,185 | 19,295 | 13,008 | n.p. | n.p. | n.p. | 185,703 |
| ED | Error DRGs ^(a) | 529 | 3,078 | 209 | 126 | 122 | n.p. | n.p. | n.p. | 4,094 |
| Total | | 618,824 | 573,363 | 556,567 | 287,160 | 172,395 | n.p. | n.p. | n.p. | 2,282,843 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S8.9: Same-day acute separations, for the top 20 AR-DRGs version 6.0, public hospitals, states and territories, 2010-11

| AR-DRG | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| L61Z Haemodialysis | 293,792 | 272,043 | 156,106 | 91,945 | 64,481 | 14,858 | 24,773 | 47,384 | 965,382 |
| R63Z Chemotherapy | 3,282 | 79,847 | 29,907 | 27,171 | 92 | 1,683 | 950 | 560 | 143,492 |
| G48C Colonoscopy, sameday | 18,100 | 20,211 | 8,876 | 11,993 | 136 | 2,280 | 674 | 402 | 62,672 |
| C16Z Lens procedures | 18,880 | 16,658 | 6,110 | 9,146 | 5,936 | 709 | 1,069 | 435 | 58,943 |
| F74Z Chest pain | 10,260 | 15,722 | 10,473 | 5,940 | 3,444 | 392 | 1,000 | 455 | 47,686 |
| Z64B Other factors influencing health status, sameday | 7,002 | 12,008 | 13,750 | 5,546 | 2,872 | 2,917 | 857 | 408 | 45,360 |
| Q61B Red blood cell disorders W/O catastrophic or severe CC | 8,292 | 17,149 | 4,843 | 5,314 | 3,234 | 1,283 | 368 | 298 | 40,781 |
| Z40Z Endoscopy with diagnoses of other contacts with health services, sameday | 11,016 | 14,231 | 6,665 | 5,993 | 1,413 | 914 | 414 | 128 | 40,774 |
| G47C Other gastroscopy, sameday | 10,640 | 14,439 | 5,699 | 7,413 | 414 | 1,089 | 440 | 237 | 40,371 |
| O66Z Antenatal and other obstetric admission | 12,181 | 8,975 | 12,089 | 2,186 | 2,079 | 523 | 245 | 1,531 | 39,809 |
| J11Z Other skin, subcutaneous tissue and breast procedures | 7,228 | 11,998 | 7,656 | 4,134 | 3,219 | 953 | 182 | 313 | 35,683 |
| G70B Other digestive system diagnoses W/O catastrophic or severe CC | 7,135 | 9,769 | 6,825 | 2,524 | 1,989 | 555 | 344 | 414 | 29,555 |
| G46C Complex gastroscopy, sameday | 11,541 | 8,768 | 2,992 | 4,666 | 68 | 654 | 312 | 164 | 29,165 |
| X60B Injuries W/O catastrophic or severe CC | 7,465 | 8,699 | 6,406 | 2,352 | 1,273 | 190 | 346 | 626 | 27,357 |
| G66Z Abdominal pain or mesenteric adenitis | 6,133 | 9,687 | 5,237 | 2,184 | 1,328 | 150 | 376 | 334 | 25,429 |
| L41Z Cystourethroscopy, sameday | 5,487 | 8,422 | 3,606 | 3,408 | 2,049 | 576 | 392 | 103 | 24,043 |
| D40Z Dental extractions and restorations | 4,924 | 7,974 | 4,400 | 2,211 | 2,114 | 714 | 307 | 371 | 23,015 |
| U60Z Mental health treatment, sameday, W/O ECT | 10,721 | 4,332 | 3,497 | 1,600 | 1,551 | 156 | 113 | 420 | 22,390 |
| O05Z Abortion with OR procedure | 4,689 | 6,522 | 2,030 | 1,756 | 4,918 | 347 | 200 | 997 | 21,459 |
| R61C Lymphoma and non-Acute leukaemia, sameday | 3,160 | 9,411 | 3,440 | 2,100 | 2,870 | 299 | 58 | 97 | 21,435 |
| Other | 235,876 | 292,933 | 181,664 | 92,535 | 68,314 | 18,364 | 15,884 | 10,269 | 915,839 |
| Total | 697,804 | 849,798 | 482,271 | 292,117 | 173,794 | 49,606 | 49,304 | 65,946 | 2,660,640 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Table S8.10: Same-day acute separations, for the top 20 AR-DRGs version 6.0, private hospitals, states and territories, 2010–11

| AR-DRG | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| L61Z Haemodialysis | 26,858 | 35,420 | 58,196 | 68,319 | 20,217 | n.p. | n.p. | n.p. | 209,010 |
| R63Z Chemotherapy | 39,813 | 53,799 | 63,777 | 27,131 | 18,928 | n.p. | n.p. | n.p. | 208,904 |
| G48C Colonoscopy, sameday | 53,718 | 56,129 | 45,639 | 18,006 | 12,985 | n.p. | n.p. | n.p. | 193,535 |
| C16Z Lens procedures | 46,805 | 29,466 | 30,621 | 11,921 | 9,110 | n.p. | n.p. | n.p. | 133,952 |
| G46C Complex gastroscopy, sameday | 43,088 | 27,017 | 24,291 | 9,483 | 6,469 | n.p. | n.p. | n.p. | 112,663 |
| G47C Other gastroscopy, sameday | 28,170 | 38,378 | 26,540 | 7,364 | 7,121 | n.p. | n.p. | n.p. | 110,751 |
| Z40Z Endoscopy with diagnoses of other contacts with health services, sameday | 33,141 | 31,967 | 22,442 | 8,674 | 6,337 | n.p. | n.p. | n.p. | 105,829 |
| D40Z Dental extractions and restorations | 24,874 | 26,750 | 18,158 | 14,769 | 7,899 | n.p. | n.p. | n.p. | 95,922 |
| U60Z Mental health treatment, sameday, W/O ECT | 29,844 | 15,166 | 24,769 | 3,906 | 47 | n.p. | n.p. | n.p. | 78,314 |
| Z64B Other factors influencing health status, sameday | 10,489 | 22,357 | 19,331 | 9,178 | 6,007 | n.p. | n.p. | n.p. | 68,640 |
| J11Z Other skin, subcutaneous tissue and breast procedures | 14,430 | 14,611 | 11,820 | 9,249 | 6,591 | n.p. | n.p. | n.p. | 58,821 |
| I18Z Other knee procedures | 15,539 | 14,594 | 10,640 | 6,193 | 7,563 | n.p. | n.p. | n.p. | 57,374 |
| N07Z Other uterine and adnexa procedures for non-malignancy | 16,323 | 13,489 | 10,352 | 5,486 | 3,233 | n.p. | n.p. | n.p. | 50,598 |
| O05Z Abortion with OR procedure | 8,165 | 17,235 | 13,918 | 7,009 | 691 | n.p. | n.p. | n.p. | 47,406 |
| C03Z Retinal procedures | 13,852 | 8,389 | 8,073 | 3,805 | 1,129 | n.p. | n.p. | n.p. | 38,170 |
| L41Z Cystourethroscopy, sameday | 8,326 | 7,301 | 5,438 | 4,459 | 2,882 | n.p. | n.p. | n.p. | 30,142 |
| J08B Other skin graft and/or debridement procedures W/O CC | 7,206 | 6,466 | 6,564 | 2,811 | 3,187 | n.p. | n.p. | n.p. | 26,933 |
| N11Z Other female reproductive system OR procedures | 10,367 | 7,366 | 4,833 | 989 | 1,501 | n.p. | n.p. | n.p. | 26,151 |
| G11Z Anal and stomal procedures | 11,253 | 4,540 | 4,393 | 1,254 | 1,168 | n.p. | n.p. | n.p. | 23,796 |
| I68C Non-surgical spinal disorders, sameday | 4,410 | 6,231 | 4,678 | 4,762 | 2,349 | n.p. | n.p. | n.p. | 23,274 |
| Other | 172,153 | 136,692 | 142,094 | 62,392 | 46,981 | n.p. | n.p. | n.p. | 582,658 |
| Total | 618,824 | 573,363 | 556,567 | 287,160 | 172,395 | n.p. | n.p. | n.p. | 2,282,843 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S8.11: Same-day acute separations, by procedure in ACHI chapters, public hospitals, states and territories, 2010–11

| Procedure chapters ^(a) | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------|---------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| 1–86 | Procedures on nervous system | 6,560 | 8,629 | 4,503 | 3,419 | 3,531 | 500 | 258 | 136 | 27,536 |
| 110–129 | Procedures on endocrine system | 66 | 101 | 55 | 20 | 3 | 5 | 1 | 3 | 254 |
| 160–256 | Procedures on eye and adnexa | 22,597 | 22,041 | 9,741 | 11,375 | 7,623 | 956 | 1,391 | 664 | 76,388 |
| 300–333 | Procedures on ear and mastoid process | 3,014 | 4,946 | 4,814 | 1,701 | 1,793 | 240 | 195 | 206 | 16,909 |
| 370–422 | Procedures on nose, mouth and pharynx | 4,314 | 5,667 | 6,493 | 1,740 | 1,333 | 204 | 191 | 124 | 20,066 |
| 450–490 | Dental services | 5,338 | 8,454 | 4,835 | 2,470 | 2,288 | 757 | 352 | 388 | 24,882 |
| 520–570 | Procedures on respiratory system | 5,225 | 5,986 | 3,453 | 1,794 | 682 | 511 | 227 | 173 | 18,051 |
| 600–777 | Procedures on cardiovascular system | 11,092 | 16,372 | 6,492 | 5,497 | 4,076 | 1,539 | 1,130 | 260 | 46,458 |
| 800–817 | Procedures on blood and blood-forming organs | 2,230 | 5,594 | 1,942 | 1,338 | 1,514 | 154 | 31 | 75 | 12,878 |
| 850–1011 | Procedures on digestive system | 69,964 | 75,276 | 30,058 | 37,223 | 3,263 | 6,524 | 2,614 | 1,381 | 226,303 |
| 1040–1129 | Procedures on urinary system | 313,397 | 292,729 | 167,388 | 99,515 | 69,871 | 16,274 | 25,852 | 48,031 | 1,033,057 |
| 1160–1203 | Procedures on male genital organs | 5,608 | 7,190 | 3,099 | 3,459 | 2,116 | 510 | 280 | 175 | 22,437 |
| 1240–1299 | Gynaecological procedures | 21,535 | 29,211 | 13,945 | 6,590 | 10,906 | 1,732 | 992 | 1,568 | 86,479 |
| 1330–1347 | Obstetric procedures | 2,090 | 1,821 | 1,228 | 828 | 959 | 156 | 211 | 158 | 7,451 |
| 1360–1579 | Procedures on musculoskeletal system | 22,234 | 24,145 | 12,525 | 7,986 | 5,991 | 1,631 | 1,477 | 691 | 76,680 |
| 1600–1718 | Dermatological and plastic procedures | 20,581 | 28,585 | 18,043 | 9,968 | 8,700 | 2,034 | 842 | 1,015 | 89,768 |
| 1740–1759 | Procedures on breast | 2,415 | 2,008 | 1,045 | 1,564 | 419 | 165 | 52 | 34 | 7,702 |
| 1786–1799 | Radiation oncology procedures | 337 | 516 | 410 | 192 | 34 | 3 | 0 | 0 | 1,492 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 235,511 | 353,923 | 163,433 | 131,918 | 61,620 | 25,808 | 15,426 | 7,667 | 995,306 |
| 1940–2016 | Imaging services ^(b) | 6,057 | 6,029 | 2,651 | 3,046 | 1,655 | 470 | 318 | 83 | 20,309 |
| | <i>Procedures reported</i> | <i>760,165</i> | <i>899,223</i> | <i>456,153</i> | <i>331,643</i> | <i>188,377</i> | <i>60,173</i> | <i>51,840</i> | <i>62,832</i> | <i>2,810,406</i> |
| | No procedure or not reported | 143,878 | 164,219 | 121,385 | 42,387 | 33,507 | 5,050 | 7,022 | 9,162 | 526,610 |
| Total separations | | 697,804 | 849,798 | 482,271 | 292,117 | 173,794 | 49,606 | 49,304 | 65,946 | 2,660,640 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Table S8.12: Same-day acute separations, by procedure in ACHI chapters, private hospitals, states and territories, 2010–11

| Procedure chapters ^(a) | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------|---------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| 1–86 | Procedures on nervous system | 12,147 | 13,313 | 10,559 | 7,948 | 4,397 | n.p. | n.p. | n.p. | 50,394 |
| 110–129 | Procedures on endocrine system | 61 | 30 | 26 | 4 | 11 | n.p. | n.p. | n.p. | 142 |
| 160–256 | Procedures on eye and adnexa | 69,727 | 43,271 | 44,715 | 18,101 | 12,585 | n.p. | n.p. | n.p. | 198,546 |
| 300–333 | Procedures on ear and mastoid process | 7,801 | 5,808 | 4,374 | 3,001 | 2,694 | n.p. | n.p. | n.p. | 24,754 |
| 370–422 | Procedures on nose, mouth and pharynx | 11,475 | 6,621 | 6,259 | 3,880 | 2,452 | n.p. | n.p. | n.p. | 31,751 |
| 450–490 | Dental services | 27,886 | 28,656 | 19,914 | 16,033 | 8,747 | n.p. | n.p. | n.p. | 104,996 |
| 520–570 | Procedures on respiratory system | 1,537 | 1,802 | 2,251 | 744 | 674 | n.p. | n.p. | n.p. | 7,260 |
| 600–777 | Procedures on cardiovascular system | 14,759 | 9,833 | 8,484 | 4,623 | 2,923 | n.p. | n.p. | n.p. | 43,250 |
| 800–817 | Procedures on blood and blood-forming organs | 1,094 | 1,682 | 2,650 | 482 | 458 | n.p. | n.p. | n.p. | 6,731 |
| 850–1011 | Procedures on digestive system | 185,358 | 172,592 | 136,806 | 51,053 | 37,391 | n.p. | n.p. | n.p. | 602,025 |
| 1040–1129 | Procedures on urinary system | 54,746 | 53,067 | 75,140 | 78,197 | 26,278 | n.p. | n.p. | n.p. | 291,459 |
| 1160–1203 | Procedures on male genital organs | 14,346 | 10,902 | 7,995 | 5,449 | 3,718 | n.p. | n.p. | n.p. | 44,006 |
| 1240–1299 | Gynaecological procedures | 47,635 | 50,692 | 39,203 | 18,395 | 8,261 | n.p. | n.p. | n.p. | 169,147 |
| 1330–1347 | Obstetric procedures | 309 | 291 | 634 | 123 | 58 | n.p. | n.p. | n.p. | 1,467 |
| 1360–1579 | Procedures on musculoskeletal system | 40,487 | 32,773 | 25,125 | 14,239 | 14,075 | n.p. | n.p. | n.p. | 132,757 |
| 1600–1718 | Dermatological and plastic procedures | 38,419 | 34,343 | 31,611 | 18,948 | 18,205 | n.p. | n.p. | n.p. | 146,498 |
| 1740–1759 | Procedures on breast | 4,661 | 2,813 | 4,792 | 1,490 | 1,055 | n.p. | n.p. | n.p. | 15,250 |
| 1786–1799 | Radiation oncology procedures | 195 | 189 | 44 | 37 | 161 | n.p. | n.p. | n.p. | 640 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 526,982 | 443,071 | 439,234 | 170,463 | 127,132 | n.p. | n.p. | n.p. | 1,765,190 |
| 1940–2016 | Imaging services ^(b) | 8,185 | 4,377 | 4,606 | 1,710 | 1,109 | n.p. | n.p. | n.p. | 20,463 |
| | <i>Procedures reported</i> | 1,067,810 | 916,126 | 864,422 | 414,920 | 272,384 | n.p. | n.p. | n.p. | 3,656,732 |
| | No procedure or not reported | 5,934 | 23,391 | 19,339 | 8,196 | 2,167 | n.p. | n.p. | n.p. | 65,106 |
| Total separations | | 618,824 | 573,363 | 556,567 | 287,160 | 172,395 | n.p. | n.p. | n.p. | 2,282,843 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S8.13: Procedure statistics for the top 20 ACHI procedure blocks for same-day acute separations, public hospitals, states and territories, 2010–11

| Procedure block ^(a) | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| 1060 Haemodialysis | 295,512 | 272,181 | 156,205 | 92,093 | 64,620 | 14,869 | 24,783 | 47,685 | 967,948 |
| 1910 Cerebral anaesthesia | 188,007 | 199,362 | 87,588 | 75,929 | 42,243 | 14,908 | 8,842 | 5,151 | 622,030 |
| 1920 Administration of pharmacotherapy | 15,794 | 104,834 | 40,815 | 35,990 | 4,240 | 4,736 | 3,829 | 822 | 211,060 |
| 1893 Administration of blood and blood products | 17,347 | 29,796 | 12,516 | 8,119 | 5,569 | 1,227 | 1,076 | 202 | 75,852 |
| 905 Fibreoptic colonoscopy | 24,065 | 22,683 | 8,069 | 11,282 | 326 | 2,174 | 703 | 419 | 69,721 |
| 1008 Panendoscopy with excision | 21,956 | 22,614 | 7,889 | 12,126 | 358 | 1,684 | 862 | 347 | 67,836 |
| 911 Fibreoptic colonoscopy with excision | 20,294 | 19,980 | 8,487 | 12,530 | 188 | 1,956 | 772 | 349 | 64,556 |
| 1909 Conduction anaesthesia | 18,994 | 21,785 | 6,417 | 4,315 | 6,161 | 346 | 1,178 | 731 | 59,927 |
| 197 Extracapsular crystalline lens extraction by phacoemulsification | 18,294 | 16,394 | 6,068 | 9,179 | 6,014 | 707 | 1,089 | 433 | 58,178 |
| 1265 Curettage and evacuation of uterus | 14,318 | 17,938 | 6,877 | 4,113 | 7,264 | 863 | 646 | 1,239 | 53,258 |
| 1620 Excision of lesion(s) of skin and subcutaneous tissue | 10,911 | 15,038 | 9,810 | 5,126 | 4,876 | 1,251 | 259 | 393 | 47,664 |
| 1916 Generalised allied health interventions | 6,666 | 8,963 | 8,862 | 7,649 | 3,089 | 438 | 708 | 527 | 36,902 |
| 1089 Examination procedures on bladder | 7,404 | 11,851 | 5,635 | 5,085 | 3,249 | 741 | 492 | 138 | 34,595 |
| 1259 Examination procedures on uterus | 7,603 | 9,234 | 4,479 | 1,972 | 2,518 | 511 | 402 | 241 | 26,960 |
| 1005 Panendoscopy | 5,596 | 6,999 | 2,744 | 3,459 | 99 | 447 | 41 | 121 | 19,506 |
| 668 Coronary angiography | 4,270 | 5,061 | 1,828 | 1,863 | 1,875 | 410 | 755 | 1 | 16,063 |
| 1260 Insertion or removal of intrauterine device | 2,830 | 4,801 | 2,788 | 1,161 | 2,564 | 284 | 175 | 168 | 14,771 |
| 1922 Other procedures related to pharmacotherapy | 225 | 3,456 | 7,730 | 1,236 | 37 | 957 | 408 | 55 | 14,104 |
| 1907 Electroconvulsive therapy | 1,158 | 6,188 | 2,917 | 695 | 787 | 834 | 115 | 6 | 12,700 |
| 607 Examination procedures on ventricle | 2,904 | 4,239 | 1,222 | 1,512 | 1,364 | 338 | 681 | 1 | 12,261 |
| Other | 76,017 | 95,826 | 67,207 | 36,209 | 30,936 | 10,492 | 4,024 | 3,803 | 324,514 |
| Separations with no procedure reported | 143,878 | 164,219 | 121,385 | 42,387 | 33,507 | 5,050 | 7,022 | 9,162 | 526,610 |
| Total | 760,165 | 899,223 | 456,153 | 331,643 | 188,377 | 60,173 | 51,840 | 62,832 | 2,810,406 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Table S8.14: Procedure statistics for the top 20 ACHI procedure blocks for same-day acute separations, private hospitals, states and territories, 2010–11

| Procedure block ^(a) | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------------------------------------------------------|------------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| 1910 Cerebral anaesthesia | 426,387 | 345,822 | 309,310 | 124,369 | 95,709 | n.p. | n.p. | n.p. | 1,351,707 |
| 1920 Administration of pharmacotherapy | 45,977 | 62,517 | 73,130 | 35,101 | 23,330 | n.p. | n.p. | n.p. | 246,136 |
| 911 Fiberoptic colonoscopy with excision | 70,371 | 56,597 | 51,426 | 23,656 | 13,222 | n.p. | n.p. | n.p. | 221,695 |
| 905 Fiberoptic colonoscopy | 72,594 | 64,444 | 45,706 | 15,203 | 13,877 | n.p. | n.p. | n.p. | 219,254 |
| 1008 Panendoscopy with excision | 72,371 | 53,860 | 52,121 | 18,575 | 11,933 | n.p. | n.p. | n.p. | 214,327 |
| 1060 Haemodialysis | 29,545 | 35,419 | 58,191 | 68,216 | 20,218 | n.p. | n.p. | n.p. | 211,589 |
| 197 Extracapsular crystalline lens extraction by phacoemulsification | 45,774 | 27,225 | 29,522 | 11,520 | 9,117 | n.p. | n.p. | n.p. | 129,272 |
| 1909 Conduction anaesthesia | 44,500 | 21,430 | 23,132 | 6,300 | 9,735 | n.p. | n.p. | n.p. | 109,593 |
| 1620 Excision of lesion(s) of skin and subcutaneous tissue | 24,430 | 23,564 | 23,178 | 11,216 | 10,441 | n.p. | n.p. | n.p. | 96,359 |
| 1265 Curettage and evacuation of uterus | 19,691 | 29,530 | 21,846 | 10,686 | 2,795 | n.p. | n.p. | n.p. | 86,518 |
| 458 Surgical removal of tooth | 23,736 | 24,067 | 16,360 | 12,690 | 6,503 | n.p. | n.p. | n.p. | 86,303 |
| 1297 Procedures for reproductive medicine | 20,192 | 15,386 | 10,921 | 4,729 | 3,616 | n.p. | n.p. | n.p. | 56,854 |
| 1005 Panendoscopy | 13,438 | 24,427 | 7,903 | 2,600 | 4,484 | n.p. | n.p. | n.p. | 53,928 |
| 1089 Examination procedures on bladder | 11,985 | 11,481 | 10,558 | 7,257 | 4,213 | n.p. | n.p. | n.p. | 47,835 |
| 1893 Administration of blood and blood products | 6,505 | 8,196 | 23,273 | 2,205 | 2,274 | n.p. | n.p. | n.p. | 43,539 |
| 1922 Other procedures related to pharmacotherapy | 3,767 | 15,138 | 10,184 | 5,524 | 3,212 | n.p. | n.p. | n.p. | 38,237 |
| 1873 Psychological/psychosocial therapies | 23,106 | 3,597 | 9,051 | 160 | 1 | n.p. | n.p. | n.p. | 36,110 |
| 1517 Arthroscopic meniscectomy of knee with repair | 9,012 | 8,463 | 7,285 | 4,056 | 4,933 | n.p. | n.p. | n.p. | 35,550 |
| 209 Application, insertion or removal procedures on retina, choroid or posterior chamber | 13,095 | 5,223 | 6,596 | 3,775 | 865 | n.p. | n.p. | n.p. | 32,112 |
| 1259 Examination procedures on uterus | 8,813 | 9,382 | 7,258 | 3,135 | 2,211 | n.p. | n.p. | n.p. | 32,104 |
| Other | 82,521 | 70,358 | 67,471 | 43,947 | 29,695 | n.p. | n.p. | n.p. | 307,710 |
| Separations with no procedure reported | 7,459 | 6,922 | 7,489 | 2,485 | 2,661 | n.p. | n.p. | n.p. | 27,963 |
| Total | 1,067,810 | 916,126 | 864,422 | 414,920 | 272,384 | n.p. | n.p. | n.p. | 3,656,732 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 8.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

9 Overnight acute admitted patient care

This chapter presents information on overnight acute admitted patient care provided by public and private hospitals in Australia. An overnight separation occurs when the patient is admitted and separated on different dates. Acute admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported. Separations for other care types were excluded. The data are sourced from the AIHW's National Hospital Morbidity Database (NHMD). For definitions of terms and classifications, and more information on data limitations and methods, see Chapter 7 (boxes 7.1, 7.2 and 7.3).

Of all overnight separations, 95% were reported as *Acute* in public and private hospitals combined.

How has activity changed over time?

Between 2006–07 and 2010–11, the number of overnight acute separations (in both public and private sectors combined) increased by an average of 2.4% per year, with an average annual increase of 2.6% in public hospitals and 2.2% in private hospitals (Table 9.1).

Between 2009–10 and 2010–11, the rate of growth in separations was greater for public hospitals (3.6%) than for private hospitals (1.4%).

Table 9.1: Overnight acute separations, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) ^(a) | |
|---------------------------------------------|------------------|------------------|------------------|------------------|------------------|----------------------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Public acute hospitals ^(b) | 2,204,943 | 2,254,140 | 2,299,960 | 2,358,333 | 2,445,577 | 2.6 | 3.7 |
| Public psychiatric hospitals ^(b) | 11,686 | 11,405 | 9,197 | 9,159 | 8,156 | –8.6 | –11.0 |
| <i>Total</i> | <i>2,216,629</i> | <i>2,265,545</i> | <i>2,309,157</i> | <i>2,367,492</i> | <i>2,453,733</i> | <i>2.6</i> | <i>3.6</i> |
| Private hospitals^(b) | | | | | | | |
| Private free-standing day | 2,423 | 2,341 | 1,247 | 1,259 | 1,363 | –13.4 | 8.3 |
| Other private hospitals | 984,954 | 1,014,107 | 1,021,094 | 1,058,861 | 1,073,760 | 2.2 | 1.4 |
| <i>Total</i> | <i>987,377</i> | <i>1,016,448</i> | <i>1,022,341</i> | <i>1,060,120</i> | <i>1,075,123</i> | <i>2.2</i> | <i>1.4</i> |
| All hospitals | 3,204,006 | 3,281,993 | 3,331,498 | 3,427,612 | 3,528,856 | 2.4 | 3.0 |

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

(b) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Box 7.2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Between 2006–07 and 2010–11, the number of overnight acute public hospital separations increased at a greater rate than the national average in the Australian Capital Territory, Western Australia, Queensland, the Northern Territory and Victoria.

Over the same period, above average increases in the number of overnight acute private hospital separations were recorded in Western Australia, New South Wales and Queensland.

Large single-year increases in the number of overnight acute hospital separations between 2009–10 and 2010–11 were recorded for Western Australia (both public and private hospitals)

and public hospitals in the Australian Capital Territory, Victoria, the Northern Territory and Queensland (Table 9.2).

Table 9.2: Overnight acute separations, public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|----------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(a) | | | | | | | |
| Public hospitals | 787,526 | 791,647 | 806,544 | 812,097 | 828,898 | 1.3 | 2.1 |
| Private hospitals | 243,815 | 253,448 | 260,688 | 268,024 | 270,018 | 2.6 | 0.7 |
| All hospitals | 1,031,341 | 1,045,095 | 1,067,232 | 1,080,121 | 1,098,916 | 1.6 | 1.7 |
| Victoria^(a) | | | | | | | |
| Public hospitals | 543,360 | 551,855 | 557,718 | 580,354 | 608,894 | 2.9 | 4.9 |
| Private hospitals | 258,320 | 265,846 | 258,873 | 280,390 | 278,660 | 1.9 | –0.6 |
| All hospitals | 801,680 | 817,701 | 816,591 | 860,744 | 887,554 | 2.6 | 3.1 |
| Queensland | | | | | | | |
| Public hospitals | 381,136 | 405,463 | 418,960 | 431,204 | 447,294 | 4.1 | 3.7 |
| Private hospitals | 243,603 | 248,963 | 254,922 | 261,394 | 267,591 | 2.4 | 2.4 |
| All hospitals | 624,739 | 654,426 | 673,882 | 692,598 | 714,885 | 3.4 | 3.2 |
| Western Australia^(a) | | | | | | | |
| Public hospitals | 202,641 | 209,765 | 214,047 | 223,900 | 242,507 | 4.6 | 8.3 |
| Private hospitals | 107,986 | 111,946 | 115,178 | 115,779 | 124,923 | 3.7 | 7.9 |
| All hospitals | 310,627 | 321,711 | 329,225 | 339,679 | 367,430 | 4.3 | 8.2 |
| South Australia | | | | | | | |
| Public hospitals | 191,529 | 196,743 | 198,181 | 200,360 | 202,226 | 1.4 | 0.9 |
| Private hospitals | 89,078 | 88,422 | 88,856 | 89,104 | 88,376 | –0.2 | –0.8 |
| All hospitals | 280,607 | 285,165 | 287,037 | 289,464 | 290,602 | 0.9 | 0.4 |
| Tasmania^(a) | | | | | | | |
| Public hospitals | 46,409 | 43,793 | 43,409 | 48,278 | 47,803 | 0.7 | –1.0 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 31,008 | 32,947 | 35,664 | 35,526 | 38,795 | 5.8 | 9.2 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Northern Territory | | | | | | | |
| Public hospitals | 33,020 | 33,332 | 34,634 | 35,773 | 37,316 | 3.1 | 4.3 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Total | | | | | | | |
| Public hospitals | 2,216,629 | 2,265,545 | 2,309,157 | 2,367,492 | 2,453,733 | 2.6 | 3.6 |
| Private hospitals | 987,377 | 1,016,448 | 1,022,341 | 1,060,120 | 1,075,123 | 2.2 | 1.4 |
| All hospitals | 3,204,006 | 3,281,993 | 3,331,498 | 3,427,612 | 3,528,856 | 2.4 | 3.0 |

(a) There were changes in coverage or data supply over this period for New South Wales, Victoria, Western Australia, South Australia and Tasmania that affect the interpretation of these data. See Box 7.2 for more information.

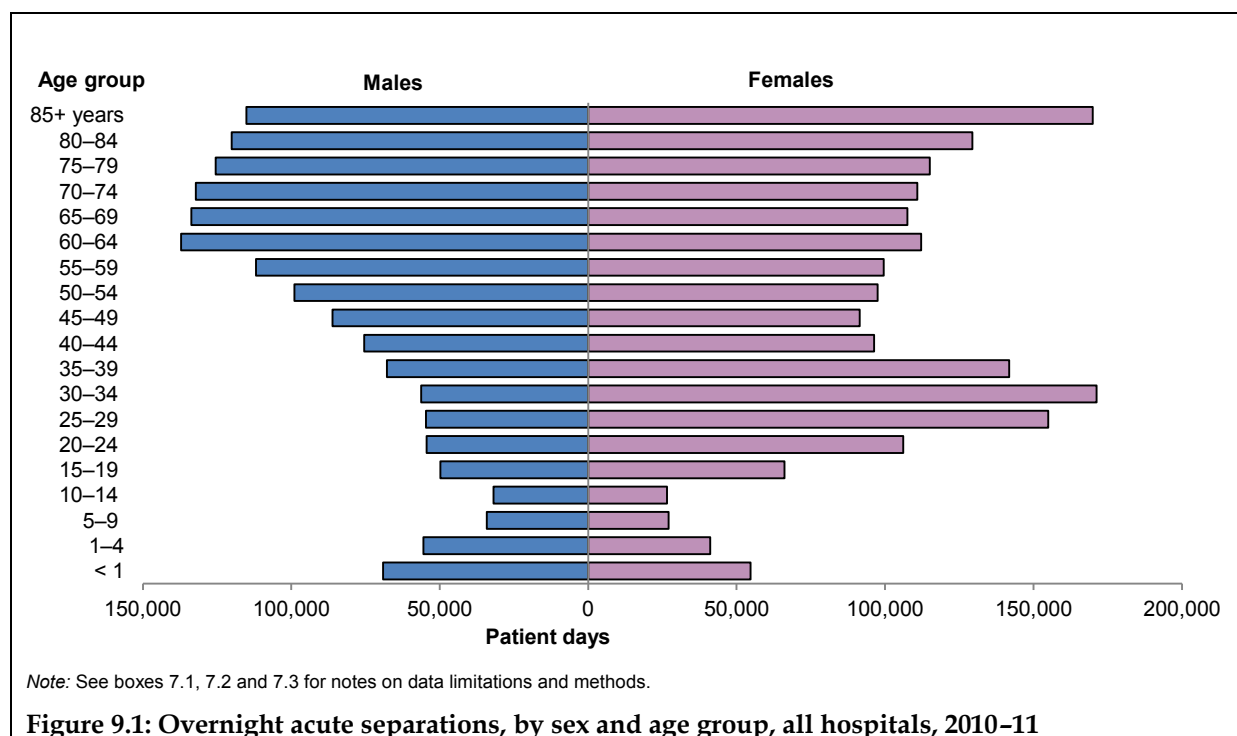
Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Who used these services?

Sex and age group

Males accounted for less than half (46%) of overnight acute separations (Figure 9.1). There were, however, more overnight separations for males than females in the age groups 0 to 14 and 50 to 79. People aged 55 and over accounted for nearly half of all overnight acute separations.



Aboriginal and Torres Strait Islander people

Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2010-11 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, 3.6% of overnight acute separations were for Aboriginal or Torres Strait Islander people in 2010-11. The overnight acute separation rate for Indigenous Australians was almost twice the rate for other Australians. Western Australia had the highest rate of overnight acute separations for Indigenous Australians and New South Wales recorded the lowest rate (Table 9.3).

The overall separation rates presented in Table 9.3 differ from those presented in Table S9.2 due to differences in the population age groups used for calculating the age-standardised rates.

Table 9.3: Overnight acute separations per 1,000 population, by Indigenous status, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas ^(a) | ACT ^(a) | NT ^(a) | Total ^(b) |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------------|--------------------|-------------------|----------------------|
| Indigenous | 243.7 | 246.9 | 267.9 | 382.8 | 357.1 | 101.0 | 279.5 | 368.8 | 293.0 |
| Other Australians | 143.7 | 153.3 | 153.2 | 153.0 | 160.7 | 89.0 | 110.5 | 112.7 | 150.3 |
| Total^(c) | 145.6 | 153.9 | 156.3 | 159.6 | 163.7 | 89.2 | 112.0 | 176.6 | 153.3 |

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separation rates by Indigenous status are calculated for public hospitals only.

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

(c) The separation rate presented in this table differs from the separation rate presented in Table 3.11 because all care types (that is, including sub- and non-acute care) are included in Table 3.11.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Remoteness area

In 2010–11, people living in *Very remote* areas of Australia had 264 overnight acute separations per 1,000 population, compared with 152 per 1,000 nationwide (Table 9.4). The separation rate ratio (SRR) of 1.73 for this area indicates that the separation rate was 73% higher than the national separation rate.

Table 9.4: Overnight acute separation statistics, by remoteness area of residence, all hospitals, 2010–11

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total ^(a) |
|------------------------------------|--------------|----------------|----------------|--------|-------------|----------------------|
| Separations | 2,264,669 | 758,324 | 370,851 | 67,918 | 43,127 | 3,528,856 |
| Separation rate | 143.5 | 160.7 | 170.6 | 215.0 | 263.9 | 152.2 |
| Standardised separation rate ratio | 0.94 | 1.06 | 1.12 | 1.41 | 1.73 | |

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Socioeconomic status

Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (ABS 2006) for the area of usual residence (SLA) of the patient. See Appendix 2 for details.

Each SES group accounted for between 17% and 22% of total overnight acute separations. Separation rates varied from 130 per 1,000 population for patients living in areas classified as being the highest SES group to 169 per 1,000 for the lowest (Table 9.5).

Table 9.5: Selected overnight acute separation statistics, by socioeconomic status group, all hospitals, 2010–11

| | Socioeconomic status group | | | | | Total ^(a) |
|------------------------------------|----------------------------|---------|---------|---------|-----------|----------------------|
| | 1—Lowest | 2 | 3 | 4 | 5—Highest | |
| Separations | 789,589 | 766,514 | 709,734 | 639,460 | 598,856 | 3,528,856 |
| Separation rate | 169.2 | 160.0 | 154.5 | 142.4 | 129.9 | 152.3 |
| Standardised separation rate ratio | 1.11 | 1.05 | 1.01 | 0.94 | 0.85 | |

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

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

How did people access these services?

The **mode of admission** records the mechanism by which a patient begins an episode of care.

In both public and private hospitals, most overnight acute separations had a mode of admission of *Other* (93% overall), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 9.6). Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals (7% and 5%, respectively) (Table 9.6).

Table 9.6: Overnight acute separations, by mode of admission, public and private hospitals, 2010–11

| Mode of admission | Public hospitals | Private hospitals | Total |
|----------------------------------------------------|------------------|-------------------|------------------|
| Admitted patient transferred from another hospital | 166,002 | 53,507 | 219,509 |
| Statistical admission: type change | 9,860 | 1,734 | 11,594 |
| Other | 2,274,694 | 1,012,706 | 3,287,400 |
| Not reported | 3,177 | 7,176 | 10,353 |
| Total | 2,453,733 | 1,075,123 | 3,528,856 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient receives admitted patient care can be 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, half of all overnight acute separations in 2010–11 had a principal diagnosis from one of five ICD-10-AM chapters:

- *Diseases of the digestive system*
- *Diseases of the respiratory system*
- *Diseases of the circulatory system*
- *Pregnancy, childbirth and the puerperium*
- *Injury and poisoning.*

The relative distribution of separations by diagnosis chapter varied across public and private hospitals. For *Certain infectious and parasitic diseases*, 87% of overnight separations were in public hospitals. For *Diseases of the musculoskeletal system and connective tissue*, the majority of separations were in private hospitals (61%) (Table 9.7).

Table 9.7: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2010–11

| Principal diagnosis chapter | | Public hospitals | Private hospitals | Total |
|-----------------------------|-----------------------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 78,975 | 11,423 | 90,398 |
| C00–D48 | Neoplasms | 128,590 | 103,718 | 232,308 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 28,005 | 8,719 | 36,724 |
| E00–E90 ^(a) | Endocrine, nutritional and metabolic diseases | 50,632 | 24,028 | 74,660 |
| F00–F99 | Mental and behavioural disorders | 133,825 | 34,748 | 168,573 |
| G00–G99 | Diseases of the nervous system | 65,308 | 61,062 | 126,370 |
| H00–H59 | Diseases of the eye and adnexa | 12,715 | 10,408 | 23,123 |
| H60–H95 | Diseases of the ear and mastoid process | 13,237 | 6,309 | 19,546 |
| I00–I99 | Diseases of the circulatory system | 253,806 | 108,745 | 362,551 |
| J00–J99 | Diseases of the respiratory system | 245,468 | 72,734 | 318,202 |
| K00–K93 | Diseases of the digestive system | 232,483 | 102,535 | 335,018 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 67,424 | 14,181 | 81,605 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 108,396 | 166,686 | 275,082 |
| N00–N99 | Diseases of the genitourinary system | 130,118 | 75,142 | 205,260 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 260,860 | 91,342 | 352,202 |
| P00–P96 | Certain conditions originating in the perinatal period | 41,212 | 11,273 | 52,485 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 12,032 | 4,039 | 16,071 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 224,227 | 57,504 | 281,731 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 315,543 | 74,133 | 389,676 |
| Z00–Z99 | Factors influencing health status and contact with health services | 50,653 | 35,851 | 86,504 |
| | Not reported | 224 | 543 | 767 |
| Total | | 2,453,733 | 1,075,123 | 3,528,856 |

(a) A new standard for diabetes coding was introduced on 1 July 2010 that resulted in a decrease in the reporting of diabetes diagnoses and consequently a decrease for the ICD-10-AM chapter *Endocrine, nutritional and metabolic diseases and disorders*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S9.2 and S9.3 at the end of this chapter.

The most common principal diagnosis (at the 3-character level) reported for overnight separations was *Single spontaneous delivery*, which accounted for 4.7% of overnight acute separations in public hospitals and 2.0% in private hospitals. The 20 most common principal diagnoses included several childbirth-related and heart-related conditions, as well as respiratory conditions (Table 9.8). See Appendix 2 for information about recent changes in principal diagnosis coding standards for obstetrics.

Comparing Table 9.8 with Table 8.8, it can be seen that the top 20 principal diagnoses for overnight acute separations and same-day acute separations are different, suggesting that there are differences in the types of conditions that are most commonly treated on an overnight basis compared with those that are not.

Table 9.8: Overnight acute separations for the top 20 principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|---------------------|----------------------------------------------------------------|------------------|-------------------|------------------|
| O80 | Single spontaneous delivery ^(a) | 115,909 | 21,228 | 137,137 |
| O82 | Single delivery by caesarean section ^(a) | 53,258 | 25,893 | 79,151 |
| R07 | Pain in throat and chest | 60,975 | 13,627 | 74,602 |
| G47 | Sleep disorders | 15,191 | 48,051 | 63,242 |
| J18 | Pneumonia, organism unspecified | 50,968 | 9,976 | 60,944 |
| K80 | Cholelithiasis | 36,130 | 18,851 | 54,981 |
| J44 | Other chronic obstructive pulmonary disease | 46,622 | 6,916 | 53,538 |
| I21 | Acute myocardial infarction | 39,200 | 8,456 | 47,656 |
| I20 | Angina pectoris | 31,412 | 14,110 | 45,522 |
| M17 | Gonarthrosis [arthrosis of knee] | 15,077 | 29,424 | 44,501 |
| R10 | Abdominal and pelvic pain | 36,538 | 7,854 | 44,392 |
| I50 | Heart failure | 34,540 | 9,655 | 44,195 |
| N39 | Other disorders of urinary system | 33,759 | 9,396 | 43,155 |
| L03 | Cellulitis | 33,959 | 6,304 | 40,263 |
| I48 | Atrial fibrillation and flutter | 25,428 | 12,139 | 37,567 |
| K40 | Inguinal hernia | 15,548 | 20,576 | 36,124 |
| J35 | Chronic diseases of tonsils and adenoids | 13,704 | 19,619 | 33,323 |
| O81 | Single delivery by forceps and vacuum extractor ^(a) | 21,711 | 9,133 | 30,844 |
| T81 | Complications of procedures, not elsewhere classified | 21,168 | 9,424 | 30,592 |
| K35 | Acute appendicitis | 23,678 | 4,517 | 28,195 |
| | Other | 1,728,958 | 769,974 | 2,498,932 |
| Total | | 2,453,733 | 1,075,123 | 3,528,856 |

(a) A new standard for coding of obstetric episodes was introduced on 1 July 2010. Public hospitals implemented the standard on 1 July 2010. The standard was progressively implemented in private hospitals over the 2010–11 reporting period. This resulted in increased reporting of O80 to O84 as principal diagnoses, and a decrease in the reporting of other obstetric principal diagnoses, such as O70 *Perineal laceration during delivery*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S9.4 and S9.5 at the end of this chapter.

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). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis). This section classifies separations as *Emergency* or *Non-emergency* (includes elective and other planned care).

Table 9.9 presents information on the urgency of admission by overnight status and the broad category of admitted patient service (*Childbirth, Specialist mental health, Surgical, Medical* and *Other*). See the section *What care was provided?* for more information on these broad categories of service.

In 2010–11, about half of all overnight acute separations were *Emergency* admissions, with about 90% of these occurring in public hospitals. Just over 39% of overnight acute

separations were *Non-emergency* admissions, and over half of these occurred in private hospitals (Table 9.9).

Table 9.9: Overnight acute separations by broad category of service, public and private hospitals, states and territories, 2010–11

| | Public hospitals | | Private hospitals | | Total | |
|--------------------------|------------------|-------------------|-------------------|-------------------|------------------|-------------------|
| | Separations | Per cent (column) | Separations | Per cent (column) | Separations | Per cent (column) |
| Childbirth | 206,086 | 8.4 | 79,858 | 7.4 | 285,944 | 8.1 |
| Specialist mental health | 86,434 | 3.5 | 29,110 | 2.7 | 115,544 | 3.3 |
| Emergency | | | | | | |
| Surgical | 223,087 | 9.1 | 32,663 | 3.0 | 255,750 | 7.2 |
| Medical | 1,282,534 | 52.3 | 132,729 | 12.3 | 1,415,263 | 40.1 |
| Other | 53,546 | 2.2 | 11,209 | 1.0 | 64,755 | 1.8 |
| Non-emergency | | | | | | |
| Surgical | 333,360 | 13.6 | 532,902 | 49.6 | 866,262 | 24.5 |
| Medical | 245,941 | 10.0 | 217,282 | 20.2 | 463,223 | 13.1 |
| Other | 22,745 | 0.9 | 39,370 | 3.7 | 62,115 | 1.8 |
| Total | 2,453,733 | 100.0 | 1,075,123 | 100.0 | 3,528,856 | 100.0 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in Table S9.6 at the end of this chapter.

What care was provided?

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

- the broad category of service – *Childbirth*, *Specialist mental health*, *Medical* (not involving a procedure), *Surgical* (involving an operating room procedure) or *Other* (involving a non-operating room procedure, such as endoscopy), see Chapter 7 for more information
- Major Diagnostic Categories (MDCs) and Australian Refined Diagnosis Related Groups (AR-DRGs) – based on the AR-DRG classification of acute care separations
- the type of surgical or other procedure undertaken.

Broad categories of service

In 2010–11, over half (53%) of overnight acute separations were reported as *Medical*, almost a third (32%) were *Surgical* and about 4% were *Other* care (excluding *Childbirth* and *Specialist mental health*, Table 9.9). The majority of *Medical* care occurred in public hospitals (81%), and just under 50% of *Surgical* care. *Childbirth* admissions accounted for 8.1% of overnight acute separations and *Specialist mental health* accounted for 3.3%.

Major Diagnostic Categories

Table 9.10 presents overnight acute separations by Major Diagnostic Categories (MDCs) for public and private hospitals.

Diseases and disorders of the musculoskeletal system and connective tissue accounted for 13% of total overnight acute separations for the combined public and private sectors, with just over half of this activity occurring in public hospitals. For *Injuries, poisoning and toxic effects of drugs* over 87% of the overnight acute separations were in public hospitals. For *Diseases and*

disorders of the male reproductive system just over half (55%) of the overnight acute separations were in private hospitals.

Table 9.10: Overnight acute separations, by Major Diagnostic Category, AR-DRG version 6.0, public and private hospitals, 2010–11

| Major Diagnostic Category | | Public hospitals | Private hospitals | Total |
|---------------------------|-------------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 13,025 | 2,786 | 15,811 |
| 01 | Diseases and disorders of the nervous system | 155,985 | 31,837 | 187,822 |
| 02 | Diseases and disorders of the eye | 17,329 | 10,969 | 28,298 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 99,662 | 63,050 | 162,712 |
| 04 | Diseases and disorders of the respiratory system | 244,139 | 89,566 | 333,705 |
| 05 | Diseases and disorders of the circulatory system | 302,638 | 121,719 | 424,357 |
| 06 | Diseases and disorders of the digestive system | 272,433 | 110,782 | 383,215 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 77,694 | 30,622 | 108,316 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 246,419 | 213,818 | 460,237 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 102,454 | 55,244 | 157,698 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 51,166 | 27,032 | 78,198 |
| 11 | Diseases and disorders of the kidney and urinary tract | 110,397 | 42,584 | 152,981 |
| 12 | Diseases and disorders of the male reproductive system | 20,848 | 25,284 | 46,132 |
| 13 | Diseases and disorders of the female reproductive system | 44,313 | 41,313 | 85,626 |
| 14 | Pregnancy, childbirth and puerperium | 267,470 | 92,972 | 360,442 |
| 15 | Newborns and other neonates | 56,968 | 17,748 | 74,716 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 30,804 | 9,362 | 40,166 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 19,363 | 10,970 | 30,333 |
| 18 | Infectious and parasitic diseases | 50,140 | 11,092 | 61,232 |
| 19 | Mental diseases and disorders | 100,574 | 27,294 | 127,868 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 25,910 | 7,038 | 32,948 |
| 21 | Injuries, poisoning and toxic effects of drugs | 98,793 | 15,276 | 114,069 |
| 22 | Burns | 5,360 | 196 | 5,556 |
| 23 | Factors influencing health status and other contacts with health services | 35,894 | 13,512 | 49,406 |
| ED | Error DRGs ^(a) | 3,955 | 3,057 | 7,012 |
| | <i>Surgical</i> | 622,435 | 601,222 | 1,223,657 |
| | <i>Medical</i> | 1,754,844 | 423,319 | 2,178,163 |
| | <i>Other</i> | 76,454 | 50,582 | 127,036 |
| Total | | 2,453,733 | 1,075,123 | 3,528,856 |

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S9.7 and S9.8 at the end of this chapter.

Abbreviations: DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

Most common AR-DRGs

In 2010–11, the 20 most common AR-DRGs accounted for over one quarter of overnight acute separations. Childbirth-related AR-DRGs were the top two most common overnight acute separations, and the top 20 included several heart- and respiratory-related AR-DRGs (Table 9.11).

Public hospitals provided the majority of separations for childbirth and *Chest pain*. Private hospitals provided the majority of separations for AR-DRGs such as *Sleep apnoea*, *Other shoulder procedures* and *Knee replacement without catastrophic or severe complications or comorbidities*.

Table 9.11: Separations for the top 20 AR-DRGs version 6.0 with the highest number of overnight acute separations, public and private hospitals, 2010–11

| AR-DRG | Public hospitals | Private hospitals | Total |
|---------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| O60Z Vaginal delivery | 140,359 | 44,208 | 184,567 |
| O01B Caesarean delivery W/O cat or sev CC | 44,663 | 28,354 | 73,017 |
| F74Z Chest pain | 57,754 | 8,858 | 66,612 |
| E63Z Sleep apnoea | 6,647 | 42,363 | 49,010 |
| G10B Hernia procedures W/O CC | 20,405 | 27,508 | 47,913 |
| G70B Other digestive system diagnoses W/O cat or sev CC | 38,240 | 7,849 | 46,089 |
| J64B Cellulitis W/O cat or sev CC | 39,532 | 5,768 | 45,300 |
| E65B Chronic obstructive airways disease W/O catastrophic CC | 37,868 | 6,462 | 44,330 |
| H08B Laparoscopic cholecystectomy W/O closed CDE W/O cat or sev CC | 21,357 | 17,598 | 38,955 |
| O66Z Antenatal and other obstetric admission | 31,228 | 6,924 | 38,152 |
| G66Z Abdominal pain or mesenteric adenitis | 33,056 | 4,859 | 37,915 |
| I16Z Other shoulder procedures | 6,490 | 30,782 | 37,272 |
| G67B Oesophagitis and gastroenteritis W/O cat or sev CC | 32,664 | 4,332 | 36,996 |
| D11Z Tonsillectomy and/or adenoidectomy | 15,271 | 19,859 | 35,130 |
| U63Z Major affective disorders | 20,982 | 14,079 | 35,061 |
| L63B Kidney and urinary tract infections W/O cat or sev CC | 29,087 | 5,357 | 34,444 |
| F42B Circulatory disorders W/O AMI with invasive cardiac inves proc W/O cat or sev CC | 12,497 | 21,287 | 33,784 |
| E62C Respiratory infections/inflammations W/O CC | 27,928 | 5,110 | 33,038 |
| F76B Arrhythmia, cardiac arrest and conduction disorders W/O cat or sev CC | 25,295 | 7,630 | 32,925 |
| I04B Knee replacement W/O cat or sev CC | 10,375 | 21,668 | 32,043 |
| Other | 1,802,035 | 744,268 | 2,546,303 |
| Total | 2,453,733 | 1,075,123 | 3,528,856 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S9.9 and S9.10 at the end of this chapter.

Abbreviations: AMI—Acute myocardial infarction; CC—complications and comorbidities; CDE—common duct exploration; inves—investigative; proc—procedure; W/O—without; W/O cat or sev CC—without catastrophic or severe complications or comorbidities.

Procedures

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 2008).

Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

In 2010–11, over 6.6 million procedures were reported for overnight acute separations, around 3.9 million in the public sector and 2.8 million in the private sector. Public hospitals accounted for 63% of the overnight acute separations for which a procedure was reported, although they accounted for 70% of the separations overall (Table 9.12). In public hospitals, 65% of overnight acute separations involved a procedure (1.6 million). In contrast, 87% of overnight acute separations in private hospitals involved a procedure (0.9 million).

Table 9.12: Overnight acute separations, by procedure in ACHI chapters, public and private hospitals, 2010–11

| Procedure chapters | | Public hospitals | Private hospitals | Total |
|------------------------------------------|---------------------------------------------------------|------------------|-------------------|------------------|
| 1–86 | Procedures on nervous system | 47,207 | 44,937 | 92,144 |
| 110–129 | Procedures on endocrine system | 7,305 | 7,903 | 15,208 |
| 160–256 | Procedures on eye and adnexa | 12,619 | 10,218 | 22,837 |
| 300–333 | Procedures on ear and mastoid process | 9,717 | 9,051 | 18,768 |
| 370–422 | Procedures on nose, mouth and pharynx | 41,905 | 50,747 | 92,652 |
| 450–490 | Dental services | 5,630 | 3,458 | 9,088 |
| 520–570 | Procedures on respiratory system | 85,410 | 27,588 | 112,998 |
| 600–777 | Procedures on cardiovascular system | 104,941 | 87,019 | 191,960 |
| 800–817 | Procedures on blood and blood-forming organs | 22,003 | 16,517 | 38,520 |
| 850–1011 | Procedures on digestive system | 210,910 | 146,584 | 357,494 |
| 1040–1129 | Procedures on urinary system | 71,403 | 49,729 | 121,132 |
| 1160–1203 | Procedures on male genital organs | 18,439 | 27,881 | 46,320 |
| 1240–1299 | Gynaecological procedures | 47,637 | 41,968 | 89,605 |
| 1330–1347 | Obstetric procedures | 184,180 | 78,110 | 262,290 |
| 1360–1579 | Procedures on musculoskeletal system | 183,569 | 188,036 | 371,605 |
| 1600–1718 | Dermatological and plastic procedures | 103,361 | 52,135 | 155,496 |
| 1740–1759 | Procedures on breast | 11,768 | 21,854 | 33,622 |
| 1786–1799 | Radiation oncology procedures | 7,883 | 2,637 | 10,520 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 1,441,965 | 871,662 | 2,313,627 |
| 1940–2016 | Imaging services ^(a) | 30,875 | 22,104 | 52,979 |
| | <i>Procedures reported^(b)</i> | 3,877,894 | 2,762,209 | 6,640,103 |
| | No procedure or not reported | 847,977 | 138,905 | 986,882 |
| Total overnight acute separations | | 2,453,733 | 1,075,123 | 3,528,856 |

(a) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures in the *Imaging services* chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This resulted in a marked decrease in the reporting of *Imaging services* compared to previous years. See Appendix 2 for more information.

(b) A procedure 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.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S9.11 and S9.12 at the end of this chapter.

Abbreviation: n.e.c.—not elsewhere classified.

In 2010–11, General allied health interventions, which includes physiotherapy and other rehabilitation procedures or interventions was the most common procedure block reported for overnight acute separations. Cerebral anaesthesia (general anaesthesia) was the next most frequently reported procedure block, reflecting the fact that it is a companion procedure for many other procedures (Table 9.13).

Table 9.13: Overnight acute separations for the top 20 ACHI procedure blocks, public and private hospitals, 2010–11

| Procedure block ^(a) | Public hospitals | Private hospitals | Total |
|-----------------------------------------------------------|------------------|-------------------|------------------|
| 1916 Generalised allied health interventions | 950,255 | 362,240 | 1,312,495 |
| 1910 Cerebral anaesthesia | 654,048 | 617,925 | 1,271,973 |
| 1909 Conduction anaesthesia | 119,660 | 126,185 | 245,845 |
| 1893 Administration of blood and blood products | 135,997 | 58,210 | 194,207 |
| 1340 Caesarean section | 59,500 | 34,459 | 93,959 |
| 1344 Postpartum suture | 66,763 | 23,403 | 90,166 |
| 1920 Administration of pharmacotherapy | 61,355 | 27,060 | 88,415 |
| 668 Coronary angiography | 43,341 | 39,395 | 82,736 |
| 1333 Analgesia and anaesthesia during labour and delivery | 48,044 | 27,510 | 75,554 |
| 1334 Medical or surgical induction of labour | 51,279 | 22,694 | 73,973 |
| 1335 Medical or surgical augmentation of labour | 45,656 | 15,291 | 60,947 |
| 1912 Postprocedural analgesia | 24,699 | 31,073 | 55,772 |
| 607 Examination procedures on ventricle | 24,145 | 29,416 | 53,561 |
| 1828 Sleep study | 7,295 | 45,701 | 52,996 |
| 965 Cholecystectomy | 29,180 | 21,260 | 50,440 |
| 986 Division of abdominal adhesions | 25,989 | 22,939 | 48,928 |
| 412 Tonsillectomy or adenoidectomy | 20,509 | 26,567 | 47,076 |
| 570 Noninvasive ventilatory support | 30,017 | 13,245 | 43,262 |
| 1566 Excision procedures on other musculoskeletal sites | 24,825 | 15,806 | 40,631 |
| 957 Examination of gallbladder or biliary tract | 22,163 | 17,649 | 39,812 |
| Other | 1,433,174 | 1,184,181 | 2,617,355 |
| <i>Procedures reported^(b)</i> | <i>3,877,894</i> | <i>2,762,209</i> | <i>6,640,103</i> |
| No procedure or not reported | <i>847,977</i> | <i>138,905</i> | <i>986,882</i> |
| Total overnight acute separations | 2,453,733 | 1,075,123 | 3,528,856 |

(a) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures in the *Imaging services* chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This resulted in a marked decrease in the reporting of *Imaging services*, such as *Computerised tomography of the brain* or *Computerised tomography of the abdomen*, which previously were among the most commonly reported procedures. See Appendix 2 for more information.

(b) A procedure 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.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. Additional information by state and territory is available in tables S9.13 and S9.14 at the end of this chapter.

How long did patients stay?

The lengths of stay for overnight acute separations varied by the type of care received and between public and private hospitals. *Non-emergency* separations had longer lengths of stay in public hospitals than in private hospitals. *Childbirth*, *Specialist mental health* care and *Emergency* separations for *Medical* care had longer lengths of stay in private hospitals than in public hospitals (Table 9.14).

Table 9.14: Patient days and average length of stay, for overnight acute separations, by broad category of service, public and private hospitals, 2010–11

| Broad category of service | Public hospitals | | Private hospitals | | Total | |
|---------------------------|-------------------|------------------------|-------------------|------------------------|-------------------|------------------------|
| | Patient days | Average length of stay | Patient days | Average length of stay | Patient days | Average length of stay |
| Childbirth | 664,161 | 3.2 | 374,857 | 4.7 | 1,039,018 | 3.6 |
| Specialist mental health | 1,507,239 | 17.4 | 558,050 | 19.2 | 2,065,289 | 17.9 |
| Emergency | | | | | | |
| Surgical | 1,855,773 | 8.3 | 269,086 | 8.2 | 2,124,859 | 8.3 |
| Medical | 5,348,231 | 4.2 | 769,786 | 5.8 | 6,118,017 | 4.3 |
| Other | 361,838 | 6.8 | 64,817 | 5.8 | 426,655 | 6.6 |
| Non-emergency | | | | | | |
| Surgical | 1,408,864 | 4.2 | 1,783,584 | 3.3 | 3,192,448 | 3.7 |
| Medical | 1,433,661 | 5.8 | 1,078,946 | 5.0 | 2,512,607 | 5.4 |
| Other | 83,645 | 3.7 | 103,824 | 2.6 | 187,469 | 3.0 |
| Total | 12,663,412 | 5.2 | 5,002,950 | 4.7 | 17,666,362 | 5.0 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Who paid for the care?

Over 83% of overnight acute separations from public hospitals were for *Public patients* (Medicare eligible persons who elected to be treated as public patient) and about 83% of overnight acute separations from private hospitals were funded by *Private health insurance* (Table 9.15). The *Department of Veterans' Affairs* funded 2.6% of overnight acute separations in public hospitals and 7.1% in private hospitals.

Table 9.15: Overnight acute separations, by principal source of funds, public and private hospitals, 2010–11

| | Public hospitals | Private hospitals | Total |
|------------------------------------------|------------------|-------------------|------------------|
| Public patients ^(a) | 2,047,495 | 4,831 | 2,052,326 |
| Private health insurance | 264,051 | 897,489 | 1,161,540 |
| Self-funded ^(b) | 30,506 | 51,398 | 81,904 |
| Workers compensation | 12,900 | 27,755 | 40,655 |
| Motor vehicle third party personal claim | 17,872 | 2,300 | 20,172 |
| Department of Veterans' Affairs | 62,576 | 76,463 | 139,039 |
| Other ^(c) | 18,333 | 14,887 | 33,220 |
| Total | 2,453,733 | 1,075,123 | 3,528,856 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Benefits Scheme.

(b) *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.

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

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.

Around 88% of overnight acute separations had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 9.16). This was particularly the case in private hospitals, where 93% of separations reported a mode of separation of *Other*, compared with 85% in public hospitals.

Table 9.16: Overnight acute separations, by mode of separation, public and private hospitals, 2010–11

| Mode of separation | Public hospitals | Private hospitals | Total |
|-------------------------------------------------------|------------------|-------------------|------------------|
| Discharge/transfer to an (other) acute hospital | 181,482 | 38,495 | 219,977 |
| Discharge/transfer to residential aged care service | 34,802 | 5,406 | 40,208 |
| Discharge/transfer to an (other) psychiatric hospital | 4,292 | 148 | 4,440 |
| Discharge/transfer to other health care accommodation | 8,719 | 3,346 | 12,065 |
| Statistical discharge: type change | 64,952 | 14,802 | 79,754 |
| Left against medical advice/discharge at own risk | 28,019 | 1,352 | 29,371 |
| Statistical discharge from leave | 4,470 | 54 | 4,524 |
| Died | 37,075 | 9,693 | 46,768 |
| Other | 2,089,847 | 1,001,817 | 3,091,664 |
| Not reported | 75 | 10 | 85 |
| Total | 2,453,733 | 1,075,123 | 3,528,856 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods.

Supplementary tables

The following supplementary tables provide more information on diagnosis and procedures for overnight acute separations, by state and territory.

Box 9.1: Notes for Chapter 9 supplementary tables

Table S9.6

- (a) This table presents information describing care by the following broad categories of service: *Childbirth*, *Specialist mental health*, *Surgical*, *Medical* and *Other*. See the section 'What care was provided?' for more information.

Tables S9.7 to S9.10

- (a) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Abbreviations: AdmWt – admission weight; AMI – Acute Myocardial Infarct; CC – complications and comorbidities; CDE – common duct exploration; DRG – Diagnosis Related Group; ECMO – extracorporeal membrane oxygenation; Gastroent – gastroenterological; MDC – Major Diagnostic Category; Misc – miscellaneous; Sys – system; URI – Upper respiratory infection; W – with; W/O – without; OR – operating room; proc – procedure.

Tables S9.11 to S9.12

- (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) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures contained in the *Imaging services* chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This has resulted in a marked overall decrease in the reporting of *Imaging services*, such as *Computerised tomography of the brain* and *Computerised tomography of the abdomen*.

Abbreviation: n.e.c. – not elsewhere classified.

Tables S9.13 to S9.14

- (c) For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. 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 S9.1: Overnight acute separations, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------------|------------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Public hospitals | | | | | | | | | |
| Public acute hospitals | 824,005 | 608,414 | 447,292 | 241,094 | 201,065 | 47,596 | 38,795 | 37,316 | 2,445,577 |
| Public psychiatric hospitals | 4,893 | 480 | 2 | 1,413 | 1,161 | 207 | .. | .. | 8,156 |
| <i>Total</i> | <i>828,898</i> | <i>608,894</i> | <i>447,294</i> | <i>242,507</i> | <i>202,226</i> | <i>47,803</i> | <i>38,795</i> | <i>37,316</i> | <i>2,453,733</i> |
| <i>Separation rate</i> | <i>109.0</i> | <i>105.4</i> | <i>98.2</i> | <i>105.6</i> | <i>113.9</i> | <i>89.1</i> | <i>112.4</i> | <i>181.8</i> | <i>106.3</i> |
| Private hospitals | | | | | | | | | |
| Private free-standing day hospital facilities | 154 | 7 | 0 | 1,201 | 0 | n.p. | n.p. | n.p. | 1,363 |
| Other private hospitals | 269,864 | 278,653 | 267,591 | 123,722 | 88,376 | n.p. | n.p. | n.p. | 1,073,760 |
| <i>Total</i> | <i>270,018</i> | <i>278,660</i> | <i>267,591</i> | <i>124,923</i> | <i>88,376</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1,075,123</i> |
| <i>Separation rate</i> | <i>35.4</i> | <i>47.2</i> | <i>58.2</i> | <i>54.0</i> | <i>47.8</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>45.9</i> |
| All hospitals | 1,098,916 | 887,554 | 714,885 | 367,430 | 290,602 | n.p. | n.p. | n.p. | 3,528,856 |
| Separation rate | 144.4 | 152.6 | 156.4 | 159.6 | 161.7 | n.p. | n.p. | n.p. | 152.2 |

Note: See boxes 7.1, 7.2, 7.3 and 9.1 for notes on data limitations and methods.

Abbreviations: ..—not applicable; n.p.—not published.

Table S9.2: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------|-----------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 29,114 | 18,641 | 13,453 | 8,007 | 5,897 | 1,102 | 1,104 | 1,657 | 78,975 |
| C00–D48 | Neoplasms | 41,428 | 34,823 | 23,384 | 11,483 | 11,213 | 3,244 | 2,189 | 826 | 128,590 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 9,475 | 7,401 | 4,578 | 2,509 | 2,913 | 525 | 377 | 227 | 28,005 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 16,136 | 12,716 | 9,616 | 4,997 | 4,276 | 1,023 | 675 | 1,193 | 50,632 |
| F00–F99 | Mental and behavioural disorders | 46,717 | 30,787 | 21,979 | 15,885 | 12,796 | 2,660 | 1,798 | 1,203 | 133,825 |
| G00–G99 | Diseases of the nervous system | 19,353 | 20,169 | 11,765 | 5,672 | 5,641 | 1,323 | 822 | 563 | 65,308 |
| H00–H59 | Diseases of the eye and adnexa | 4,357 | 3,478 | 1,893 | 1,520 | 993 | 85 | 172 | 217 | 12,715 |
| H60–H95 | Diseases of the ear and mastoid process | 4,289 | 3,232 | 2,287 | 1,610 | 1,082 | 213 | 176 | 348 | 13,237 |
| I00–I99 | Diseases of the circulatory system | 86,419 | 63,323 | 47,583 | 22,104 | 21,877 | 5,499 | 4,361 | 2,640 | 253,806 |
| J00–J99 | Diseases of the respiratory system | 84,350 | 60,086 | 43,435 | 23,017 | 21,385 | 4,535 | 3,689 | 4,971 | 245,468 |
| K00–K93 | Diseases of the digestive system | 78,491 | 57,857 | 42,200 | 23,274 | 18,860 | 4,994 | 3,888 | 2,919 | 232,483 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 21,364 | 14,331 | 14,644 | 7,368 | 5,006 | 1,170 | 973 | 2,568 | 67,424 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 36,315 | 27,288 | 18,284 | 11,736 | 9,239 | 2,313 | 1,933 | 1,288 | 108,396 |
| N00–N99 | Diseases of the genitourinary system | 43,538 | 32,749 | 24,189 | 12,689 | 10,862 | 2,164 | 2,170 | 1,757 | 130,118 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 88,386 | 62,409 | 51,600 | 26,429 | 17,878 | 4,966 | 4,888 | 4,304 | 260,860 |
| P00–P96 | Certain conditions originating in the perinatal period | 13,291 | 10,948 | 8,237 | 4,353 | 1,720 | 718 | 1,172 | 773 | 41,212 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 3,716 | 3,395 | 2,210 | 1,275 | 931 | 196 | 206 | 103 | 12,032 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 80,233 | 57,180 | 38,627 | 19,846 | 19,757 | 3,514 | 2,387 | 2,683 | 224,227 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 104,410 | 75,139 | 58,013 | 34,579 | 22,937 | 5,990 | 5,340 | 6,037 | 312,445 |
| Z00–Z99 | Factors influencing health status and contact with health services | 17,303 | 12,933 | 9,317 | 4,154 | 6,963 | 1,567 | 475 | 1,039 | 53,751 |
| | Not reported | 213 | 9 | 0 | 0 | 0 | 2 | 0 | 0 | 224 |
| Total | | 828,898 | 608,894 | 447,294 | 242,507 | 202,226 | 47,803 | 38,795 | 37,316 | 2,453,733 |

Note: See boxes 7.1, 7.2, and 7.3 for notes on data limitations and methods.

Table S9.3: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------|-----------------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|---------------|-------------|-------------|-------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 1,529 | 3,159 | 4,297 | 1,149 | 852 | n.p. | n.p. | n.p. | 11,423 |
| C00–D48 | Neoplasms | 25,411 | 29,250 | 25,459 | 11,243 | 8,231 | n.p. | n.p. | n.p. | 103,718 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 1,473 | 2,571 | 2,440 | 1,071 | 870 | n.p. | n.p. | n.p. | 8,719 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 5,796 | 5,417 | 5,691 | 3,667 | 2,145 | n.p. | n.p. | n.p. | 24,028 |
| F00–F99 | Mental and behavioural disorders | 10,884 | 8,588 | 8,278 | 3,871 | 1,731 | n.p. | n.p. | n.p. | 34,748 |
| G00–G99 | Diseases of the nervous system | 14,838 | 15,739 | 17,416 | 6,785 | 4,608 | n.p. | n.p. | n.p. | 61,062 |
| H00–H59 | Diseases of the eye and adnexa | 3,025 | 2,054 | 1,409 | 2,379 | 1,153 | n.p. | n.p. | n.p. | 10,408 |
| H60–H95 | Diseases of the ear and mastoid process | 1,974 | 1,276 | 1,395 | 718 | 694 | n.p. | n.p. | n.p. | 6,309 |
| I00–I99 | Diseases of the circulatory system | 24,714 | 31,947 | 29,848 | 10,637 | 8,574 | n.p. | n.p. | n.p. | 108,745 |
| J00–J99 | Diseases of the respiratory system | 18,527 | 18,533 | 19,310 | 7,110 | 6,262 | n.p. | n.p. | n.p. | 72,734 |
| K00–K93 | Diseases of the digestive system | 25,133 | 25,639 | 27,490 | 10,585 | 8,788 | n.p. | n.p. | n.p. | 102,535 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 3,050 | 3,784 | 4,317 | 1,384 | 1,058 | n.p. | n.p. | n.p. | 14,181 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 43,818 | 42,448 | 35,234 | 22,958 | 14,500 | n.p. | n.p. | n.p. | 166,686 |
| N00–N99 | Diseases of the genitourinary system | 19,918 | 18,195 | 17,872 | 8,291 | 7,248 | n.p. | n.p. | n.p. | 75,142 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 25,773 | 22,069 | 21,242 | 11,433 | 5,540 | n.p. | n.p. | n.p. | 91,342 |
| P00–P96 | Certain conditions originating in the perinatal period | 2,491 | 3,116 | 2,393 | 2,149 | 644 | n.p. | n.p. | n.p. | 11,273 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 1,336 | 1,021 | 835 | 386 | 313 | n.p. | n.p. | n.p. | 4,039 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 8,824 | 17,941 | 16,554 | 6,197 | 5,991 | n.p. | n.p. | n.p. | 57,504 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 16,723 | 17,538 | 20,362 | 9,213 | 6,845 | n.p. | n.p. | n.p. | 73,733 |
| Z00–Z99 | Factors influencing health status and contact with health services | 14,781 | 7,832 | 5,749 | 3,697 | 2,329 | n.p. | n.p. | n.p. | 36,251 |
| | Not reported | 0 | 543 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 543 |
| Total | | 270,018 | 278,660 | 267,591 | 124,923 | 88,376 | n.p. | n.p. | n.p. | 1,075,123 |

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S9.4: Overnight acute separations, for the top 20 principal diagnoses, public hospitals, states and territories, 2010–11

| Principal diagnosis | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------|------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| O80 | Single spontaneous delivery ^(a) | 39,516 | 28,430 | 24,067 | 10,490 | 7,502 | 2,160 | 2,068 | 1,676 | 115,909 |
| R07 | Pain in throat and chest | 20,523 | 14,194 | 12,804 | 5,429 | 6,153 | 637 | 523 | 712 | 60,975 |
| O82 | Single delivery by caesarean section ^(a) | 17,323 | 13,492 | 10,381 | 5,455 | 3,936 | 967 | 942 | 762 | 53,258 |
| J18 | Pneumonia, organism unspecified | 17,436 | 13,160 | 8,790 | 4,578 | 3,958 | 944 | 882 | 1,220 | 50,968 |
| J44 | Other chronic obstructive pulmonary disease | 16,726 | 11,109 | 8,754 | 3,671 | 4,068 | 1,097 | 515 | 682 | 46,622 |
| I21 | Acute myocardial infarction | 12,152 | 9,860 | 8,469 | 3,419 | 3,040 | 991 | 831 | 438 | 39,200 |
| R10 | Abdominal and pelvic pain | 12,718 | 10,186 | 5,871 | 3,510 | 2,836 | 532 | 480 | 405 | 36,538 |
| K80 | Cholelithiasis | 11,983 | 9,423 | 6,768 | 3,283 | 2,904 | 860 | 520 | 389 | 36,130 |
| I50 | Heart failure | 12,345 | 8,987 | 5,656 | 3,019 | 2,853 | 742 | 449 | 489 | 34,540 |
| L03 | Cellulitis | 11,306 | 7,593 | 7,555 | 3,390 | 2,339 | 598 | 459 | 719 | 33,959 |
| N39 | Other disorders of urinary system | 12,847 | 7,505 | 6,251 | 3,075 | 2,792 | 476 | 463 | 350 | 33,759 |
| I20 | Angina pectoris | 10,378 | 6,890 | 6,687 | 3,122 | 2,968 | 650 | 352 | 365 | 31,412 |
| J45 | Asthma | 8,854 | 7,367 | 4,057 | 2,064 | 2,357 | 302 | 315 | 370 | 25,686 |
| I48 | Atrial fibrillation and flutter | 9,804 | 5,806 | 4,384 | 2,059 | 2,422 | 407 | 330 | 216 | 25,428 |
| A09 | Other gastroenteritis and colitis of infectious and unspecified origin | 8,971 | 6,157 | 3,743 | 2,337 | 2,071 | 289 | 205 | 336 | 24,109 |
| K35 | Acute appendicitis | 7,687 | 5,799 | 4,681 | 2,549 | 1,542 | 575 | 529 | 316 | 23,678 |
| S52 | Fracture of forearm | 7,941 | 5,741 | 3,522 | 2,218 | 1,527 | 468 | 618 | 464 | 22,499 |
| S72 | Fracture of femur | 8,399 | 5,325 | 3,654 | 2,268 | 1,593 | 494 | 395 | 174 | 22,302 |
| O81 | Single delivery by forceps and vacuum extractor ^(a) | 7,100 | 6,100 | 3,380 | 2,491 | 1,601 | 372 | 452 | 215 | 21,711 |
| F20 | Schizophrenia | 6,873 | 5,553 | 4,139 | 2,099 | 1,847 | 485 | 252 | 266 | 21,514 |
| | Other | 568,016 | 420,217 | 303,681 | 171,981 | 141,917 | 33,757 | 27,215 | 26,752 | 1,693,536 |
| Total (all principal diagnoses) | | 828,898 | 608,894 | 447,294 | 242,507 | 202,226 | 47,803 | 38,795 | 37,316 | 2,453,733 |

(a) A new standard for coding of obstetric episodes was introduced on 1 July 2010, which resulted in a marked increase in the reporting of O80 to O84 as principal diagnoses and a decrease in the reporting of other obstetric diagnoses, such as O70 *Perineal laceration during delivery*. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2, and 7.3 for notes on data limitations and methods.

Table S9.5: Overnight acute separations, for the top 20 principal diagnoses, private hospitals, states and territories, 2010–11

| Principal diagnosis | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------------------|----------------|----------------|----------------|----------------|---------------|-------------|-------------|-------------|------------------|
| G47 Sleep disorders | 11,749 | 12,287 | 13,733 | 5,311 | 3,730 | n.p. | n.p. | n.p. | 48,051 |
| M17 Gonarthrosis [arthrosis of knee] | 8,847 | 6,331 | 6,395 | 3,548 | 2,787 | n.p. | n.p. | n.p. | 29,424 |
| O82 Single delivery by caesarean section ^(a) | 6,469 | 5,175 | 7,184 | 4,345 | 1,956 | n.p. | n.p. | n.p. | 25,893 |
| M75 Shoulder lesions | 5,094 | 5,860 | 4,740 | 4,070 | 2,069 | n.p. | n.p. | n.p. | 22,690 |
| O80 Single spontaneous delivery ^(a) | 5,462 | 4,406 | 4,482 | 3,481 | 2,220 | n.p. | n.p. | n.p. | 21,228 |
| K40 Inguinal hernia | 6,603 | 4,706 | 4,370 | 2,159 | 1,641 | n.p. | n.p. | n.p. | 20,576 |
| J35 Chronic diseases of tonsils and adenoids | 7,620 | 3,794 | 3,681 | 2,147 | 1,542 | n.p. | n.p. | n.p. | 19,619 |
| K80 Cholelithiasis | 5,351 | 4,407 | 4,613 | 1,942 | 1,574 | n.p. | n.p. | n.p. | 18,851 |
| M16 Coxarthrosis [arthrosis of hip] | 4,814 | 4,388 | 2,793 | 1,787 | 1,513 | n.p. | n.p. | n.p. | 16,317 |
| I20 Angina pectoris | 2,949 | 3,949 | 4,229 | 1,609 | 953 | n.p. | n.p. | n.p. | 14,110 |
| R07 Pain in throat and chest | 1,351 | 4,378 | 4,194 | 1,227 | 2,184 | n.p. | n.p. | n.p. | 13,627 |
| I25 Chronic ischaemic heart disease | 4,400 | 4,015 | 3,015 | 921 | 912 | n.p. | n.p. | n.p. | 13,565 |
| I48 Atrial fibrillation and flutter | 2,026 | 3,451 | 3,949 | 1,215 | 1,238 | n.p. | n.p. | n.p. | 12,139 |
| M51 Other intervertebral disc disorders | 3,157 | 2,440 | 3,005 | 1,598 | 777 | n.p. | n.p. | n.p. | 11,424 |
| M23 Internal derangement of knee | 2,395 | 2,771 | 2,402 | 1,559 | 1,236 | n.p. | n.p. | n.p. | 10,803 |
| J34 Other disorders of nose and nasal sinuses | 3,879 | 2,657 | 1,448 | 1,060 | 932 | n.p. | n.p. | n.p. | 10,630 |
| C50 Malignant neoplasm of breast | 2,620 | 3,329 | 2,234 | 1,028 | 907 | n.p. | n.p. | n.p. | 10,591 |
| C61 Malignant neoplasm of prostate | 3,223 | 2,856 | 2,374 | 1,010 | 575 | n.p. | n.p. | n.p. | 10,542 |
| E66 Obesity | 2,518 | 2,049 | 1,933 | 2,138 | 961 | n.p. | n.p. | n.p. | 10,301 |
| N40 Hyperplasia of prostate | 3,252 | 2,788 | 2,006 | 932 | 826 | n.p. | n.p. | n.p. | 10,238 |
| Other | 176,239 | 192,623 | 184,811 | 81,836 | 57,843 | n.p. | n.p. | n.p. | 724,504 |
| Total (All principal diagnoses) | 270,018 | 278,660 | 267,591 | 124,923 | 88,376 | n.p. | n.p. | n.p. | 1,075,123 |

(a) A new standard for coding of obstetric episodes was introduced on 1 July 2010, which resulted in a marked increase in the reporting of O80 to O84 as principal diagnoses and a decrease in the reporting of other obstetric diagnoses, such as O70 *Perineal laceration during delivery*. The standard was progressively implemented in private hospitals over the 2010–11 reporting period. See Appendix 2 for more information.

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S9.6: Overnight acute separations, by broad category of service^(a), public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Public hospitals | | | | | | | | | |
| Childbirth | 69,731 | 51,012 | 40,431 | 20,252 | 14,098 | 3,876 | 3,835 | 2,851 | 206,086 |
| Specialist mental health | 29,887 | 19,652 | 16,431 | 9,011 | 7,254 | 2,166 | 1,203 | 830 | 86,434 |
| Emergency | | | | | | | | | |
| Surgical | 72,471 | 54,090 | 37,334 | 25,801 | 18,285 | 5,336 | 5,535 | 4,235 | 223,087 |
| Medical | 450,898 | 297,893 | 234,825 | 128,304 | 109,416 | 20,705 | 18,467 | 22,026 | 1,282,534 |
| Other | 19,666 | 12,365 | 7,884 | 5,621 | 4,815 | 1,326 | 1,019 | 850 | 53,546 |
| Non-emergency | | | | | | | | | |
| Surgical | 100,378 | 93,825 | 62,053 | 32,376 | 29,122 | 7,099 | 5,921 | 2,586 | 333,360 |
| Medical | 79,331 | 73,445 | 43,168 | 19,679 | 17,173 | 6,831 | 2,629 | 3,685 | 245,941 |
| Other | 6,536 | 6,612 | 5,168 | 1,463 | 2,063 | 464 | 186 | 253 | 22,745 |
| <i>Total</i> | <i>828,898</i> | <i>608,894</i> | <i>447,294</i> | <i>242,507</i> | <i>202,226</i> | <i>47,803</i> | <i>38,795</i> | <i>37,316</i> | <i>2,453,733</i> |
| Private hospitals | | | | | | | | | |
| Childbirth | 22,622 | 19,822 | 17,982 | 10,037 | 4,922 | n.p. | n.p. | n.p. | 79,858 |
| Specialist mental health | 10,014 | 7,311 | 6,291 | 3,432 | 1,402 | n.p. | n.p. | n.p. | 29,110 |
| Emergency | | | | | | | | | |
| Surgical | 3,621 | 8,574 | 10,728 | 5,002 | 4,188 | n.p. | n.p. | n.p. | 32,663 |
| Medical | 13,634 | 33,701 | 52,923 | 14,717 | 15,452 | n.p. | n.p. | n.p. | 132,729 |
| Other | 856 | 3,440 | 3,945 | 1,454 | 1,299 | n.p. | n.p. | n.p. | 11,209 |
| Non-emergency | | | | | | | | | |
| Surgical | 155,102 | 129,572 | 111,986 | 66,793 | 44,513 | n.p. | n.p. | n.p. | 532,902 |
| Medical | 54,567 | 63,604 | 53,242 | 20,934 | n.p. | n.p. | n.p. | 1,461 | 217,282 |
| Other | 9,602 | 12,636 | 10,494 | 2,554 | n.p. | n.p. | n.p. | 156 | 39,370 |
| <i>Total</i> | <i>270,018</i> | <i>278,660</i> | <i>267,591</i> | <i>124,923</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>4,919</i> | <i>1,075,123</i> |

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods. See Box 9.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S9.7: Overnight acute separations, by Major Diagnostic Category, AR-DRG version 6.0, public hospitals, states and territories, 2010–11

| Major Diagnostic Category | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------|-------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 4,353 | 3,491 | 2,399 | 1,138 | 1,016 | 234 | 220 | 174 | 13,025 |
| 01 | Diseases and disorders of the nervous system | 53,321 | 40,388 | 26,933 | 14,913 | 12,882 | 3,408 | 2,315 | 1,825 | 155,985 |
| 02 | Diseases and disorders of the eye | 5,983 | 4,536 | 2,722 | 2,077 | 1,303 | 143 | 237 | 328 | 17,329 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 29,875 | 26,137 | 17,842 | 11,009 | 9,182 | 1,974 | 1,742 | 1,901 | 99,662 |
| 04 | Diseases and disorders of the respiratory system | 84,371 | 60,825 | 43,370 | 22,004 | 20,942 | 4,616 | 3,404 | 4,607 | 244,139 |
| 05 | Diseases and disorders of the circulatory system | 103,029 | 73,512 | 59,257 | 26,075 | 27,613 | 5,510 | 4,416 | 3,226 | 302,638 |
| 06 | Diseases and disorders of the digestive system | 94,034 | 69,304 | 47,629 | 26,720 | 22,387 | 5,365 | 4,193 | 2,801 | 272,433 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 26,449 | 19,950 | 13,857 | 7,216 | 6,062 | 1,773 | 1,214 | 1,173 | 77,694 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 83,596 | 60,978 | 42,921 | 26,437 | 18,999 | 5,172 | 4,809 | 3,507 | 246,419 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 32,869 | 22,727 | 21,140 | 11,189 | 8,085 | 1,819 | 1,436 | 3,189 | 102,454 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 16,967 | 12,901 | 9,334 | 5,042 | 4,332 | 1,021 | 753 | 816 | 51,166 |
| 11 | Diseases and disorders of the kidney and urinary tract | 37,316 | 27,956 | 20,300 | 10,451 | 9,024 | 1,656 | 1,856 | 1,838 | 110,397 |
| 12 | Diseases and disorders of the male reproductive system | 6,716 | 5,398 | 3,593 | 2,144 | 1,862 | 441 | 431 | 263 | 20,848 |
| 13 | Diseases and disorders of the female reproductive system | 13,905 | 11,889 | 8,397 | 4,012 | 3,818 | 985 | 649 | 658 | 44,313 |
| 14 | Pregnancy, childbirth and puerperium | 90,629 | 63,998 | 52,691 | 27,249 | 18,333 | 5,069 | 4,975 | 4,526 | 267,470 |
| 15 | Newborns and other neonates | 17,976 | 13,802 | 11,041 | 5,764 | 4,579 | 1,377 | 1,354 | 1,075 | 56,968 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 10,298 | 8,083 | 5,118 | 2,850 | 3,085 | 581 | 442 | 347 | 30,804 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 6,474 | 5,460 | 2,982 | 1,769 | 1,686 | 546 | 335 | 111 | 19,363 |
| 18 | Infectious and parasitic diseases | 18,417 | 11,835 | 9,067 | 5,159 | 3,125 | 762 | 771 | 1,004 | 50,140 |
| 19 | Mental diseases and disorders | 31,756 | 25,559 | 17,660 | 11,421 | 10,122 | 2,002 | 1,197 | 857 | 100,574 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 10,598 | 4,156 | 4,348 | 3,671 | 1,918 | 422 | 505 | 292 | 25,910 |
| 21 | Injuries, poisoning and toxic effects of drugs | 32,954 | 24,057 | 18,228 | 10,948 | 7,419 | 1,896 | 1,313 | 1,978 | 98,793 |
| 22 | Burns | 1,316 | 1,084 | 1,095 | 767 | 646 | 132 | 30 | 290 | 5,360 |
| 23 | Factors influencing health status and other contacts with health services | 14,350 | 9,852 | 4,825 | 1,953 | 3,482 | 814 | 159 | 459 | 35,894 |
| ED | Error DRGs | 1,346 | 1,016 | 545 | 529 | 324 | 85 | 39 | 71 | 3,955 |
| Total | | 828,898 | 608,894 | 447,294 | 242,507 | 202,226 | 47,803 | 38,795 | 37,316 | 2,453,733 |

Note: See boxes 7.1, 7.2, 7.3 and 9.1 for notes on data limitations and methods.

Table S9.8: Overnight acute separations, by Major Diagnostic Category, AR-DRG version 6.0, private hospitals, states and territories, 2010–11

| Major Diagnostic Category | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------|-------------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|---------------|-------------|-------------|-------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 587 | 776 | 805 | 254 | 277 | n.p. | n.p. | n.p. | 2,786 |
| 01 | Diseases and disorders of the nervous system | 7,505 | 8,736 | 9,194 | 3,227 | 2,220 | n.p. | n.p. | n.p. | 31,837 |
| 02 | Diseases and disorders of the eye | 3,138 | 2,183 | 1,550 | 2,494 | 1,208 | n.p. | n.p. | n.p. | 10,969 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 19,966 | 14,007 | 12,698 | 7,413 | 6,037 | n.p. | n.p. | n.p. | 63,050 |
| 04 | Diseases and disorders of the respiratory system | 17,885 | 25,050 | 28,343 | 8,759 | 7,058 | n.p. | n.p. | n.p. | 89,566 |
| 05 | Diseases and disorders of the circulatory system | 25,854 | 36,492 | 33,816 | 11,459 | 10,984 | n.p. | n.p. | n.p. | 121,719 |
| 06 | Diseases and disorders of the digestive system | 24,289 | 28,957 | 31,155 | 11,910 | 9,424 | n.p. | n.p. | n.p. | 110,782 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 7,817 | 7,851 | 8,092 | 2,885 | 2,511 | n.p. | n.p. | n.p. | 30,622 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 55,528 | 53,452 | 47,622 | 28,445 | 19,160 | n.p. | n.p. | n.p. | 213,818 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 13,588 | 14,996 | 13,174 | 6,679 | 4,268 | n.p. | n.p. | n.p. | 55,244 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 6,994 | 6,028 | 6,127 | 4,052 | 2,383 | n.p. | n.p. | n.p. | 27,032 |
| 11 | Diseases and disorders of the kidney and urinary tract | 9,286 | 12,160 | 10,723 | 4,299 | 3,964 | n.p. | n.p. | n.p. | 42,584 |
| 12 | Diseases and disorders of the male reproductive system | 7,710 | 6,699 | 5,287 | 2,555 | 1,807 | n.p. | n.p. | n.p. | 25,284 |
| 13 | Diseases and disorders of the female reproductive system | 12,298 | 8,964 | 9,604 | 4,720 | 3,850 | n.p. | n.p. | n.p. | 41,313 |
| 14 | Pregnancy, childbirth and puerperium | 26,584 | 22,362 | 21,406 | 11,507 | 5,577 | n.p. | n.p. | n.p. | 92,972 |
| 15 | Newborns and other neonates | 7,553 | 3,559 | 2,690 | 2,471 | 725 | n.p. | n.p. | n.p. | 17,748 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 1,575 | 2,754 | 2,597 | 1,215 | 907 | n.p. | n.p. | n.p. | 9,362 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 1,517 | 3,296 | 3,258 | 1,619 | 973 | n.p. | n.p. | n.p. | 10,970 |
| 18 | Infectious and parasitic diseases | 1,960 | 2,897 | 3,724 | 1,187 | 839 | n.p. | n.p. | n.p. | 11,092 |
| 19 | Mental diseases and disorders | 8,200 | 6,622 | 6,346 | 3,341 | 1,490 | n.p. | n.p. | n.p. | 27,294 |
| 20 | Alcohol/drug use and alcohol/drug induced organic mental disorders | 2,440 | 1,934 | 1,658 | 649 | 248 | n.p. | n.p. | n.p. | 7,038 |
| 21 | Injuries, poisoning and toxic effects of drugs | 2,910 | 3,816 | 4,456 | 2,332 | 1,126 | n.p. | n.p. | n.p. | 15,276 |
| 22 | Burns | 24 | 57 | 55 | 33 | 18 | n.p. | n.p. | n.p. | 196 |
| 23 | Factors influencing health status and other contacts with health services | 4,296 | 3,811 | 2,369 | 1,209 | 1,080 | n.p. | n.p. | n.p. | 13,512 |
| ED | Error DRGs | 514 | 1,201 | 842 | 209 | 242 | n.p. | n.p. | n.p. | 3,057 |
| Total | | 270,018 | 278,660 | 267,591 | 124,923 | 88,376 | n.p. | n.p. | n.p. | 1,075,123 |

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods. See Box 9.1 for footnotes specific to this table. *Abbreviation:* n.p.—not published.

Table S9.9: Overnight acute separations, for the top 20 AR-DRGs version 6.0, public hospitals, states and territories, 2010–11

| AR-DRG | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| O60Z Vaginal delivery | 48,091 | 34,644 | 27,600 | 13,645 | 9,267 | 2,658 | 2,576 | 1,878 | 140,359 |
| F74Z Chest pain | 19,325 | 13,539 | 12,317 | 5,023 | 5,827 | 581 | 484 | 658 | 57,754 |
| O01B Caesarean delivery W/O catastrophic or severe CC | 14,851 | 11,011 | 8,936 | 4,384 | 3,217 | 861 | 786 | 617 | 44,663 |
| J64B Cellulitis W/O catastrophic or severe CC | 12,395 | 7,861 | 9,135 | 4,594 | 2,734 | 630 | 553 | 1,630 | 39,532 |
| G70B Other digestive system diagnoses W/O catastrophic or severe CC | 13,043 | 9,131 | 7,064 | 4,370 | 3,047 | 675 | 481 | 429 | 38,240 |
| E65B Chronic obstructive airways disease W/O catastrophic CC | 13,587 | 8,045 | 7,486 | 3,300 | 3,197 | 985 | 416 | 852 | 37,868 |
| G66Z Abdominal pain or mesenteric adenitis | 11,702 | 8,964 | 5,302 | 3,242 | 2,557 | 438 | 469 | 382 | 33,056 |
| G67B Oesophagitis and gastroenteritis W/O cat/sev CC | 12,831 | 6,776 | 5,733 | 3,256 | 2,905 | 448 | 338 | 377 | 32,664 |
| O66Z Antenatal and other obstetric admission | 11,191 | 6,138 | 6,368 | 3,400 | 2,021 | 668 | 554 | 888 | 31,228 |
| L63B Kidney and urinary tract infections W/O catastrophic or severe CC | 10,582 | 6,162 | 5,674 | 3,236 | 2,221 | 410 | 428 | 374 | 29,087 |
| U61Z Schizophrenia disorders | 9,075 | 7,489 | 5,271 | 2,688 | 2,733 | 612 | 366 | 380 | 28,614 |
| E62C Respiratory infections/inflammations W/O CC | 9,850 | 5,886 | 5,378 | 2,843 | 2,202 | 511 | 534 | 724 | 27,928 |
| D63Z Otitis media and URI | 8,644 | 5,306 | 5,117 | 2,811 | 2,231 | 443 | 249 | 557 | 25,358 |
| X60B Injuries W/O catastrophic or severe CC | 9,379 | 5,984 | 4,582 | 2,739 | 1,481 | 299 | 246 | 620 | 25,330 |
| F76B Arrhythmia, cardiac arrest and conduction disorders W/O cat or sev CC | 9,912 | 5,602 | 4,780 | 1,905 | 2,070 | 463 | 344 | 219 | 25,295 |
| E69B Bronchitis and asthma W/O CC | 9,332 | 6,489 | 3,998 | 2,126 | 2,361 | 310 | 297 | 285 | 25,198 |
| F62B Heart failure and shock W/O catastrophic CC | 8,518 | 5,105 | 3,852 | 2,202 | 1,961 | 554 | 306 | 356 | 22,854 |
| H08B Laparoscopic cholecystectomy W/O closed CDE W/O cat or sev CC | 7,131 | 5,512 | 3,993 | 1,990 | 1,708 | 508 | 330 | 185 | 21,357 |
| U63Z Major affective disorders | 6,756 | 4,798 | 3,521 | 2,222 | 2,750 | 426 | 357 | 152 | 20,982 |
| U67Z Personality disorders and acute reactions | 6,971 | 4,297 | 3,505 | 3,275 | 1,990 | 502 | 203 | 154 | 20,897 |
| Other | 575,732 | 440,155 | 307,682 | 169,256 | 143,746 | 34,821 | 28,478 | 25,599 | 1,725,469 |
| Total | 828,898 | 608,894 | 447,294 | 242,507 | 202,226 | 47,803 | 38,795 | 37,316 | 2,453,733 |

Note: See boxes 7.1, 7.2, 7.3 and 9.1 for notes on data limitations and methods.

Table S9.10: Overnight acute separations, for the top 20 AR-DRGs version 6.0, private hospitals, states and territories, 2010–11

| AR-DRG | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------------------------------|----------------|----------------|----------------|----------------|---------------|-------------|-------------|-------------|------------------|
| O60Z Vaginal delivery | 12,815 | 11,563 | 9,122 | 5,266 | 2,769 | n.p. | n.p. | n.p. | 44,208 |
| E63Z Sleep apnoea | 10,877 | 11,029 | 12,573 | 3,789 | 3,108 | n.p. | n.p. | n.p. | 42,363 |
| I16Z Other shoulder procedures | 7,421 | 7,558 | 6,606 | 5,230 | 2,734 | n.p. | n.p. | n.p. | 30,782 |
| O01B Caesarean delivery W/O catastrophic or severe CC | 7,910 | 6,468 | 7,045 | 3,853 | 1,656 | n.p. | n.p. | n.p. | 28,354 |
| G10B Hernia procedures W/O CC | 8,596 | 6,285 | 5,907 | 3,055 | 2,226 | n.p. | n.p. | n.p. | 27,508 |
| I04B Knee replacement W/O catastrophic or severe CC | 6,447 | 4,676 | 4,944 | 2,477 | 2,070 | n.p. | n.p. | n.p. | 21,668 |
| F42B Circulatory disorders W/O AMI with invasive cardiac invess proc W/O cat or sev CC | 4,843 | 7,712 | 5,480 | 1,511 | 1,356 | n.p. | n.p. | n.p. | 21,287 |
| D11Z Tonsillectomy and/or adenoidectomy | 7,520 | 4,082 | 3,808 | 2,017 | 1,659 | n.p. | n.p. | n.p. | 19,859 |
| J06Z Major procedures for breast conditions | 5,000 | 4,139 | 3,337 | 2,781 | 1,575 | n.p. | n.p. | n.p. | 17,758 |
| H08B Laparoscopic cholecystectomy W/O closed CDE W/O cat or sev CC | 5,382 | 4,007 | 4,222 | 1,763 | 1,336 | n.p. | n.p. | n.p. | 17,598 |
| I03B Hip replacement W/O catastrophic CC | 4,831 | 4,463 | 2,953 | 1,796 | 1,658 | n.p. | n.p. | n.p. | 16,709 |
| U63Z Major affective disorders | 4,302 | 3,358 | 3,323 | 1,676 | 795 | n.p. | n.p. | n.p. | 14,079 |
| I10B Other back and neck procedures W/O catastrophic or severe CC | 4,082 | 2,759 | 2,460 | 1,804 | 913 | n.p. | n.p. | n.p. | 12,385 |
| N04B Hysterectomy for non-malignancy W/O catastrophic or severe CC | 3,686 | 2,482 | 2,976 | 1,574 | 924 | n.p. | n.p. | n.p. | 12,320 |
| M02B Transurethral prostatectomy W/O catastrophic or severe CC | 3,629 | 3,204 | 2,306 | 1,080 | 940 | n.p. | n.p. | n.p. | 11,671 |
| I20Z Other foot procedures | 3,024 | 3,230 | 1,737 | 1,631 | 1,011 | n.p. | n.p. | n.p. | 11,199 |
| D10Z Nasal procedures | 3,746 | 2,724 | 1,535 | 1,620 | 763 | n.p. | n.p. | n.p. | 10,996 |
| I18Z Other knee procedures | 2,103 | 2,677 | 2,172 | 1,791 | 1,494 | n.p. | n.p. | n.p. | 10,726 |
| I13B Humerus, tibia, fibula and ankle procedures W/O CC | 2,429 | 2,673 | 2,180 | 1,365 | 1,236 | n.p. | n.p. | n.p. | 10,340 |
| D06Z Sinus and complex middle ear procedures | 3,092 | 2,110 | 1,696 | 1,009 | 1,229 | n.p. | n.p. | n.p. | 9,778 |
| Other | 133,837 | 161,604 | 161,321 | 65,990 | 49,615 | n.p. | n.p. | n.p. | 683,535 |
| Total | 270,018 | 278,660 | 267,591 | 124,923 | 88,376 | n.p. | n.p. | n.p. | 1,075,123 |

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods. See Box 9.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S9.11: Overnight acute separations^(a), by procedure in ACHI chapters, public hospitals, states and territories, 2010–11

| Procedure chapters | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------|---------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| 1–86 | Procedures on nervous system | 15,328 | 13,361 | 7,595 | 4,931 | 3,452 | 1,137 | 845 | 558 | 47,207 |
| 110–129 | Procedures on endocrine system | 2,635 | 1,949 | 1,211 | 704 | 517 | 137 | 112 | 40 | 7,305 |
| 160–256 | Procedures on eye and adnexa | 4,125 | 3,563 | 1,896 | 1,597 | 1,005 | 78 | 157 | 198 | 12,619 |
| 300–333 | Procedures on ear and mastoid process | 2,379 | 2,607 | 1,932 | 1,312 | 895 | 160 | 184 | 248 | 9,717 |
| 370–422 | Procedures on nose, mouth and pharynx | 10,631 | 13,183 | 6,946 | 4,891 | 4,059 | 817 | 963 | 415 | 41,905 |
| 450–490 | Dental services | 1,307 | 1,151 | 1,226 | 760 | 554 | 147 | 209 | 276 | 5,630 |
| 520–570 | Procedures on respiratory system | 27,605 | 23,789 | 15,283 | 7,988 | 6,252 | 1,738 | 1,601 | 1,154 | 85,410 |
| 600–777 | Procedures on cardiovascular system | 34,199 | 26,844 | 18,882 | 10,188 | 9,301 | 2,196 | 2,478 | 853 | 104,941 |
| 800–817 | Procedures on blood and blood-forming organs | 7,215 | 5,667 | 4,146 | 2,114 | 1,804 | 442 | 448 | 167 | 22,003 |
| 850–1011 | Procedures on digestive system | 68,921 | 55,227 | 37,595 | 20,759 | 17,672 | 4,973 | 3,726 | 2,037 | 210,910 |
| 1040–1129 | Procedures on urinary system | 21,797 | 18,482 | 12,711 | 7,294 | 6,485 | 1,265 | 1,366 | 2,003 | 71,403 |
| 1160–1203 | Procedures on male genital organs | 5,823 | 5,203 | 2,944 | 1,806 | 1,688 | 424 | 348 | 203 | 18,439 |
| 1240–1299 | Gynaecological procedures | 14,859 | 12,531 | 9,054 | 4,600 | 4,114 | 1,135 | 704 | 640 | 47,637 |
| 1330–1347 | Obstetric procedures | 61,668 | 44,891 | 34,743 | 20,688 | 12,985 | 3,342 | 3,449 | 2,414 | 184,180 |
| 1360–1579 | Procedures on musculoskeletal system | 59,091 | 45,646 | 32,637 | 20,451 | 14,098 | 4,459 | 4,050 | 3,137 | 183,569 |
| 1600–1718 | Dermatological and plastic procedures | 28,781 | 27,021 | 20,226 | 12,541 | 7,934 | 1,786 | 1,744 | 3,328 | 103,361 |
| 1740–1759 | Procedures on breast | 3,433 | 2,912 | 2,381 | 1,343 | 1,136 | 243 | 189 | 131 | 11,768 |
| 1786–1799 | Radiation oncology procedures | 2,712 | 1,920 | 1,557 | 641 | 633 | 177 | 211 | 32 | 7,883 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 473,734 | 370,024 | 253,671 | 146,862 | 122,354 | 31,211 | 24,928 | 19,181 | 1,441,965 |
| 1940–2016 | Imaging services ^(b) | 15,248 | 5,190 | 4,558 | 2,826 | 1,672 | 603 | 544 | 234 | 30,875 |
| | Procedures reported | 861,491 | 681,161 | 471,194 | 274,296 | 218,610 | 56,470 | 48,256 | 37,249 | 2,648,727 |
| | No procedure or not reported | 298,800 | 196,858 | 164,588 | 77,855 | 70,273 | 13,972 | 10,716 | 14,915 | 847,977 |
| Total | | 844,709 | 611,971 | 447,294 | 242,423 | 202,226 | 47,812 | 38,795 | 37,316 | 2,472,546 |

Note: See boxes 7.1, 7.2, 7.3 and 9.1 for notes on data limitations and methods.

Table S9.12: Overnight acute separations^(a), by procedure in ACHI chapters, private hospitals, states and territories, 2010–11

| Procedure chapters | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------|---------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| 1–86 | Procedures on nervous system | 12,940 | 11,071 | 9,839 | 6,563 | 2,907 | n.p. | n.p. | n.p. | 44,937 |
| 110–129 | Procedures on endocrine system | 2,888 | 1,670 | 1,680 | 912 | 524 | n.p. | n.p. | n.p. | 7,903 |
| 160–256 | Procedures on eye and adnexa | 2,917 | 2,023 | 1,431 | 2,344 | 1,155 | n.p. | n.p. | n.p. | 10,218 |
| 300–333 | Procedures on ear and mastoid process | 3,144 | 1,636 | 1,816 | 1,283 | 838 | n.p. | n.p. | n.p. | 9,051 |
| 370–422 | Procedures on nose, mouth and pharynx | 16,846 | 10,947 | 9,149 | 6,708 | 4,629 | n.p. | n.p. | n.p. | 50,747 |
| 450–490 | Dental services | 1,086 | 861 | 569 | 382 | 407 | n.p. | n.p. | n.p. | 3,458 |
| 520–570 | Procedures on respiratory system | 5,340 | 6,835 | 10,258 | 2,169 | 2,637 | n.p. | n.p. | n.p. | 27,588 |
| 600–777 | Procedures on cardiovascular system | 22,024 | 26,746 | 21,620 | 8,605 | 6,052 | n.p. | n.p. | n.p. | 87,019 |
| 800–817 | Procedures on blood and blood-forming organs | 4,649 | 3,778 | 4,158 | 1,718 | 1,488 | n.p. | n.p. | n.p. | 16,517 |
| 850–1011 | Procedures on digestive system | 36,505 | 36,285 | 38,069 | 16,440 | 12,411 | n.p. | n.p. | n.p. | 146,584 |
| 1040–1129 | Procedures on urinary system | 13,286 | 12,323 | 11,891 | 5,045 | 4,709 | n.p. | n.p. | n.p. | 49,729 |
| 1160–1203 | Procedures on male genital organs | 8,744 | 7,249 | 5,580 | 2,849 | 1,984 | n.p. | n.p. | n.p. | 27,881 |
| 1240–1299 | Gynaecological procedures | 12,540 | 8,966 | 9,979 | 4,642 | 3,898 | n.p. | n.p. | n.p. | 41,968 |
| 1330–1347 | Obstetric procedures | 22,271 | 19,125 | 17,559 | 10,103 | 4,839 | n.p. | n.p. | n.p. | 78,110 |
| 1360–1579 | Procedures on musculoskeletal system | 48,811 | 46,567 | 41,054 | 25,599 | 17,315 | n.p. | n.p. | n.p. | 188,036 |
| 1600–1718 | Dermatological and plastic procedures | 13,426 | 13,968 | 10,947 | 7,211 | 4,204 | n.p. | n.p. | n.p. | 52,135 |
| 1740–1759 | Procedures on breast | 5,938 | 5,008 | 4,358 | 3,475 | 1,939 | n.p. | n.p. | n.p. | 21,854 |
| 1786–1799 | Radiation oncology procedures | 744 | 855 | 663 | 122 | 209 | n.p. | n.p. | n.p. | 2,637 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 225,905 | 223,976 | 210,384 | 103,504 | 72,405 | n.p. | n.p. | n.p. | 871,662 |
| 1940–2016 | Imaging services ^(b) | 6,467 | 5,707 | 7,191 | 1,338 | 1,185 | n.p. | n.p. | n.p. | 22,104 |
| | <i>Procedures reported</i> | <i>466,471</i> | <i>445,596</i> | <i>418,195</i> | <i>211,012</i> | <i>145,735</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>1,760,138</i> |
| | No procedure or not reported | 26,319 | 35,580 | 44,043 | 13,419 | 12,703 | n.p. | n.p. | n.p. | 138,905 |
| Total | | 270,018 | 278,660 | 267,591 | 124,883 | 88,376 | n.p. | n.p. | n.p. | 1,075,164 |

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods. See Box 9.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

Table S9.13: Procedure statistics for the top 20 ACHI procedure blocks for overnight acute separations^(b), public hospitals, states and territories, 2010–11

| Procedure block | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------------------------------|------------------|------------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| 1916 Generalised allied health interventions | 308,433 | 246,293 | 164,350 | 98,242 | 84,722 | 20,685 | 15,679 | 11,851 | 950,255 |
| 1910 Cerebral anaesthesia | 210,686 | 166,885 | 117,946 | 66,640 | 54,892 | 14,728 | 13,467 | 8,804 | 654,048 |
| 1893 Administration of blood and blood products | 46,916 | 36,447 | 22,525 | 12,201 | 11,244 | 3,057 | 2,332 | 1,275 | 135,997 |
| 1909 Conduction anaesthesia | 36,422 | 33,778 | 19,934 | 14,446 | 8,981 | 2,627 | 1,618 | 1,854 | 119,660 |
| 1344 Postpartum suture | 25,205 | 15,817 | 11,933 | 5,991 | 4,361 | 1,084 | 1,577 | 795 | 66,763 |
| 1920 Administration of pharmacotherapy | 18,579 | 18,296 | 11,376 | 6,119 | 3,702 | 1,218 | 1,217 | 848 | 61,355 |
| 1340 Caesarean section | 19,548 | 14,882 | 11,610 | 6,034 | 4,353 | 1,125 | 1,091 | 857 | 59,500 |
| 1334 Medical or surgical induction of labour | 16,596 | 12,523 | 9,292 | 5,737 | 4,654 | 925 | 851 | 701 | 51,279 |
| 1333 Analgesia and anaesthesia during labour and delivery procedure | 14,898 | 10,663 | 8,918 | 6,948 | 4,303 | 913 | 948 | 453 | 48,044 |
| 1335 Medical or surgical augmentation of labour | 14,846 | 10,706 | 9,971 | 4,730 | 2,932 | 938 | 902 | 631 | 45,656 |
| 668 Coronary angiography | 14,718 | 10,525 | 7,530 | 4,260 | 3,960 | 1,058 | 849 | 441 | 43,341 |
| 569 Ventilatory support | 10,329 | 8,780 | 5,992 | 2,957 | 2,481 | 683 | 622 | 510 | 32,354 |
| 570 Noninvasive ventilatory support | 10,255 | 9,492 | 4,320 | 2,870 | 1,665 | 534 | 502 | 379 | 30,017 |
| 965 Cholecystectomy | 9,574 | 7,881 | 5,273 | 2,602 | 2,414 | 685 | 479 | 272 | 29,180 |
| 926 Appendicectomy | 9,293 | 7,153 | 5,542 | 3,335 | 1,872 | 693 | 651 | 396 | 28,935 |
| 986 Division of abdominal adhesions | 7,963 | 7,524 | 4,980 | 2,131 | 2,192 | 504 | 542 | 153 | 25,989 |
| 1343 Other procedures associated with delivery | 8,264 | 8,198 | 3,458 | 2,709 | 1,820 | 368 | 385 | 279 | 25,481 |
| 1566 Excision procedures on other musculoskeletal sites | 7,923 | 6,974 | 4,076 | 2,208 | 1,746 | 831 | 318 | 749 | 24,825 |
| 1912 Postprocedural analgesia | 7,366 | 4,252 | 4,733 | 5,968 | 1,401 | 521 | 303 | 155 | 24,699 |
| 1341 Fetal monitoring | 6,964 | 7,321 | 6,075 | 726 | 2,437 | 277 | 289 | 248 | 24,337 |
| Other | 449,412 | 361,282 | 247,047 | 151,086 | 113,430 | 29,984 | 25,661 | 18,277 | 1,396,179 |
| Separations with no procedure reported | 298,800 | 196,858 | 164,588 | 77,855 | 70,273 | 13,972 | 10,716 | 14,915 | 847,977 |
| Total | 1,254,190 | 1,005,672 | 686,881 | 407,940 | 319,562 | 83,438 | 70,283 | 49,928 | 3,877,894 |

Note: See boxes 7.1, 7.2 and 7.3 for notes on data limitations and methods. See Box 9.1 for footnotes specific to this table.

Table S9.14: Procedure statistics^(a) for the top 20 ACHI procedure blocks for overnight acute separations^(b), private hospitals, states and territories, 2010–11

| Procedure block | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-------------|-------------|-------------|------------------|
| 1910 Cerebral anaesthesia | 169,787 | 152,555 | 138,813 | 75,827 | 53,369 | n.p. | n.p. | n.p. | 617,925 |
| 1916 Generalised allied health interventions | 90,913 | 95,745 | 94,904 | 35,428 | 32,018 | n.p. | n.p. | n.p. | 362,240 |
| 1909 Conduction anaesthesia | 36,151 | 34,419 | 21,967 | 17,617 | 11,185 | n.p. | n.p. | n.p. | 126,185 |
| 1893 Administration of blood and blood products | 13,333 | 16,979 | 14,839 | 5,328 | 5,615 | n.p. | n.p. | n.p. | 58,210 |
| 1828 Sleep study | 11,536 | 11,923 | 13,216 | 4,187 | 3,759 | n.p. | n.p. | n.p. | 45,701 |
| 668 Coronary angiography | 9,270 | 13,317 | 10,284 | 3,146 | 2,547 | n.p. | n.p. | n.p. | 39,395 |
| 1340 Caesarean section | 9,481 | 7,958 | 8,595 | 4,610 | 2,080 | n.p. | n.p. | n.p. | 34,459 |
| 1912 Postprocedural analgesia | 11,170 | 4,006 | 10,428 | 3,913 | 1,238 | n.p. | n.p. | n.p. | 31,073 |
| 607 Examination procedures on ventricle | 5,677 | 11,174 | 8,064 | 2,318 | 1,696 | n.p. | n.p. | n.p. | 29,416 |
| 1333 Analgesia and anaesthesia during labour and delivery procedure | 8,595 | 6,030 | 5,275 | 4,650 | 2,048 | n.p. | n.p. | n.p. | 27,510 |
| 1920 Administration of pharmacotherapy | 3,736 | 9,744 | 7,251 | 3,907 | 1,682 | n.p. | n.p. | n.p. | 27,060 |
| 412 Tonsillectomy or adenoidectomy | 9,258 | 5,343 | 5,145 | 3,555 | 2,108 | n.p. | n.p. | n.p. | 26,567 |
| 1518 Arthroplasty of knee | 8,133 | 5,072 | 5,768 | 2,934 | 2,069 | n.p. | n.p. | n.p. | 25,281 |
| 1344 Postpartum suture | 7,191 | 5,924 | 4,856 | 2,636 | 1,518 | n.p. | n.p. | n.p. | 23,403 |
| 986 Division of abdominal adhesions | 6,137 | 5,909 | 5,750 | 2,504 | 1,727 | n.p. | n.p. | n.p. | 22,939 |
| 1334 Medical or surgical induction of labour | 6,307 | 5,315 | 4,835 | 3,127 | 1,718 | n.p. | n.p. | n.p. | 22,694 |
| 965 Cholecystectomy | 6,338 | 4,911 | 5,210 | 2,121 | 1,625 | n.p. | n.p. | n.p. | 21,260 |
| 990 Repair of inguinal hernia | 6,749 | 4,674 | 4,415 | 2,199 | 1,626 | n.p. | n.p. | n.p. | 20,756 |
| 49 Other incision procedures on spinal canal or spinal cord structures | 6,150 | 4,629 | 4,268 | 2,730 | 1,100 | n.p. | n.p. | n.p. | 19,667 |
| 1489 Arthroplasty of hip | 5,260 | 4,834 | 3,340 | 1,927 | 1,819 | n.p. | n.p. | n.p. | 18,275 |
| Other | 322,260 | 289,809 | 261,186 | 144,272 | 97,571 | n.p. | n.p. | n.p. | 1,162,193 |
| Separations with no procedure reported | 26,319 | 35,580 | 44,043 | 13,419 | 12,703 | n.p. | n.p. | n.p. | 138,905 |
| Total | 753,432 | 700,270 | 638,409 | 328,936 | 230,118 | n.p. | n.p. | n.p. | 2,762,209 |

Note: See boxes 7.1, 7.2, 7.3 for notes on data limitations and methods. See Box 9.1 for footnotes specific to this table.

Abbreviation: n.p.—not published.

10 Surgery in Australian hospitals

This chapter presents information related to surgery in Australian hospitals.

The chapter first presents an overview of surgery in public and private hospitals, based on information for about 2.4 million acute surgical separations in 2010–11, sourced from the National Hospital Morbidity Database (NHMD). This section then presents more detailed information on surgery for separations with an *Emergency* or *Elective* Urgency of admission. It includes:

- demographic information, including the patients' age, sex, Indigenous status, remoteness area and socioeconomic status of area of usual residence
- administrative information, including the modes of admission and separation and funding source for the episode
- clinical information, including the principal diagnoses and procedures performed.

Separations were included for which the care type was reported as *Acute*, *Newborn* (with at least one qualified day) and records for which care type was not reported. This section excludes surgery provided for separations categorised as *Childbirth* or *Specialist mental health*. See Box 10.1 for more information about the definition of surgical separations as used in the NHMD.

The chapter then presents waiting times information on 'elective surgery' as defined in the *National health data dictionary version 14* (HDSC 2008), based on:

- data for about 620,000 patients admitted from public acute hospital elective surgery waiting lists. These data are sourced from the National Elective Surgery Waiting Times Data Collection (NESWTDC). The records include information on waiting times, surgical specialty of the scheduled doctor and indicator procedures
- linked public hospital elective surgery waiting times and admitted patient data for over 605,000 records (figures 10.11 to 10.20 and 10.23). The linkage allowed demographic and diagnosis information to be analysed in conjunction with information on waiting times, surgical specialty and indicator procedure from the NESWTDC.

Timely provision of the NESWTDC data by state and territory health authorities allowed the waiting times information to be reported in *Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times* (AHS: EDES, AIHW 2011c) in November 2011. This report presents selected headline statistics from the earlier report, as well as additional information not provided in that report because the admitted patient data were not available.

What data are reported?

Admissions involving surgery

Information on admitted patient care for both *Emergency* and *Elective admissions involving surgery* is derived from the NHMD (see Chapter 7). The scope of the NHMD is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities, and alcohol and drug treatment centres. Terms relevant to admitted patient care data are summarised in Box 7.1.

The data reported are for patients admitted to both public and private hospitals between 1 July 2010 and 30 June 2011. See Appendix 1 for more information.

As the NHMD includes information on admitted patient care for essentially all public and private hospitals, it can provide an overview of elective surgery that is beyond the scope of the NESWTDC, which is restricted to waiting lists managed by public hospitals only (see below).

The definition used to classify admitted patient care as elective surgery differs from the definition of elective surgery for the purposes of the NESWTDC (see Box 10.1).

Elective surgery waiting times

The scope of the NESWTDC is patients on waiting lists for elective surgery that are managed by public hospitals. This may include *Public patients* treated in private hospitals and patients other than *Public patients* treated in public hospitals.

The data reported are for patients removed from elective surgery waiting lists in public hospitals between 1 July 2010 and 30 June 2011. It is estimated that the NESWTDC data covers about 91% of all elective surgery in public hospitals. Waiting times data are not available for private hospitals. See Appendix 1 for more information.

Box 10.1: Definitions

How are surgical separations defined in this chapter?

For the NHMD surgical separations are defined as acute care separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' DRGs in Australian Refined Diagnosis Related Groups (AR-DRG), version 6.0 (DoHA 2008). Separations for *Specialist mental health care* and *Childbirth* were excluded (see Chapter 7 and Appendix 2).

The surgical separations are presented in this chapter as *Emergency* and *Elective admissions involving surgery*. *Emergency admissions* includes separations for which the Urgency of admission was reported as *Emergency* (about 280,000 records nationally). *Elective admissions* includes separations for which the Urgency of admission was reported as *Elective* (about 1.9 million records nationally). A relatively small number of surgical separations had an Urgency of admission that was *Not assigned* or *Not reported* (about 27,000 records nationally). These records are presented in Table 10.1 but are not included in subsequent tables in this chapter.

The use of the term **elective admissions involving surgery** using admitted patient care data from the NHMD is not necessarily the same as **elective surgery** as defined for the National Elective Surgery Waiting Times Data Collection (NESWTDC).

Waiting times data for elective surgery

For the NESWTDC, elective surgery comprises elective care (admission could be delayed by at least 24 hours), where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (HDSC 2008).

Linked admitted patient care and elective surgery waiting times data

For 2010–11, most states and territories provided the elective surgery waiting times either pre-linked or linkable to the admitted patient data, so that the information on waiting times

could be linked to the information on the surgery that occurred at the end of the wait. Where necessary, the AIHW linked the data with permission of the relevant state or territory and the AIHW Ethics Committee.

The linked elective surgery and admitted patient data allowed analysis of public hospital waiting times for elective surgery for Indigenous and non-Indigenous Australians, by remoteness area of usual residence of the patient, and by socioeconomic status (SES) groups. Estimates of the separation rates for indicator procedures (see Box 10.2 and Appendix 2) and for cancer-related principal diagnoses are included.

Box 10.2: What are the limitations of the data?

Limitations of admitted patient care data

- Limitations of the data on admitted patient care are presented in Chapter 7 and Appendix 1.
- The quality of Indigenous status data in the NHMD is variable and these data should be used with caution. For more information on the quality of Indigenous status data see Appendix 1.
- In the Northern Territory, urgency of admission for private hospital separations was missing for all records. All surgical separations have been categorised as elective admissions involving surgery. Therefore, these counts may not agree with counts presented for non-emergency surgery in other chapters in this report.

Limitations of the elective surgery waiting times data

Coverage

- The data collection covered most public hospitals that undertake elective surgery (see Appendix 1). Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting list characteristics compared with reporting hospitals. Some smaller remote hospitals may have different patterns of service delivery compared with other hospitals because specialists providing elective surgery services visit these hospitals only periodically.
- For 2010–11, about 91% of public elective surgery admissions were performed by hospitals that also reported to the NESWTDC. This proportion varied by state and territory, ranging from 100% for New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory to 71% in South Australia. The proportion also varied by hospital peer group, ranging from 100% for *Principal referral and specialist women's and children's* hospitals to 65% for *Medium* hospitals.
- The elective surgery waiting times data collection covers public hospitals only, however some patients treated in private hospitals under contract in Victoria and Tasmania were included.
- Methods to calculate waiting times have varied across states and territories and over time (see Appendix 2).
- From 2009–10, the data for the Albury Base Hospital has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by and included in statistics for New South Wales.

(continued)

Box 10.2 continued

- In 2010–11 for patients who were admitted after being transferred from another hospital's waiting list, New South Wales, South Australia and the Northern Territory reported the total time waited on all hospital waiting lists. This could have an effect of increasing the waiting times reported for overall removals for those jurisdictions relative to others.

Limitations of the linked NHMD and NESWTDC data

- The linked data accounted for about 97% of the records provided with waiting times. There was some variation in the linked data coverage between states and territories, ranging from 90% for the Northern Territory to 99% for Queensland and South Australia.
- Coverage of the linked data by remoteness area ranged from 59% in *Remote* areas to 100% in *Major cities*. Coverage by socioeconomic status (SES) group ranged from 88% for the most disadvantaged group (1 – Lowest) to 100% for the least disadvantaged group (5 – Highest). These variations in coverage should be considered when interpreting the waiting times and the age-standardised rates presented in this chapter.

Box 10.3: What methods were used?

Analyses of the NHMD and linked NHMD and NESWTDC data

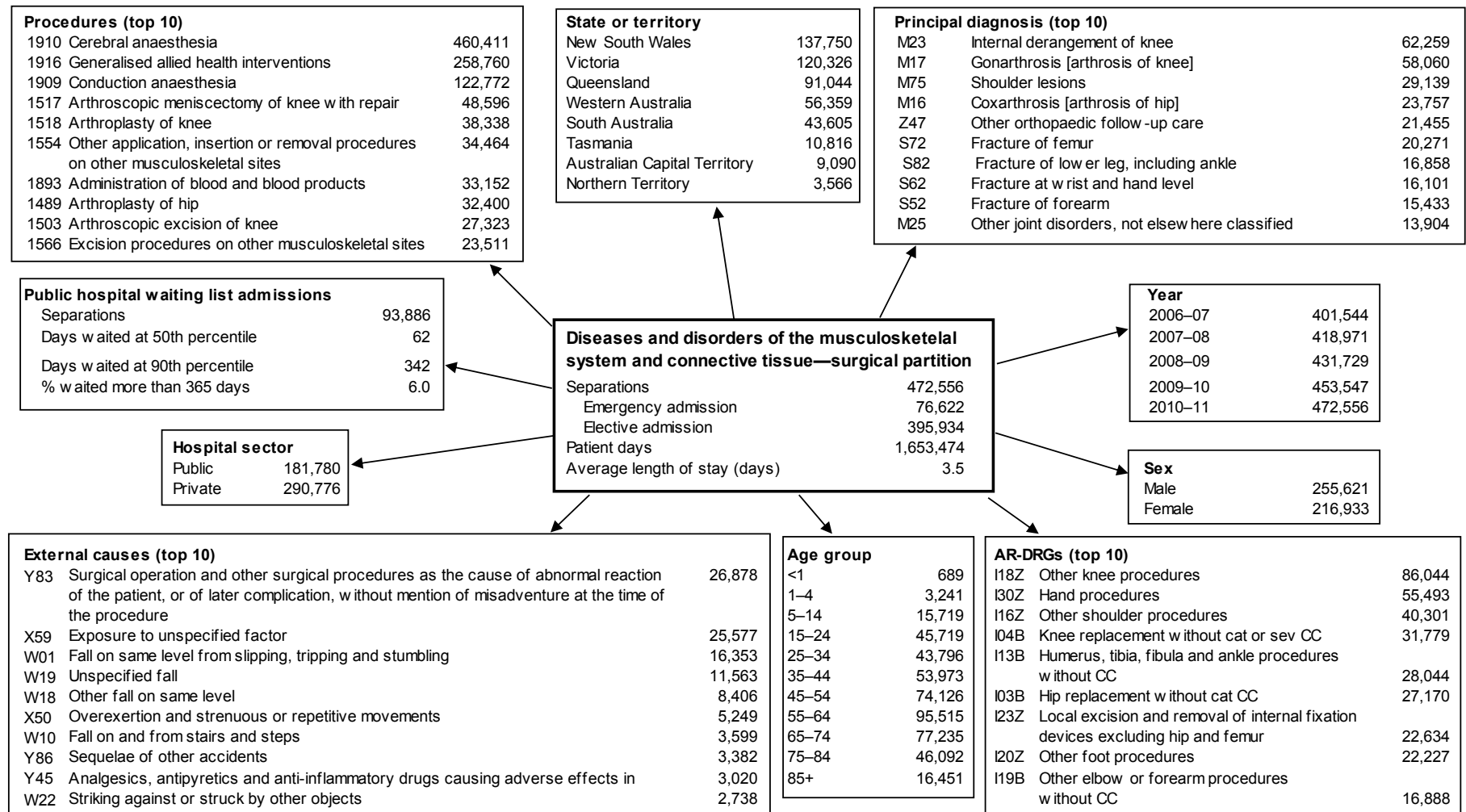
- Elective admissions involving surgery were defined as stated in Box 10.1.
- Includes separations for which the care type was reported as *Acute*, *Newborn* (with at least one qualified day) and records for which care type was not reported.
- Separation rates are age standardised to the estimated resident population 30 June 2001 (see Appendix 2).

All surgery

An example: Surgery for diseases and disorders of the musculoskeletal system

Figure 10.1 presents data on surgical separations for diseases and disorders of the musculoskeletal system. In 2010–11:

- there were 473,000 separations involving musculoskeletal surgery, with one-sixth of these being emergency admissions
- they accounted for over 1,653,000 patient days, with an average length of stay of 3.5 days
- the most common age group was 55 to 64 and there were more separations for males than females
- for patients admitted from public hospital waiting lists, 50% waited 62 or fewer days for their procedure
- about one-quarter of separations had a principal diagnosis reported of either *Internal derangement of knee* or *Gonarthrosis (arthrosis) of knee*
- separations involving surgery for musculoskeletal conditions increased by 18% between 2006–07 and 2010–11.



Abbreviations: ALOS—average length of stay; cat—catastrophic; CC—complications and comorbidities; sev—severe.

Figure 10.1: Data reported for surgical separations, for the surgical partition of *Diseases and disorders of the musculoskeletal system and connective tissue* with other data elements, all hospitals, 2010–11

How has surgery activity changed over time?

National

From 2009–10 to 2010–11, surgical separations rose 2.3% to almost 2.4 million. Between 2006–07 and 2010–11, the number of surgical separations rose by an average of 3.3% per year (Table 10.1).

The number of emergency admissions involving surgery increased by an average of 2.8% per year between 2006–07 and 2010–11. For public hospitals, the average annual rise in emergency admissions involving surgery was 3.8% each year, emergency admissions involving surgery for private hospitals decreased over the same period.

The number of elective admissions involving surgery increased by an average of 3.6% per year between 2006–07 and 2010–11. The average annual rise in separations was higher in private hospitals (4.6%) than in public hospitals (1.8%).

Table 10.1: Surgical separations by urgency of admission, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-----------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Emergency admissions | 210,254 | 217,594 | 225,901 | 229,707 | 243,771 | 3.8 | 6.1 |
| Elective admissions | 623,921 | 625,409 | 644,176 | 656,741 | 669,884 | 1.8 | 2.0 |
| <i>Sub-total</i> | <i>834,175</i> | <i>843,003</i> | <i>870,077</i> | <i>886,448</i> | <i>913,655</i> | 2.3 | 3.1 |
| Childbirth-related surgery | 60,179 | 60,703 | 62,552 | 64,347 | 65,993 | 2.3 | 2.6 |
| Urgency Not assigned | 12,572 | 15,156 | 14,730 | 15,849 | 15,760 | 5.8 | –0.6 |
| Urgency not reported | 99 | 4 | 2 | 3,327 | 284 | 30.1 | –91.5 |
| <i>All surgery</i> | <i>907,025</i> | <i>918,866</i> | <i>947,361</i> | <i>969,971</i> | <i>995,692</i> | 2.4 | 2.7 |
| Private hospitals | | | | | | | |
| Emergency admissions | 40,271 | 33,635 | 30,283 | 33,069 | 36,556 | –2.4 | 10.5 |
| Elective admissions | 1,068,127 | 1,140,109 | 1,172,134 | 1,245,704 | 1,279,501 | 4.6 | 2.7 |
| <i>Sub-total</i> | <i>1,108,398</i> | <i>1,173,744</i> | <i>1,202,417</i> | <i>1,278,773</i> | <i>1,316,057</i> | 4.4 | 2.9 |
| Childbirth-related surgery | 34,549 | 34,985 | 35,482 | 37,097 | 35,698 | 0.8 | –3.8 |
| Urgency Not assigned | 18,936 | 23,054 | 34,261 | 18,745 | 9,206 | –16.5 | –50.9 |
| Urgency not reported | 0 | 0 | 0 | 330 | 2,110 | .. | 539.4 |
| <i>All surgery</i> | <i>1,161,883</i> | <i>1,231,783</i> | <i>1,272,160</i> | <i>1,334,945</i> | <i>1,363,071</i> | 4.1 | 2.1 |
| All hospitals | | | | | | | |
| Emergency admissions | 250,525 | 251,229 | 256,184 | 262,776 | 280,327 | 2.8 | 6.7 |
| Elective admissions | 1,692,048 | 1,765,518 | 1,816,310 | 1,902,445 | 1,949,385 | 3.6 | 2.5 |
| <i>Sub-total</i> | <i>1,942,573</i> | <i>2,016,747</i> | <i>2,072,494</i> | <i>2,165,221</i> | <i>2,229,712</i> | 3.5 | 3.0 |
| Childbirth-related surgery | 94,728 | 95,688 | 98,034 | 101,444 | 101,691 | 1.8 | 0.2 |
| Urgency Not assigned | 31,508 | 38,210 | 48,991 | 34,594 | 24,966 | –5.7 | –27.8 |
| Urgency not reported | 99 | 4 | 2 | 3,657 | 2,394 | 121.8 | –34.5 |
| All surgery | 2,068,908 | 2,150,649 | 2,219,521 | 2,304,916 | 2,358,763 | 3.3 | 2.3 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviation: .. —not applicable.

States and territories

Emergency admissions

Between 2006–07 and 2010–11, the number of emergency admissions involving surgery increased for public hospitals in most states and territories (Table 10.2).

Emergency admissions involving surgery in private hospitals also increased in most states and territories. Western Australia had the highest average annual increase in emergency admissions involving surgery (13.4%) in private hospitals between 2006–07 and 2010–11.

Elective admissions

Between 2006–07 and 2010–11, the number of elective admissions involving surgery increased for public hospitals in all states and territories (Table 10.3).

For South Australia, the numbers of elective admissions involving surgery in private hospitals decreased between 2009–10 and 2010–11. Western Australia had the highest average annual increase in elective admissions involving surgery (7.8%) in private hospitals between 2006–07 and 2010–11.

How much activity was there in 2010–11?

In 2010–11, there were about 280,000 emergency admissions involving surgery and more than 1.9 million elective admissions involving surgery (Table 10.4). Nationally, there were about 97 surgical separations per 1,000 population, with emergency admissions accounting for about 12 per 1,000 population. There was some variation among states and territories in the proportion of surgical separations that were emergency admissions, ranging from 11% in New South Wales and Queensland to 20% in the Northern Territory.

Table 10.2: Emergency admissions involving surgery (separations), public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales | | | | | | | |
| Public hospitals | 72,280 | 72,801 | 76,986 | 77,905 | 79,858 | 2.5 | 2.5 |
| Private hospitals | 10,302 | 4,044 | 4,235 | 4,204 | 4,046 | –20.8 | –3.8 |
| <i>All hospitals</i> | <i>82,582</i> | <i>76,845</i> | <i>81,221</i> | <i>82,109</i> | <i>83,904</i> | <i>0.4</i> | <i>2.2</i> |
| Victoria | | | | | | | |
| Public hospitals | 51,798 | 54,376 | 54,613 | 57,817 | 59,997 | 3.7 | 3.8 |
| Private hospitals | 6,266 | 6,554 | 6,907 | 7,874 | 8,964 | 9.4 | 13.8 |
| <i>All hospitals</i> | <i>58,064</i> | <i>60,930</i> | <i>61,520</i> | <i>65,691</i> | <i>68,961</i> | <i>4.4</i> | <i>5.0</i> |
| Queensland | | | | | | | |
| Public hospitals | 31,632 | 34,150 | 35,673 | 36,979 | 39,814 | 5.9 | 7.7 |
| Private hospitals | 10,266 | 9,435 | 9,582 | 10,533 | 11,241 | 2.3 | 6.7 |
| <i>All hospitals</i> | <i>41,898</i> | <i>43,585</i> | <i>45,255</i> | <i>47,512</i> | <i>51,055</i> | <i>5.1</i> | <i>7.5</i> |
| Western Australia | | | | | | | |
| Public hospitals | 23,141 | 24,456 | 25,078 | 26,076 | 28,025 | 4.9 | 7.5 |
| Private hospitals | 3,327 | 3,309 | 3,635 | 4,842 | 5,501 | 13.4 | 13.6 |
| <i>All hospitals</i> | <i>26,468</i> | <i>27,765</i> | <i>28,713</i> | <i>30,918</i> | <i>33,526</i> | <i>6.1</i> | <i>8.4</i> |
| South Australia | | | | | | | |
| Public hospitals | 17,642 | 18,028 | 18,889 | 18,720 | 19,531 | 2.6 | 4.3 |
| Private hospitals | 7,000 | 6,668 | 5,180 | 5,013 | 6,233 | –2.9 | 24.3 |
| <i>All hospitals</i> | <i>24,642</i> | <i>24,696</i> | <i>24,069</i> | <i>23,733</i> | <i>25,764</i> | <i>1.1</i> | <i>8.6</i> |
| Tasmania^(a) | | | | | | | |
| Public hospitals | 5,779 | 5,414 | 5,668 | 2,500 | 5,770 | 0.0 | 130.8 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| <i>All hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 4,504 | 4,751 | 5,227 | 5,788 | 6,377 | 9.1 | 10.2 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| <i>All hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> |
| Northern Territory | | | | | | | |
| Public hospitals | 3,478 | 3,618 | 3,767 | 3,922 | 4,399 | 6.0 | 12.2 |
| Private hospitals ^(b) | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| <i>All hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> |
| Total | | | | | | | |
| Public hospitals | 210,254 | 217,594 | 225,901 | 229,707 | 243,771 | 3.8 | 6.1 |
| Private hospitals | 40,271 | 33,635 | 30,283 | 33,069 | 36,556 | –2.4 | 10.5 |
| All hospitals | 250,525 | 251,229 | 256,184 | 262,776 | 280,327 | 2.8 | 6.7 |

(a) For Tasmania in 2009–10, there was a very high proportion of records for which Urgency of admission was not reported.

(b) In the Northern Territory, as urgency of admission for private hospital separations was missing for all records, all surgical separations have been categorised as elective admissions involving surgery. Therefore, the counts of emergency admissions involving surgery are likely to be under-estimated.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviations: n.p.—not published.

Table 10.3: Elective admissions involving surgery (separations), public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales | | | | | | | |
| Public hospitals | 185,880 | 185,131 | 183,521 | 184,325 | 189,681 | 0.5 | 2.9 |
| Private hospitals | 318,998 | 344,903 | 363,203 | 382,465 | 391,822 | 5.3 | 2.4 |
| <i>All hospitals</i> | <i>504,878</i> | <i>530,034</i> | <i>546,724</i> | <i>566,790</i> | <i>581,503</i> | <i>3.6</i> | <i>2.6</i> |
| Victoria | | | | | | | |
| Public hospitals | 187,692 | 186,764 | 196,885 | 201,661 | 202,715 | 1.9 | 0.5 |
| Private hospitals | 260,633 | 277,605 | 284,610 | 306,155 | 313,182 | 4.7 | 2.3 |
| <i>All hospitals</i> | <i>448,325</i> | <i>464,369</i> | <i>481,495</i> | <i>507,816</i> | <i>515,897</i> | <i>3.6</i> | <i>1.6</i> |
| Queensland | | | | | | | |
| Public hospitals | 104,224 | 105,232 | 108,289 | 112,458 | 114,288 | 2.3 | 1.6 |
| Private hospitals | 245,949 | 254,987 | 254,323 | 270,111 | 275,223 | 2.9 | 1.9 |
| <i>All hospitals</i> | <i>350,173</i> | <i>360,219</i> | <i>362,612</i> | <i>382,569</i> | <i>389,511</i> | <i>2.7</i> | <i>1.8</i> |
| Western Australia | | | | | | | |
| Public hospitals | 60,623 | 60,984 | 65,056 | 65,452 | 69,188 | 3.4 | 5.7 |
| Private hospitals | 107,398 | 118,314 | 127,674 | 132,185 | 145,057 | 7.8 | 9.7 |
| <i>All hospitals</i> | <i>168,021</i> | <i>179,298</i> | <i>192,730</i> | <i>197,637</i> | <i>214,245</i> | <i>6.3</i> | <i>8.4</i> |
| South Australia | | | | | | | |
| Public hospitals | 58,924 | 61,372 | 62,976 | 63,060 | 64,087 | 2.1 | 1.6 |
| Private hospitals | 88,882 | 93,916 | 98,037 | 101,183 | 100,106 | 3.0 | –1.1 |
| <i>All hospitals</i> | <i>147,806</i> | <i>155,288</i> | <i>161,013</i> | <i>164,243</i> | <i>164,193</i> | <i>2.7</i> | <i>–0.0</i> |
| Tasmania | | | | | | | |
| Public hospitals | 11,846 | 10,801 | 11,701 | 14,349 | 13,832 | 4.0 | –3.6 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| <i>All hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 9,509 | 9,771 | 10,019 | 9,522 | 10,149 | 1.6 | 6.6 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| <i>All hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> |
| Northern Territory | | | | | | | |
| Public hospitals | 5,223 | 5,354 | 5,729 | 5,914 | 5,944 | 3.3 | 0.5 |
| Private hospitals ^(a) | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| <i>All hospitals</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> |
| Total | | | | | | | |
| Public hospitals | 623,921 | 625,409 | 644,176 | 656,741 | 669,884 | 1.8 | 2.0 |
| Private hospitals | 1,068,127 | 1,140,109 | 1,172,134 | 1,245,704 | 1,279,501 | 4.6 | 2.7 |
| All hospitals | 1,692,048 | 1,765,518 | 1,816,310 | 1,902,445 | 1,949,385 | 3.6 | 2.5 |

(a) In the Northern Territory, as urgency of admission for private hospital separations was missing for all records, all surgical separations have been categorised as elective admissions involving surgery. These separations are included in the total for private hospitals.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviations: n.p.—not published.

Table 10.4: Surgical separations per 1,000 population, by urgency of admission, states and territories, all hospitals, 2010–11

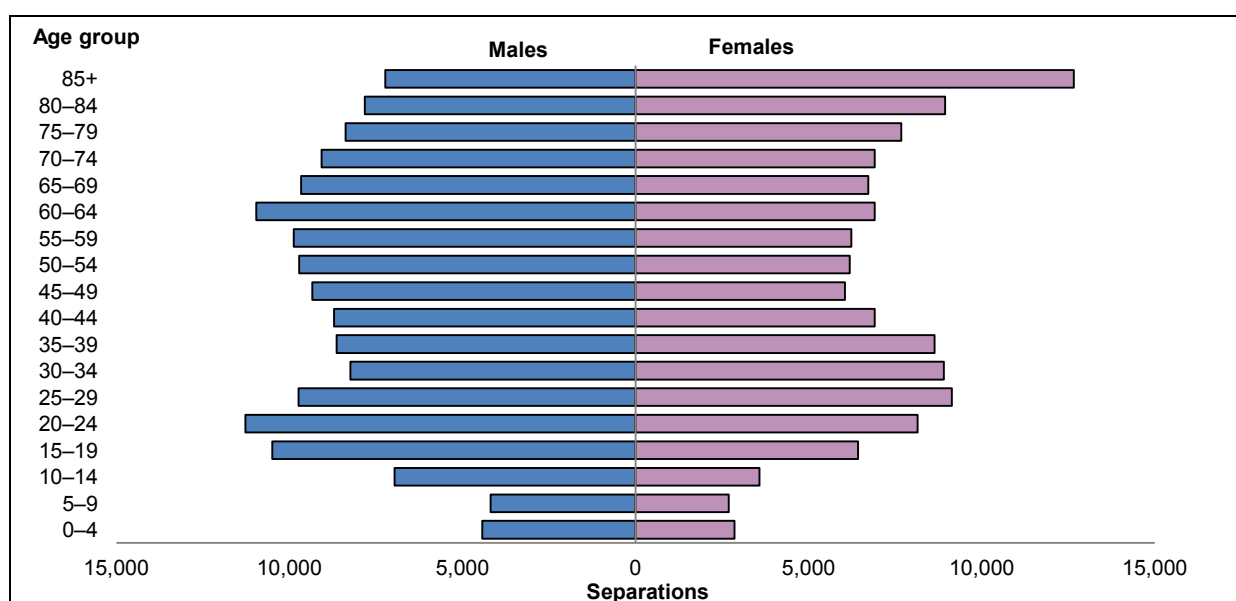
| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|---------------|------------------|
| Emergency admissions | | | | | | | | | |
| Separations | 83,904 | 68,961 | 51,055 | 33,526 | 25,764 | 6,328 | 6,390 | 4,399 | 280,327 |
| Separations per 1,000 population | 11.1 | 12.0 | 11.2 | 14.6 | 14.4 | 12.0 | 18.3 | 20.3 | 12.2 |
| Elective admissions | | | | | | | | | |
| Separations | 581,503 | 515,897 | 389,511 | 214,245 | 164,193 | 44,905 | 27,461 | 11,670 | 1,949,385 |
| Separations per 1,000 population | 76.7 | 89.6 | 85.4 | 93.1 | 92.4 | 81.0 | 80.2 | 58.5 | 84.4 |
| Total | | | | | | | | | |
| Separations | 665,407 | 584,858 | 440,566 | 247,771 | 189,957 | 51,233 | 33,851 | 16,069 | 2,229,712 |
| Separations per 1,000 population | 87.9 | 101.6 | 96.6 | 107.7 | 106.8 | 93.1 | 98.5 | 78.8 | 96.6 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Who used these services?

Sex and age group

Males accounted for more than half (55.2%) of emergency admissions involving surgery (Figure 10.2). There were more emergency admissions involving surgery for males than females in almost all age groups except 30 to 39 and those aged 80 and over. Persons aged 15 to 29 accounted for about 20% of all emergency admissions involving surgery.



Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Figure 10.2: Emergency admissions involving surgery, by sex and age group, all hospitals, 2010–11

Females accounted for more than half (55.8%) of elective admissions involving surgery (Figure 10.3). There were more elective admissions involving surgery for females than males in the age groups from 15 to 59 and those aged 85 and over. In particular, for the age groups from 30 to 39, there were over two and half times as many elective admissions involving

surgery for females as for males. For children aged 0 to 4, there were about twice as many elective admissions for males as for females.

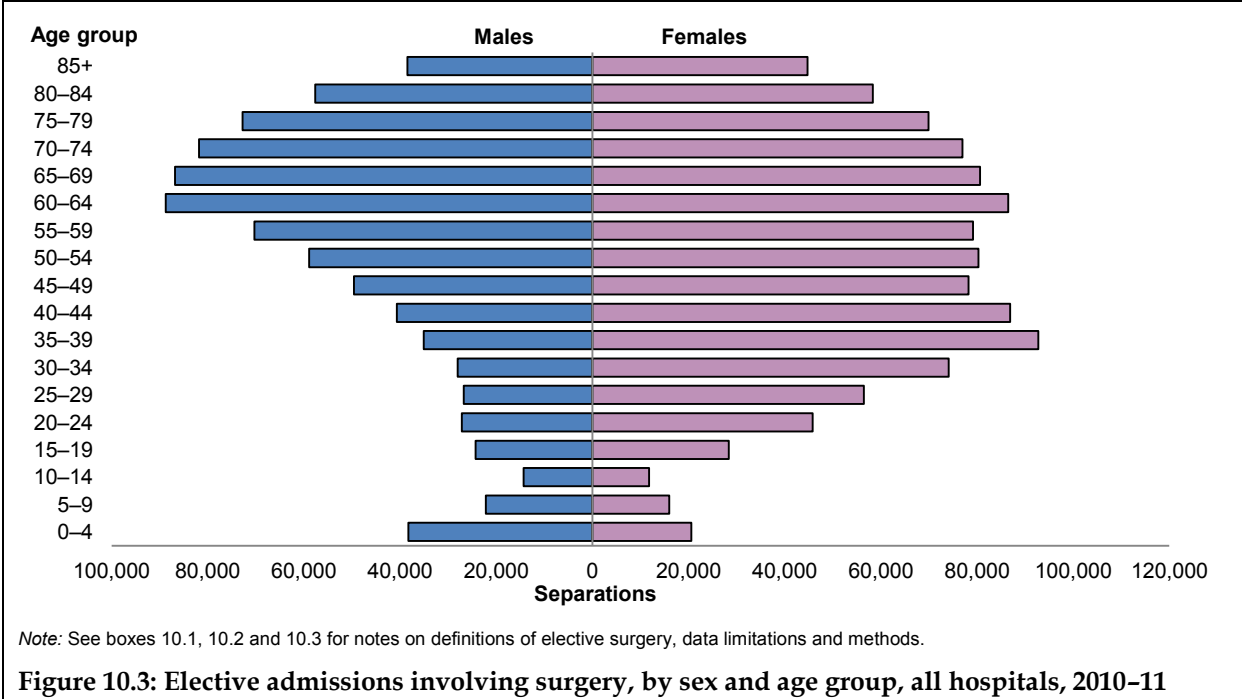


Figure 10.3: Elective admissions involving surgery, by sex and age group, all hospitals, 2010-11

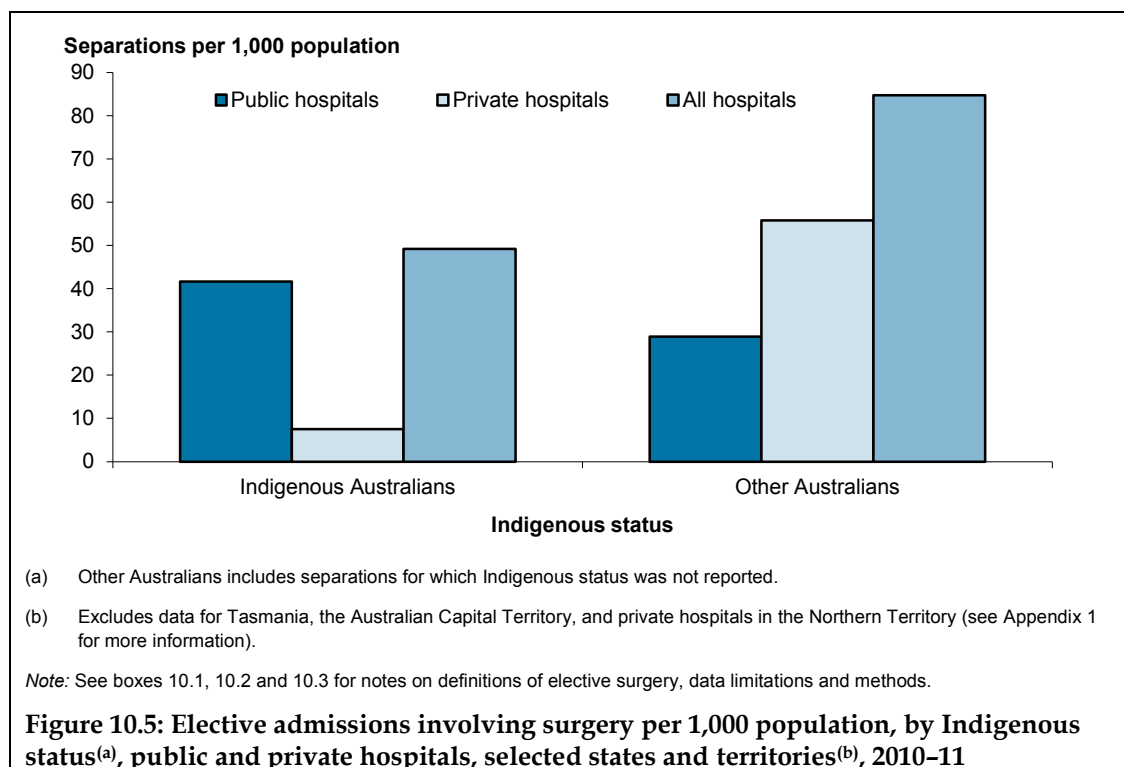
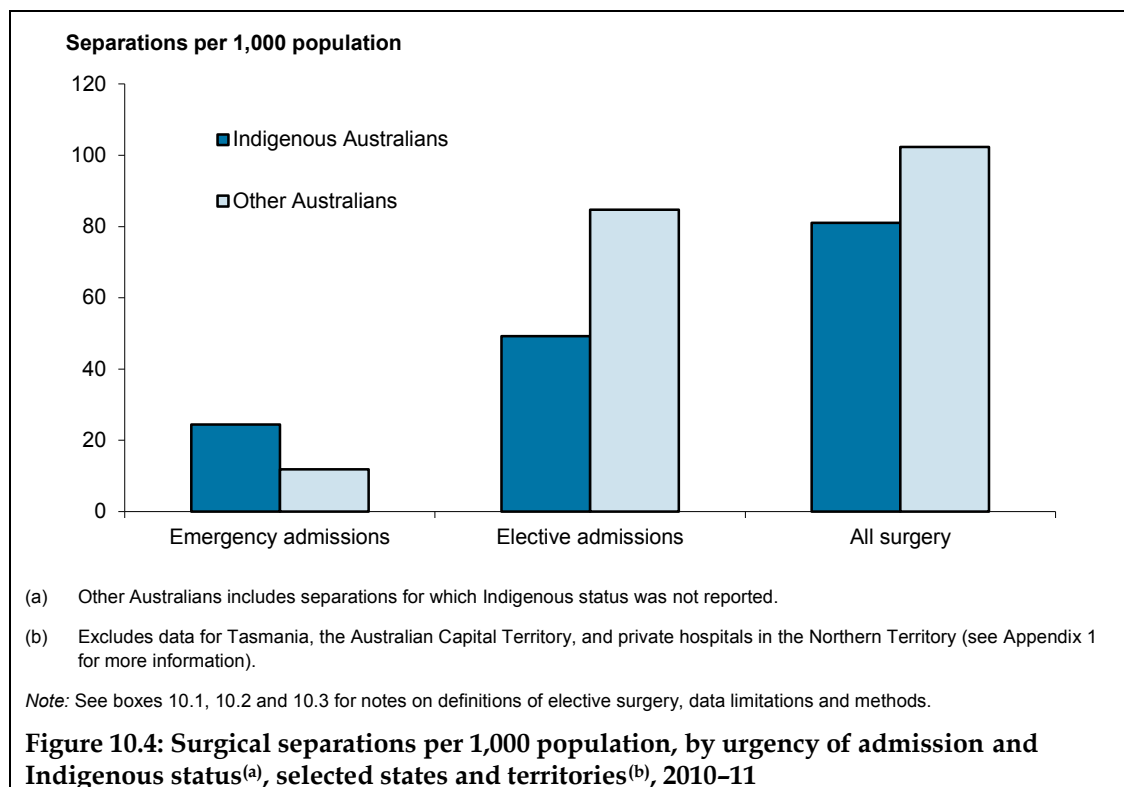
Aboriginal and Torres Strait Islander people

Box 10.4: Quality of Indigenous status data
 The quality of the data provided for Indigenous status in 2010-11 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.

Excluding data for Tasmania, the Australian Capital Territory, and private hospitals in the Northern Territory, there were over 30,000 surgical separations for Indigenous Australians in 2010-11 (Figure 10.4), a rate of 81 per 1,000 population for Indigenous Australians, about 79% of the rate for other Australians (102 per 1,000).

Over a third of surgical separations for Indigenous Australians were emergency admissions (37%), and the rate of separations for emergency admissions for Indigenous Australians was 24 per 1,000 population, twice the rate for other Australians (12 per 1,000).

The separation rate for elective admissions involving surgery for Indigenous Australians (49 per 1,000 population) was about 72% of the rate for other Australians (85 per 1,000).

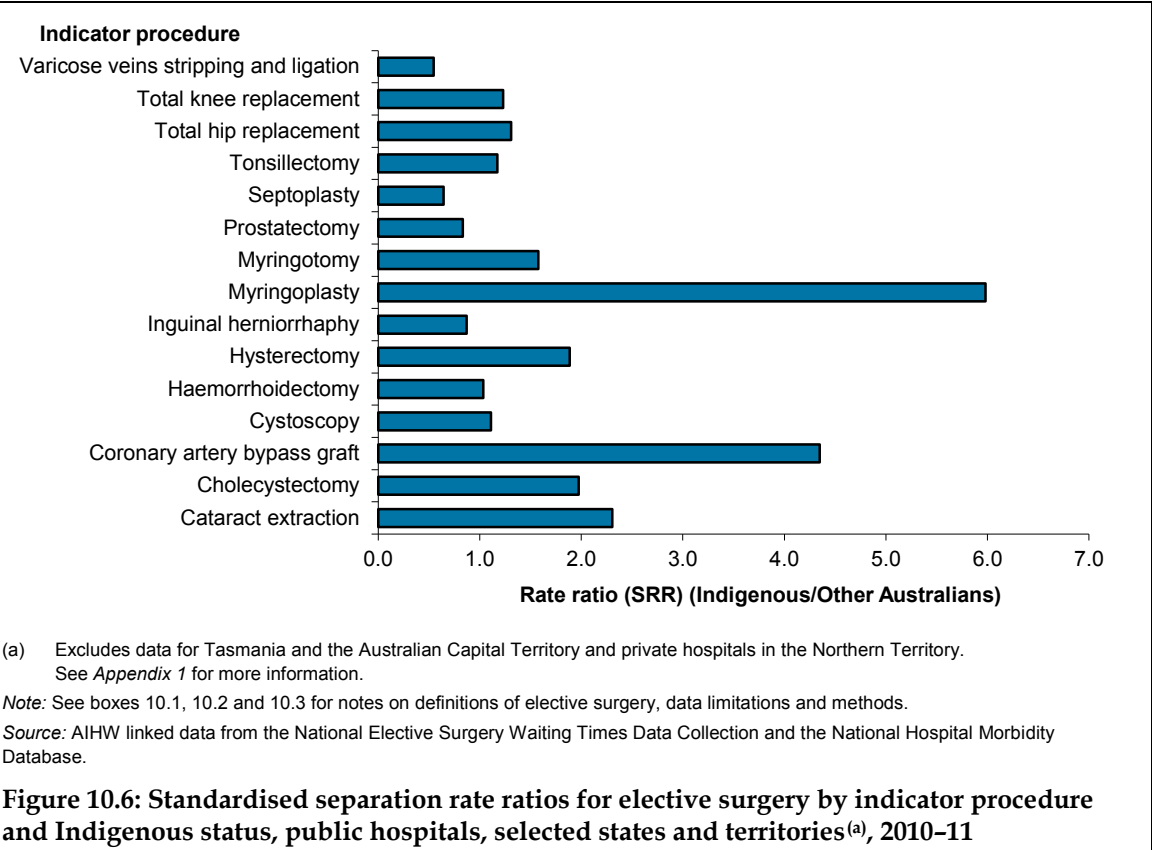


Analysis of the linked NHMD and ESWTDC data provides an opportunity to understand how elective surgery activity for people admitted from waiting lists varied across population groups. The data in this section are presented by indicator procedure.

The standardised separation rates (SRRs) presented in Figure 10.6 compare the separation rates for Indigenous Australians to the rates for other Australians. An SRR greater than 1.0 indicates that Indigenous Australians had a higher separation rate for the indicator procedure than other Australians admitted for elective surgery from elective surgery waiting lists.

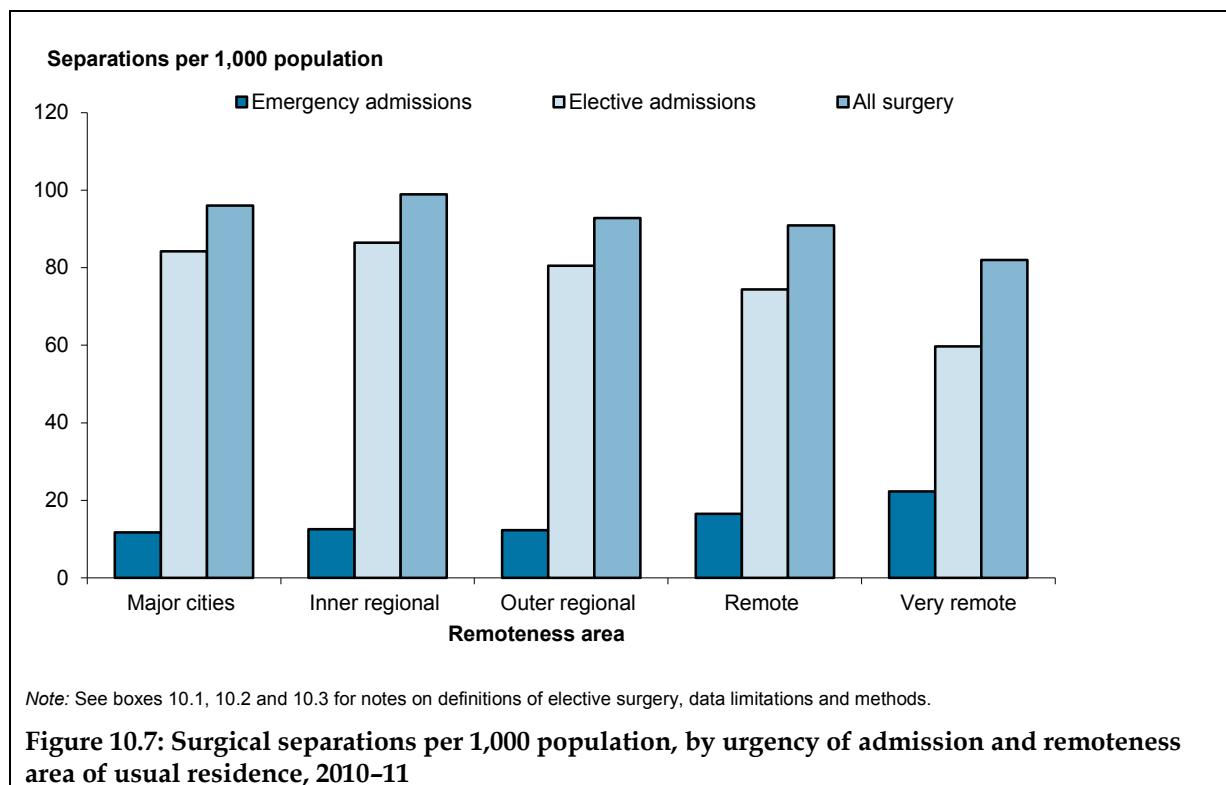
For 10 of the 15 indicator procedures, the data suggest that the separation rates for Indigenous Australians were markedly different from the rates for other Australians. The rates were not notably different for *Cystoscopy*, *Haemorrhoidectomy*, *Inguinal herniorrhaphy*, *Prostatectomy* and *Tonsillectomy*.

The highest SRRs were reported for *Myringoplasty* (6.0) and *Coronary artery bypass graft* (4.3). Indigenous Australians had lower SRRs for *Septoplasty* and *Varicose veins stripping and ligation*.



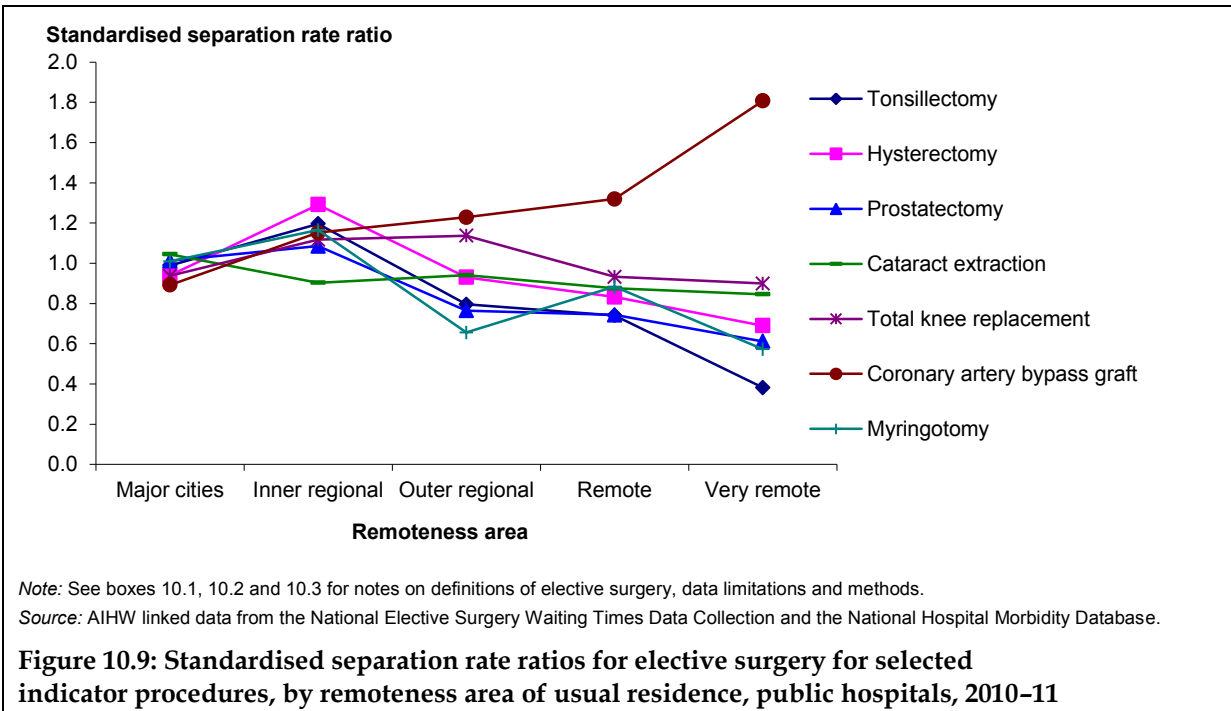
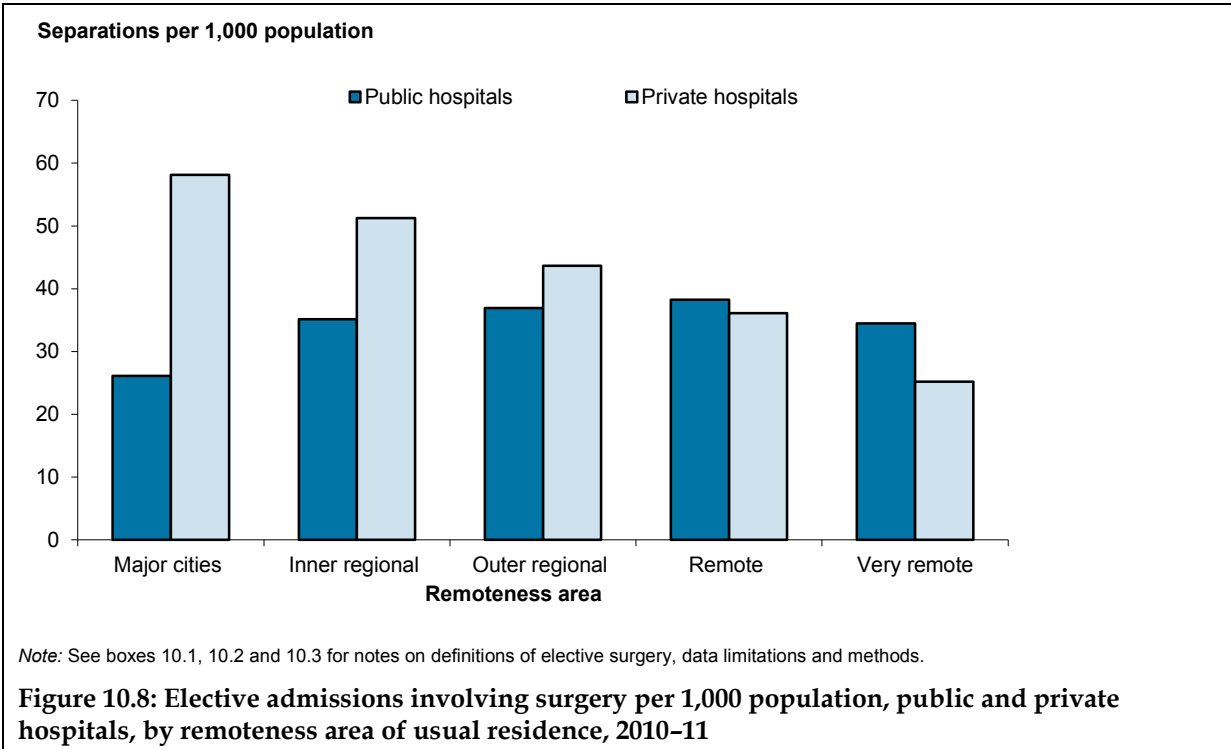
Remoteness area

The overall surgical separation rate was highest for those living in *Inner regional* areas (99 per 1,000 population) (Figure 10.7). The rate of elective admissions involving surgery was lowest for those living in *Very remote* areas (60 per 1,000) and highest for those living in *Inner regional* areas (86 per 1,000). The separation rate for emergency admissions involving surgery was highest for those living in *Very remote* areas (22 per 1,000 population) and decreased with decreasing remoteness.



For elective admissions involving surgery in public hospitals, the separation rate was lowest for those living in *Major cities* (26 per 1,000) and highest for those living in *Remote areas* (38 per 1,000) (Figure 10.8). In private hospitals, the rate was highest for those living in *Major cities* (58 per 1,000 population) and decreased with increasing remoteness to 25 per 1,000 for *Very remote* areas. This may reflect variations in the availability of private hospital services in the more remote areas of Australia.

Using the linked NHMD and ESWTDC data, Figure 10.9 presents standardised separation rate ratios by indicator procedure and remoteness area. The SRR for *Coronary artery bypass graft* for people living in *Very remote* areas was almost twice the national rate.

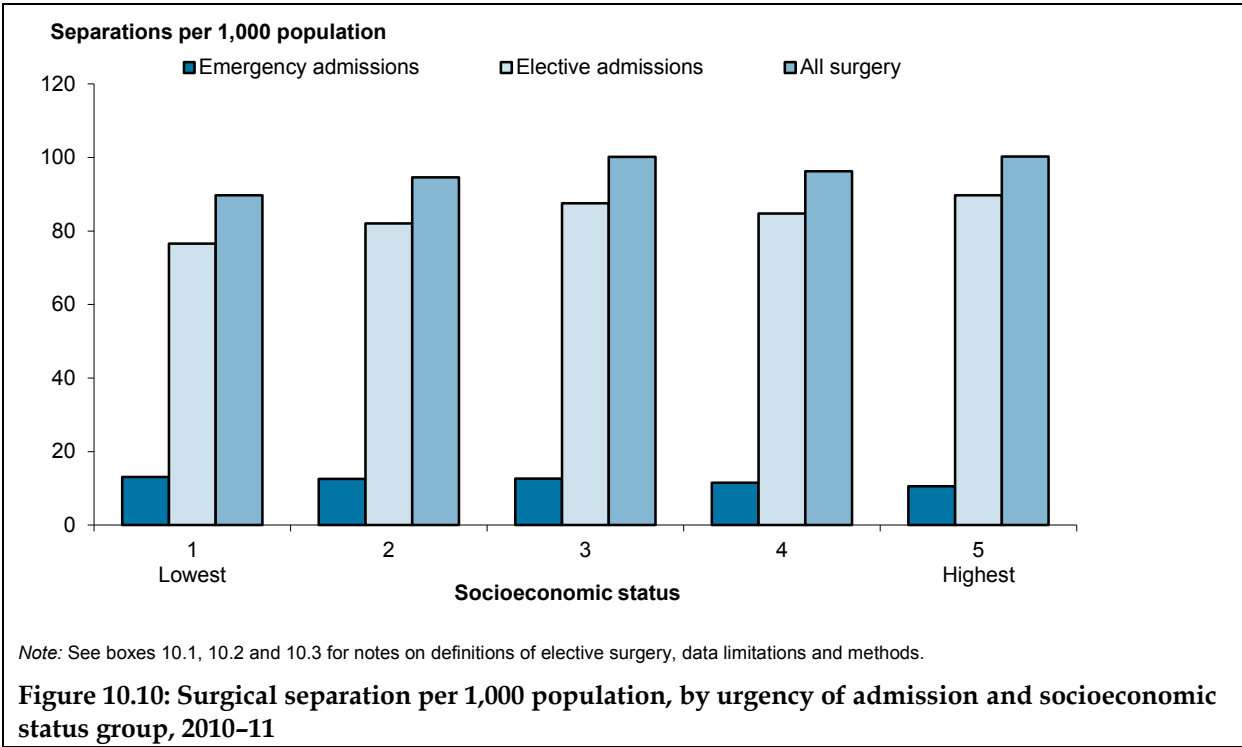


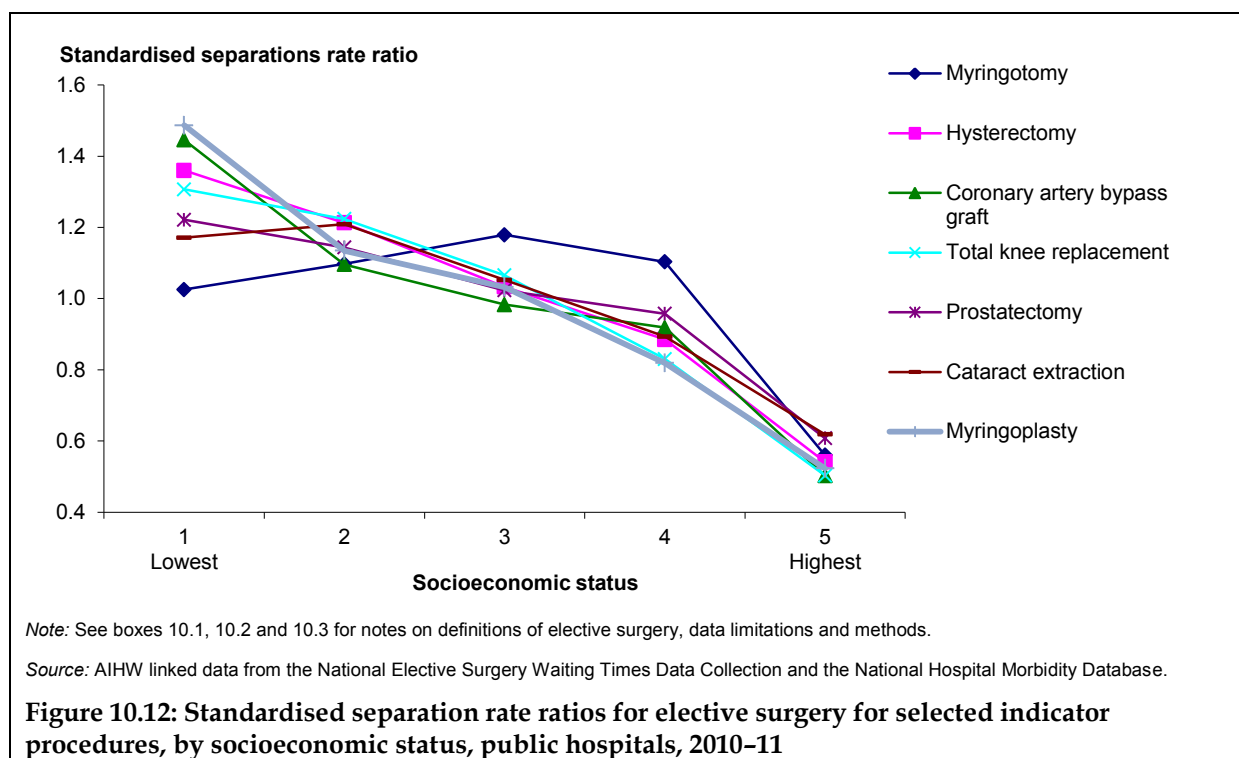
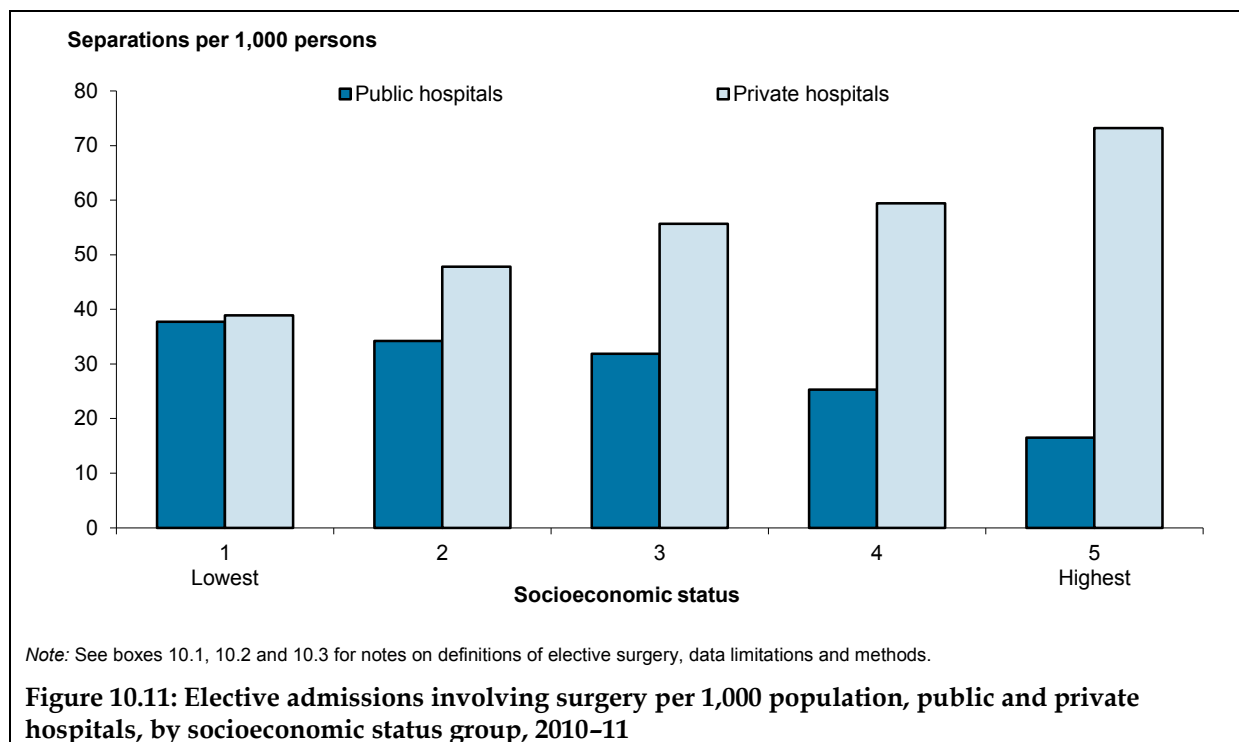
Socioeconomic status

Figure 10.10 presents surgical separation rates per 1,000 population by socioeconomic (SES) group (see Appendix 1). There was little variation in the rate of emergency admissions involving surgery between socioeconomic areas. For elective admissions involving surgery, separation rates ranged from 77 per 1,000 population for those living in areas classified as being in the lowest SES group to 90 per 1,000 population for those living in areas classified as being in the highest SES group.

In 2010–11, the separation rate for elective admissions involving surgery in public hospitals was highest for people living in areas classified as being in the lowest SES group (38 per 1,000 population) and tended to decrease with increasing advantage to 17 per 1,000 for people living in areas classified in the highest SES group (Figure 10.11). In contrast, the rate in private hospitals was highest for people living in areas classified as being in the highest SES group (73 per 1,000) and lowest for people living in areas classified in the lowest SES group (39 per 1,000).

The greatest variation in SRRs by socioeconomic status were for *Myringoplasty*, with the SRRs ranging from 1.5 for people living in areas classified as being in the lowest SES group (about 50% higher than the overall rate) to 0.5 for the highest SES group (about 50% lower than the overall rate). The SRRs for *Cataract extraction* were more evenly distributed among SES groups, with people living in areas classified as being in the lowest SES group having separation rates about 47% higher than the overall rate, and those in the highest SES group having separation rates about 40% lower than the overall rate (Figure 10.12).





How did people access these services?

Most surgical separations had a mode of admission of *Other* (97% overall), the term used to refer to all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 10.5). However, about 11% of emergency admissions involving surgery were admitted from another hospital.

Table 10.5: Surgical separations by urgency of admission and mode of admission, all hospitals, 2010–11

| Admission mode | Emergency admissions | Elective admissions | Total |
|----------------------------------------------------|----------------------|---------------------|------------------|
| Admitted patient transferred from another hospital | 31,361 | 22,166 | 53,527 |
| Other | 248,785 | 1,918,648 | 2,167,433 |
| Not reported | 181 | 8,571 | 8,752 |
| Total | 280,327 | 1,949,385 | 2,229,712 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Why did people receive the care?

The reason that a patient receives surgical care can be 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 surgery.

Principal diagnosis

In 2010–11, over 14% of surgical separations had a principal diagnosis in the *Diseases of the musculoskeletal system and connective tissue* chapter and 14% had a principal diagnosis in the *Neoplasms* chapter (Table 10.6).

The relative distributions of surgical separations by diagnosis chapter varied by urgency of admission. For example, over 97% of surgical separations for *Diseases of the musculoskeletal system and connective tissue*, *Diseases of the nervous system*, *Diseases of the eye and adnexa* and *Diseases of the ear and mastoid process* were elective admissions and over half of surgical separations for *Injury, poisoning and certain other consequences of external causes* were emergency admissions.

Table 10.6: Surgical separations, by principal diagnosis in ICD-10-AM chapters and urgency of admission, all hospitals, 2010–11

| Principal diagnosis chapter | | Emergency admissions | Elective admissions | Total |
|-----------------------------|-----------------------------------------------------------------------------------------------------|----------------------|---------------------|------------------|
| A00–B99 | Certain infectious and parasitic diseases | 1,984 | 3,424 | 5,408 |
| C00–D48 | Neoplasms | 11,893 | 294,660 | 306,553 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 506 | 1,330 | 1,836 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 3,290 | 27,884 | 31,174 |
| F00–F99 | Mental and behavioural disorders | 69 | 32 | 101 |
| G00–G99 | Diseases of the nervous system | 1,391 | 49,389 | 50,780 |
| H00–H59 | Diseases of the eye and adnexa | 4,007 | 285,276 | 289,283 |
| H60–H95 | Diseases of the ear and mastoid process | 482 | 41,614 | 42,096 |
| I00–I99 | Diseases of the circulatory system | 33,014 | 100,658 | 133,672 |
| J00–J99 | Diseases of the respiratory system | 5,331 | 81,299 | 86,630 |
| K00–K93 | Diseases of the digestive system | 59,300 | 163,806 | 223,106 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 6,415 | 42,199 | 48,614 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 8,680 | 312,270 | 320,950 |
| N00–N99 | Diseases of the genitourinary system | 12,507 | 211,601 | 224,108 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 12,806 | 65,732 | 78,538 |
| P00–P96 | Certain conditions originating in the perinatal period | 315 | 202 | 517 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 1,300 | 19,977 | 21,277 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 4,327 | 19,815 | 24,142 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 111,872 | 93,409 | 205,281 |
| Z00–Z99 | Factors influencing health status and contact with health services | 838 | 134,808 | 135,646 |
| Total | | 280,327 | 1,949,385 | 2,229,712 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Top 20 principal diagnoses

The top 20 principal diagnoses accounted for half of the principal diagnoses reported for emergency admissions involving surgery (Table 10.7). The most common principal diagnosis at the 3-character level for emergency admissions was *Acute appendicitis*, with 88% of those separations in public hospitals. *Angina pectoris* was the principal diagnosis with the highest proportion of emergency admissions in private hospitals (32%).

Table 10.7: Separations for the top 20 principal diagnoses in 3-character ICD-10-AM groupings for emergency admissions involving surgery, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|---------------------|-----------------------------------------------------------|------------------|-------------------|----------------|
| K35 | Acute appendicitis | 21,888 | 3,001 | 24,889 |
| S72 | Fracture of femur | 16,715 | 2,449 | 19,164 |
| I21 | Acute myocardial infarction | 11,472 | 1,903 | 13,375 |
| S82 | Fracture of lower leg, including ankle | 11,346 | 1,257 | 12,603 |
| S52 | Fracture of forearm | 8,957 | 989 | 9,946 |
| K80 | Cholelithiasis | 6,452 | 1,384 | 7,836 |
| S62 | Fracture at wrist and hand level | 6,498 | 603 | 7,101 |
| S61 | Open wound of wrist and hand | 6,085 | 541 | 6,626 |
| T81 | Complications of procedures, not elsewhere classified | 4,218 | 850 | 5,068 |
| K61 | Abscess of anal and rectal regions | 4,256 | 481 | 4,737 |
| S42 | Fracture of shoulder and upper arm | 4,215 | 499 | 4,714 |
| O03 | Spontaneous abortion | 4,337 | 295 | 4,632 |
| S66 | Injury of muscle and tendon at wrist and hand level | 4,111 | 297 | 4,408 |
| K56 | Paralytic ileus and intestinal obstruction without hernia | 3,161 | 627 | 3,788 |
| O02 | Other abnormal products of conception | 3,378 | 191 | 3,569 |
| I20 | Angina pectoris | 2,405 | 1,118 | 3,523 |
| S01 | Open wound of head | 2,770 | 198 | 2,968 |
| L02 | Cutaneous abscess, furuncle and carbuncle | 2,684 | 177 | 2,861 |
| O00 | Ectopic pregnancy | 2,635 | 182 | 2,817 |
| S02 | Fracture of skull and facial bones | 2,719 | 78 | 2,797 |
| | Other | 113,469 | 19,436 | 132,905 |
| Total | | 243,771 | 36,556 | 280,327 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

The top 20 principal diagnoses accounted for about 38% of the principal diagnoses reported for elective admissions involving surgery (Table 10.8). The most common principal diagnosis at the 3-character level for elective admissions was *Other cataract*, with 67% of those separations coming from private hospitals. Over 90% of elective admissions involving surgery with a principal diagnosis of *Procreative management* were from private hospitals.

Table 10.8: Separations for the top 20 principal diagnoses in 3-character ICD-10-AM groupings for elective admissions involving surgery, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|---------------------|------------------------------------------------|------------------|-------------------|------------------|
| H26 | Other cataract | 55,257 | 111,077 | 166,334 |
| C44 | Other malignant neoplasms of skin | 26,942 | 64,528 | 91,470 |
| M23 | Internal derangement of knee | 12,770 | 49,177 | 61,947 |
| Z31 | Procreative management | 5,722 | 53,042 | 58,764 |
| M17 | Gonarthrosis [arthrosis of knee] | 17,533 | 40,261 | 57,794 |
| O04 | Medical abortion | 9,017 | 37,895 | 46,912 |
| K40 | Inguinal hernia | 17,782 | 24,593 | 42,375 |
| J35 | Chronic diseases of tonsils and adenoids | 15,349 | 23,821 | 39,170 |
| H35 | Other retinal disorders | 2,195 | 34,748 | 36,943 |
| K80 | Cholelithiasis | 17,760 | 15,494 | 33,254 |
| G56 | Mononeuropathies of upper limb | 12,819 | 19,950 | 32,769 |
| H25 | Senile cataract | 6,609 | 23,938 | 30,547 |
| M75 | Shoulder lesions | 4,923 | 24,088 | 29,011 |
| N92 | Excessive, frequent and irregular menstruation | 13,692 | 13,905 | 27,597 |
| M16 | Coxarthrosis [arthrosis of hip] | 7,632 | 15,947 | 23,579 |
| J34 | Other disorders of nose and nasal sinuses | 7,109 | 15,627 | 22,736 |
| I84 | Haemorrhoids | 8,101 | 13,667 | 21,768 |
| Z47 | Other orthopaedic follow-up care | 10,543 | 10,540 | 21,083 |
| H65 | Nonsuppurative otitis media | 7,223 | 13,503 | 20,726 |
| C50 | Malignant neoplasm of breast | 7,914 | 10,163 | 18,077 |
| | Other | 402,992 | 663,537 | 1,066,529 |
| Total | | 669,884 | 1,279,501 | 1,949,385 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

What care was provided?

This section presents information on surgical separations describing care using:

- Major Diagnostic Categories (MDCs) and Australian Refined Diagnosis Related Groups (AR-DRGs) – based on the AR-DRG classification of acute care separations
- the type of surgical procedure undertaken.

Major Diagnostic Categories

Table 10.9 presents surgical separations by MDCs and urgency of admission. Over 27% of emergency admissions and 20% of elective admissions involving surgery were for *Diseases and disorders of the musculoskeletal system and connective tissue*, with 84% of these being elective admissions. *Injuries, poisoning and toxic effects of drugs* was the MDC with the highest proportion of surgical separations that were emergency admissions (61%).

Table 10.9: Surgical separations, by Major Diagnostic Category^(a), AR-DRG version 6.0 and urgency of admission, all hospitals, 2010–11

| Major diagnostic category | | Emergency admissions | Elective admissions | Total |
|---------------------------|-------------------------------------------------------------------------------------------|----------------------|---------------------|------------------|
| PR | Pre-MDC (tracheostomies, transplants, ECMO) | 8,937 | 6,379 | 15,316 |
| 01 | Diseases and disorders of the nervous system | 9,840 | 51,277 | 61,117 |
| 02 | Diseases and disorders of the eye | 5,587 | 292,160 | 297,747 |
| 03 | Diseases and disorders of the ear, nose, mouth and throat | 6,608 | 154,601 | 161,209 |
| 04 | Diseases and disorders of the respiratory system | 2,760 | 17,277 | 20,037 |
| 05 | Diseases and disorders of the circulatory system | 29,943 | 87,750 | 117,693 |
| 06 | Diseases and disorders of the digestive system | 52,989 | 153,709 | 206,698 |
| 07 | Diseases and disorders of the hepatobiliary system and pancreas | 11,484 | 43,764 | 55,248 |
| 08 | Diseases and disorders of the musculoskeletal system and connective tissue | 76,622 | 395,934 | 472,556 |
| 09 | Diseases and disorders of the skin, subcutaneous tissue and breast | 8,182 | 243,708 | 251,890 |
| 10 | Endocrine, nutritional and metabolic diseases and disorders | 2,860 | 30,326 | 33,186 |
| 11 | Diseases and disorders of the kidney and urinary tract | 5,856 | 57,954 | 63,810 |
| 12 | Diseases and disorders of the male reproductive system | 3,133 | 56,139 | 59,272 |
| 13 | Diseases and disorders of the female reproductive system | 6,377 | 244,579 | 250,956 |
| 14 | Pregnancy, childbirth and puerperium | 12,786 | 65,743 | 78,529 |
| 15 | Newborns and other neonates | 754 | 334 | 1,088 |
| 16 | Diseases and disorders of the blood and blood-forming organs, and immunological disorders | 849 | 3,201 | 4,050 |
| 17 | Neoplastic disorders (haematological and solid neoplasms) | 1,391 | 8,483 | 9,874 |
| 18 | Infectious and parasitic diseases | 3,534 | 2,691 | 6,225 |
| 21 | Injuries, poisoning and toxic effects of drugs | 24,927 | 15,835 | 40,762 |
| 22 | Burns | 1,597 | 1,460 | 3,057 |
| 23 | Factors influencing health status and other contacts with health services | 223 | 10,840 | 11,063 |
| ED | Error DRGs | 3,088 | 5,241 | 8,329 |
| Total | | 280,327 | 1,949,385 | 2,229,712 |

(a) The Major Diagnostic Categories *Mental diseases and disorders* and *Alcohol/drug use and alcohol/drug induced organic mental disorders* are not listed as there were no separations involving surgery for these MDCs (excludes separations for *Specialist mental health care*).

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviations: MDC—Major Diagnostic Category; ECMO—extracorporeal membrane oxygenation; DRG—Diagnosis Related Group.

Most common AR-DRGs

The top 20 AR-DRGs accounted for half of the AR-DRGs reported for emergency admissions involving surgery (Table 10.10). In 2010–11, about 7% of emergency admissions involving surgery had an AR-DRG of *Appendicectomy without malignancy or peritonitis without catastrophic or severe complications or comorbidities*.

Table 10.10: Surgical separations for the top 20 AR-DRGs version 6.0 with the highest number of emergency admissions, public and private hospitals, 2010–11

| Diagnosis related group | | Public hospitals | Private hospitals | Total |
|-------------------------|----------------------------------------------------------------------------------------------------------|------------------|-------------------|----------------|
| G07B | Appendicectomy W/O malignancy or peritonitis W/O cat or sev CC | 17,807 | 2,608 | 20,415 |
| I13B | Humerus, tibia, fibula and ankle procedures W/O CC | 10,795 | 1,250 | 12,045 |
| I30Z | Hand procedures | 10,861 | 1,067 | 11,928 |
| F10B | Interventional coronary procedures with AMI W/O catastrophic CC | 7,814 | 1,353 | 9,167 |
| I08B | Other hip and femur procedures W/O catastrophic CC | 7,900 | 1,210 | 9,110 |
| O05Z | Abortion with OR procedure | 8,436 | 538 | 8,974 |
| I19B | Other elbow or forearm procedures W/O CC | 7,500 | 878 | 8,378 |
| X06B | Other procedures for other injuries W/O cat or sev CC | 6,692 | 616 | 7,308 |
| G07A | Appendicectomy with malignancy or peritonitis or with catastrophic or severe CC | 5,621 | 639 | 6,260 |
| H08B | Laparoscopic cholecystectomy W/O closed CDE W/O cat or sev CC | 4,829 | 1,274 | 6,103 |
| G11Z | Anal and stomal procedures | 5,250 | 830 | 6,080 |
| X05B | Other procedures for Injuries to hand W/O CC | 5,400 | 504 | 5,904 |
| A06B | Tracheostomy with vent >95 hours W/O catastrophic CC or tracheostomy/vent >95 hours with catastrophic CC | 5,275 | 262 | 5,537 |
| I08A | Other hip and femur procedures with catastrophic CC | 4,211 | 424 | 4,635 |
| G02A | Major small and large bowel procedures with catastrophic CC | 3,308 | 531 | 3,839 |
| I03B | Hip replacement W/O catastrophic CC | 3,009 | 710 | 3,719 |
| I27B | Soft tissue procedures W/O CC | 3,052 | 299 | 3,351 |
| F12B | Implantation or replacement of pacemaker, total system W/O catastrophic CC | 2,298 | 992 | 3,290 |
| G02B | Major small and large bowel procedures W/O catastrophic CC | 2,368 | 475 | 2,843 |
| G10B | Hernia procedures W/O CC | 2,329 | 493 | 2,822 |
| | Other | 119,016 | 19,603 | 138,619 |
| Total | | 243,771 | 36,556 | 280,327 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviations: AMI—acute myocardial infarction; CC—complications and comorbidities; CDE—common duct exploration; OR—Operating room; vent—ventilation; W/O—without; W/O cat or sev CC—without catastrophic or severe complications or comorbidities

The top 20 AR-DRGs accounted for more than half (57%) of the AR-DRGs reported for elective admissions involving surgery. The most common AR-DRG for elective admissions was for Lens procedures, which accounted for around 10% of elective admissions involving surgery (Table 10.11).

Table 10.11: Surgical separations for the top 20 AR-DRGs version 6.0 with the highest number of elective admissions, public and private hospitals, 2010–11

| Diagnosis related group | | Public hospitals | Private hospitals | Total |
|-------------------------|---------------------------------------------------------------|------------------|-------------------|------------------|
| C16Z | Lens procedures | 61,187 | 136,805 | 197,992 |
| J11Z | Other skin, subcutaneous tissue and breast procedures | 37,863 | 61,839 | 99,702 |
| I18Z | Other knee procedures | 17,320 | 67,009 | 84,329 |
| N07Z | Other uterine and adnexa procedures for non-malignancy | 18,766 | 56,179 | 74,945 |
| O05Z | Abortion with OR procedure | 16,380 | 47,398 | 63,778 |
| G10B | Hernia procedures W/O CC | 26,222 | 34,576 | 60,798 |
| G11Z | Anal and stomal procedures | 18,596 | 31,276 | 49,872 |
| D11Z | Tonsillectomy and/or adenoidectomy | 18,263 | 27,701 | 45,964 |
| C03Z | Retinal procedures | 6,008 | 39,372 | 45,380 |
| I30Z | Hand procedures | 16,034 | 27,531 | 43,565 |
| J08B | Other skin graft and/or debridement procedures W/O CC | 9,055 | 32,792 | 41,847 |
| I16Z | Other shoulder procedures | 6,786 | 33,223 | 40,009 |
| N10Z | Diagnostic curettage or diagnostic hysteroscopy | 18,150 | 19,323 | 37,473 |
| J10Z | Skin, subcutaneous tissue and breast plastic or procedures | 8,951 | 27,965 | 36,916 |
| J06Z | Major procedures for breast conditions | 9,114 | 25,202 | 34,316 |
| H08B | Laparoscopic cholecystectomy w/o closed CDE W/O cat or sev CC | 16,999 | 16,474 | 33,473 |
| I04B | Knee replacement W/O catastrophic or severe CC | 10,147 | 21,467 | 31,614 |
| N11Z | Other female reproductive system or procedures | 3,123 | 26,293 | 29,416 |
| N09Z | Conisation, vagina, cervix and vulva procedures | 16,246 | 12,913 | 29,159 |
| B05Z | Carpal tunnel release | 11,746 | 17,165 | 28,911 |
| | Other | 322,928 | 516,998 | 839,926 |
| Total | | 669,884 | 1,279,501 | 1,949,385 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviations: CC—complications and comorbidities; CDE—common duct exploration; OR—Operating room; Vent—ventilation; W—with; W/O—without; W/O Cat or Sev CC—without catastrophic or severe complications or comorbidities.

Procedures

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 2008).

Procedures therefore encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

In 2010–11, 2.7 million procedures were reported for surgical separations, with over 2.3 million reported for elective admissions. Emergency admissions accounted for around 13% of the procedures reported for surgical separations (Table 10.12). See Box 7.1 and Appendix 2 for information on the classification of procedures. Almost 23% of all surgical procedures reported were for *Procedures on musculoskeletal system*, with 81% of these occurring in private hospitals.

Table 10.12: Counts of procedures^{(a)(b)} in ACHI chapters, for surgical separations by urgency of admission, all hospitals, 2010–11

| Procedure chapters | | Emergency admissions | Elective admissions | Total |
|--------------------|---------------------------------------------------------|----------------------|---------------------|------------------|
| 1–86 | Procedures on nervous system | 14,781 | 87,515 | 102,296 |
| 110–129 | Procedures on endocrine system | 248 | 14,514 | 14,762 |
| 160–256 | Procedures on eye and adnexa | 7,182 | 307,640 | 314,822 |
| 300–333 | Procedures on ear and mastoid process | 504 | 36,366 | 36,870 |
| 370–422 | Procedures on nose, mouth and pharynx | 3,507 | 136,899 | 140,406 |
| 450–490 | Dental services | 50 | 2,445 | 2,495 |
| 520–570 | Procedures on respiratory system | 13,988 | 15,774 | 29,762 |
| 600–777 | Procedures on cardiovascular system | 45,444 | 128,847 | 174,291 |
| 800–817 | Procedures on blood and blood-forming organs | 2,074 | 29,892 | 31,966 |
| 850–1011 | Procedures on digestive system | 75,882 | 251,301 | 327,183 |
| 1040–1129 | Procedures on urinary system | 7,031 | 78,827 | 85,858 |
| 1160–1203 | Procedures on male genital organs | 4,187 | 59,924 | 64,111 |
| 1240–1299 | Gynaecological procedures | 18,646 | 342,473 | 361,119 |
| 1330–1347 | Obstetric procedures | 733 | 816 | 1,549 |
| 1360–1579 | Procedures on musculoskeletal system | 116,605 | 496,901 | 613,506 |
| 1600–1718 | Dermatological and plastic procedures | 31,766 | 286,829 | 318,595 |
| 1740–1759 | Procedures on breast | 298 | 49,971 | 50,269 |
| 1786–1799 | Radiation oncology procedures | 31 | 2,038 | 2,069 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 3,729 | 1,336 | 5,065 |
| 1940–2016 | Imaging services | 5 | 5 | 10 |
| Total | | 346,691 | 2,330,313 | 2,677,004 |

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as 'Surgical'.

(b) A procedure 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.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Abbreviation: n.e.c.—not elsewhere classified.

Most common procedures

In 2010–11, *Appendicectomy* was the most common surgical procedure for emergency admissions involving surgery (Table 10.13). Around 88% of emergency admissions for *Appendicectomy* procedures were performed in public hospitals. *Insertion of cardiac pacemaker generator* was the surgical procedure with the highest proportion of emergency admissions in private hospitals (28%).

Table 10.13: Surgical separations for the top 20 ACHI procedure^(a) blocks with the highest number of emergency admissions, public and private hospitals, 2010–11

| Procedure block | Public hospitals | Private hospitals | Total |
|---------------------------------------------------------|------------------|-------------------|----------------|
| 926 Appendicectomy | 24,016 | 3,292 | 27,308 |
| 671 Transluminal coronary angioplasty with stenting | 11,120 | 2,652 | 13,772 |
| 1566 Excision procedures on other musculoskeletal sites | 11,044 | 1,503 | 12,547 |
| 1479 Fixation of fracture of pelvis or femur | 9,414 | 1,283 | 10,697 |
| 1628 Other debridement of skin and subcutaneous tissue | 9,330 | 382 | 9,712 |
| 965 Cholecystectomy | 7,861 | 1,828 | 9,689 |
| 1265 Curettage and evacuation of uterus | 8,668 | 578 | 9,246 |
| 1539 Open reduction of fracture of ankle or toe | 6,461 | 785 | 7,246 |
| 569 Ventilatory support | 6,815 | 309 | 7,124 |
| 1489 Arthroplasty of hip | 5,490 | 1,061 | 6,551 |
| 1429 Open reduction of fracture of radius | 5,155 | 657 | 5,812 |
| 930 Incision procedures on rectum or anus | 4,471 | 514 | 4,985 |
| 986 Division of abdominal adhesions | 3,942 | 794 | 4,736 |
| 1466 Repair of tendon of hand | 4,165 | 312 | 4,477 |
| 650 Insertion of cardiac pacemaker generator | 2,914 | 1,129 | 4,043 |
| 1636 Repair of nail | 3,556 | 169 | 3,725 |
| 1559 Incision procedures on other musculoskeletal sites | 2,722 | 280 | 3,002 |
| 1256 Procedures for management of ectopic pregnancy | 2,639 | 183 | 2,822 |
| 83 Repair of nerve or nerve trunk | 2,633 | 158 | 2,791 |
| 1486 Reduction of fracture of pelvis or femur | 2,520 | 252 | 2,772 |
| Other | 108,835 | 18,435 | 127,270 |
| Total | 243,771 | 36,556 | 280,327 |

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as 'Surgical'. For separations for which more than one operating room procedure was reported, the separation was counted against the first surgical procedure reported.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

In 2010–11, *Extracapsular crystalline lens extraction by phacoemulsification* was the most common surgical procedure for elective admissions, accounting for almost 10% of elective admissions (Table 10.14).

Table 10.14: Surgical separations for the top 20 ACHI procedure^(a) blocks with the highest number of elective admissions, public and private hospitals, 2010–11

| Procedure block | Public hospitals | Private hospitals | Total |
|------------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| 197 Extracapsular crystalline lens extraction by phacoemulsification | 59,018 | 129,809 | 188,827 |
| 1620 Excision of lesion(s) of skin and subcutaneous tissue | 33,738 | 55,573 | 89,311 |
| 1265 Curettage and evacuation of uterus | 27,122 | 56,416 | 83,538 |
| 1297 Procedures for reproductive medicine | 5,542 | 56,825 | 62,367 |
| 412 Tonsillectomy or adenoidectomy | 23,110 | 32,357 | 55,467 |
| 1517 Arthroscopic meniscectomy of knee with repair | 6,900 | 39,344 | 46,244 |
| 990 Repair of inguinal hernia | 17,692 | 23,742 | 41,434 |
| 965 Cholecystectomy | 19,637 | 18,295 | 37,932 |
| 1518 Arthroplasty of knee | 12,728 | 24,980 | 37,708 |
| 941 Procedures for haemorrhoids | 12,567 | 22,847 | 35,414 |
| 209 Application, insertion or removal procedures on retina, choroid or posterior chamber | 1,812 | 29,282 | 31,094 |
| 1651 Local skin flap, simple and small, single stage | 6,514 | 24,337 | 30,851 |
| 76 Release of carpal and tarsal tunnel | 11,851 | 17,457 | 29,308 |
| 1489 Arthroplasty of hip | 8,555 | 16,951 | 25,506 |
| 309 Myringotomy | 7,915 | 15,246 | 23,161 |
| 1554 Other application, insertion or removal procedures on other musculoskeletal sites | 12,146 | 10,820 | 22,966 |
| 1503 Arthroscopic excision of knee | 6,644 | 14,740 | 21,384 |
| 1165 Transurethral prostatectomy | 7,680 | 12,366 | 20,046 |
| 1266 Excision of lesion of uterus | 7,005 | 11,916 | 18,921 |
| 671 Transluminal coronary angioplasty with stenting | 6,181 | 12,315 | 18,496 |
| Other | 375,527 | 653,883 | 1,029,410 |
| Total | 669,884 | 1,279,501 | 1,949,385 |

(a) A procedure was counted if it was an operating room procedure included in the definition of the AR-DRG as 'Surgical'. For separations for which more than one operating room procedure was reported, the separation was counted against the first surgical procedure reported.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

How long did patients stay?

The length of stay for surgical separations varied by urgency of admission and to a lesser extent between public and private hospitals. Overall the length of stay for emergency admissions involving surgery was more than three times as long as for elective admissions involving surgery (Table 10.15).

Table 10.15: Patient days and average length of stay for surgical separations, by urgency of admission, public and private hospitals, 2010–11

| | Public hospitals | | Private hospitals | | Total | |
|------------------------------|------------------|------------------------|-------------------|------------------------|------------------|------------------------|
| | Patient days | Average length of stay | Patient days | Average length of stay | Patient days | Average length of stay |
| Same-day | | | | | | |
| Emergency admissions | 20,684 | 1.0 | 3,893 | 1.0 | 24,577 | 1.0 |
| Elective admissions | 348,696 | 1.0 | 752,350 | 1.0 | 1,101,046 | 1.0 |
| <i>All same-day surgery</i> | <i>369,380</i> | <i>1.0</i> | <i>756,243</i> | <i>1.0</i> | <i>1,125,623</i> | <i>1.0</i> |
| Overnight | | | | | | |
| Emergency admissions | 1,855,773 | 8.3 | 269,086 | 8.2 | 2,124,859 | 8.3 |
| Elective admissions | 1,249,181 | 3.9 | 1,751,562 | 3.3 | 3,000,743 | 3.5 |
| <i>All overnight surgery</i> | <i>3,104,954</i> | <i>5.0</i> | <i>2,020,648</i> | <i>3.4</i> | <i>5,125,602</i> | <i>4.2</i> |
| Total | | | | | | |
| Emergency admissions | 1,876,457 | 7.7 | 272,979 | 7.5 | 2,149,436 | 7.7 |
| Elective admissions | 1,597,877 | 2.4 | 2,503,912 | 2.0 | 4,101,789 | 2.1 |
| All surgery | 3,474,334 | 3.5 | 2,776,891 | 2.0 | 6,251,225 | 2.7 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Who paid for the care?

Almost eight in ten emergency admissions involving surgery in public hospitals were for *Public patients* (Medicare eligible persons who elected to be treated as a public patient) and over 83% of emergency admissions involving surgery in private hospitals were funded by *Private health insurance* (Table 10.16).

For elective admissions involving surgery in public hospitals less than 7% of separations were funded by *Private health insurance*. In private hospitals around 12% of elective admissions involving surgery were *Self-funded* and 79% were funded by *Private health insurance*.

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.

Around 96% of surgical separations had a mode of separation of *Other*, suggesting that most patients go home after their episode of care (Table 10.17). This was particularly the case in private hospitals, where 97% of separations reported a mode of separation of *Other*, compared with 93% in public hospitals.

Table 10.16: Surgical separations, by principal source of funds and urgency of admission, public and private hospitals, 2010–11

| | Public hospitals | Private hospitals | Total |
|------------------------------------------|------------------|-------------------|------------------|
| Emergency admissions | | | |
| Public patients ^(a) | 189,442 | 72 | 189,514 |
| Private health insurance | 31,572 | 30,580 | 62,152 |
| Self-funded | 3,244 | 992 | 4,236 |
| Workers compensation | 6,720 | 1,531 | 8,251 |
| Motor vehicle third party personal claim | 5,271 | 71 | 5,342 |
| Department of Veterans' Affairs | 4,535 | 3,107 | 7,642 |
| Other ^(b) | 2,987 | 203 | 3,190 |
| Total | 243,771 | 36,556 | 280,327 |
| Elective admissions | | | |
| Public patients ^(a) | 588,769 | 9,223 | 597,992 |
| Private health insurance | 45,395 | 1,006,680 | 1,052,075 |
| Self-funded | 25,039 | 150,554 | 175,593 |
| Workers compensation | 2,740 | 39,439 | 42,179 |
| Motor vehicle third party personal claim | 1,652 | 3,764 | 5,416 |
| Department of Veterans' Affairs | 4,233 | 51,414 | 55,647 |
| Other ^(b) | 2,056 | 18,427 | 20,483 |
| Total | 669,884 | 1,279,501 | 1,949,385 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Benefits Scheme.

(b) *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.

Note: See boxes 10.1, 10.2 and 10.3 for notes on data limitations and methods.

Table 10.17: Surgical separations, by mode of separation, public and private hospitals, 2010–11

| Mode of separation | Public hospitals | Private hospitals | Total |
|----------------------------------------------------------------------|------------------|-------------------|------------------|
| Discharge/transfer to an (other) acute hospital | 31,978 | 23,000 | 54,978 |
| Discharge/transfer to residential aged care service ^(a) | 3,791 | 1,064 | 4,855 |
| Discharge/transfer to an (other) psychiatric hospital | 117 | 14 | 131 |
| Discharge/transfer to other health care accommodation ^(b) | 1,776 | 3,346 | 5,122 |
| Statistical discharge: type change | 14,045 | 8,929 | 22,974 |
| Left against medical advice/discharge at own risk | 3,698 | 376 | 4,074 |
| Statistical discharge from leave | 237 | 39 | 276 |
| Died | 5,846 | 1,411 | 7,257 |
| Other ^(c) | 852,139 | 1,277,865 | 2,130,004 |
| Not reported | 28 | 13 | 41 |
| Total | 913,655 | 1,316,057 | 2,229,712 |

(a) Unless this is the usual place of residence.

(b) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(c) Includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Waiting times for elective surgery

This section includes information on waiting times for elective surgery in public hospitals. It uses public hospital information sourced from the NESWTDC and the linked data sourced from the NHMD.

The waiting times data presented in this section are for patients who completed their wait and were admitted to their surgery on an elective basis. The data are generally used as the main summary measure of elective surgery waiting times. However, some patients are removed from waiting lists for other reasons including: that the patient was admitted as an emergency patient for the awaited procedure; was transferred to another hospital's waiting list; had been treated elsewhere; was not contactable; had died or had declined surgery. Information on time spent on waiting lists is also presented for those reasons for removal.

How has activity changed over time?

Between 2006–07 and 2010–11, the number of admissions for elective surgery from waiting lists increased by an annual average of 2.8% (Tables 10.18 and 10.19). However, there was also a slight rise in the coverage of the NESWTDC over that period, from 88% to 92%, which should be taken into account in interpreting the change.

Over the same period, the proportion of admissions for hospitals in the *Principal referral and specialist women's and children's* hospitals peer group increased from 71% to 74% of admissions from elective surgery waiting lists.

States and territories

Between 2006–07 and 2010–11, Western Australia (7.2%) had the highest annual average increase in admissions for elective surgery from waiting lists, while New South Wales had the lowest increase in admissions (0.4%) (Table 10.19).

Between 2009–10 and 2010–11, Australian Capital Territory had the highest proportional increase (16%), and for Tasmania there was a slight decrease in the number of admissions (0.7%).

How did waiting times for care change over time?

Overall, the median waiting times for elective surgery increased from 32 days in 2006–07 to 36 days in 2010–11 (Table 10.19).

The days waited at the 90th percentile increased from 226 days to 252 days during the same period. In contrast, the proportion of patients who waited greater than 365 days to be admitted decreased from 3.1% in 2006–07 to 2.9% in 2010–11. Waiting time statistics for patients admitted from waiting lists, by public hospital peer group, 2006–07 to 2010–11, are published in tables 3.1 and 3.2 of *AHS: EDES* (AIHW 2011c).

Table 10.18: Waiting list statistics for admissions^(a) from waiting lists for elective surgery, by public hospital peer group, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|---------------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Principal referral and specialist women's and children's hospitals | | | | | | | |
| Number of hospitals ^(b) | 82 | 83 | 84 | 85 | 87 | 1.5 | 2.4 |
| Estimated proportion of peer group elective surgery (%) ^(c) | 100 | 100 | 100 | 100 | 100 | 0.0 | 0.0 |
| Number of admissions ^(a) | 394,831 | 401,469 | 431,675 | 442,727 | 457,251 | 3.7 | 3.3 |
| Large hospitals | | | | | | | |
| Number of hospitals ^(b) | 30 | 35 | 33 | 36 | 33 | 2.4 | –8.3 |
| Estimated proportion of peer group elective surgery (%) ^(c) | 81 | 84 | 88 | 87 | 89 | 2.2 | 1.8 |
| Number of admissions ^(a) | 88,433 | 96,362 | 91,766 | 98,015 | 93,908 | 1.5 | –4.2 |
| Medium hospitals | | | | | | | |
| Number of hospitals ^(b) | 51 | 51 | 51 | 47 | 50 | –0.5 | 6.4 |
| Estimated proportion of peer group elective surgery (%) ^(c) | 64 | 63 | 62 | 61 | 65 | 0.1 | 5.6 |
| Number of admissions ^(a) | 63,658 | 59,083 | 62,815 | 56,936 | 61,820 | –0.7 | 8.6 |
| Total^(d) | | | | | | | |
| Number of hospitals^(b) | 191 | 192 | 193 | 193 | 195 | 0.5 | 1.0 |
| Estimated proportion (%)^(c) | 88 | 89 | 90 | 91 | 92 | 1.0 | 1.1 |
| Number of admissions^(a) | 556,770 | 565,346 | 595,009 | 606,305 | 620,899 | 2.8 | 2.4 |
| Admissions per 1,000 population^(e) | 26.7 | 26.6 | 27.5 | 27.4 | 27.6 | 0.9 | 0.9 |

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Number of hospitals included in the National Elective Surgery Waiting Times Data Collection. Caution should be used in interpreting the numbers of hospitals by peer group over time as a hospital may be categorised to different peer groups in different years, based on changes in admitted patient activity.

(c) The number of separations with an urgency of admission reported as *Elective* and a surgical procedure for public hospitals reporting to the National Elective Surgery Waiting Times Data Collection as a proportion of the number of separations with an urgency of admission reported as *Elective* and a surgical procedure for all public hospitals.

(d) Includes hospitals not included in the specified hospital peer groups.

(e) Crude rate based on the Australian estimated resident population as at 31 December for that year.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Source: National Elective Surgery Waiting Times Data Collection.

Table 10.19: Waiting list statistics for admissions^(a) from waiting lists for elective surgery, public hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------------------|---------|---------|---------|---------|---------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales^(b) | | | | | | | |
| Number of hospitals | 98 | 97 | 97 | 96 | 96 | | |
| Number of admissions ^(a) | 201,630 | 199,578 | 199,384 | 198,503 | 204,820 | 0.4 | 3.2 |
| Admissions per 1,000 population ^(c) | 29.4 | 28.7 | 28.3 | 27.6 | 28.2 | | |
| Days waited at 50th percentile | 35 | 39 | 39 | 44 | 47 | | |
| Victoria^(b) | | | | | | | |
| Number of hospitals | 32 | 31 | 31 | 32 | 34 | | |
| Number of admissions ^(a) | 131,669 | 130,306 | 147,690 | 155,761 | 157,073 | 4.5 | 0.8 |
| Admissions per 1,000 population ^(c) | 25.5 | 24.8 | 27.5 | 28.3 | 28.1 | | |
| Days waited at 50th percentile | 30 | 33 | 31 | 36 | 36 | | |
| Queensland | | | | | | | |
| Number of hospitals | 31 | 31 | 32 | 32 | 32 | | |
| Number of admissions ^(a) | 107,893 | 107,623 | 109,940 | 113,884 | 113,876 | 1.4 | 0.0 |
| Admissions per 1,000 population ^(c) | 26.1 | 25.4 | 25.3 | 25.5 | 25.0 | | |
| Days waited at 50th percentile | 25 | 27 | 27 | 27 | 29 | | |
| Western Australia | | | | | | | |
| Number of hospitals | 13 | 14 | 14 | 14 | 14 | | |
| Number of admissions ^(a) | 48,986 | 57,122 | 60,398 | 61,298 | 64,785 | 7.2 | 5.7 |
| Admissions per 1,000 population ^(c) | 23.5 | 26.7 | 27.4 | 27.0 | 28.0 | | |
| Days waited at 50th percentile | 29 | 30 | 31 | 32 | 29 | | |
| South Australia | | | | | | | |
| Number of hospitals | 7 | 8 | 8 | 8 | 8 | | |
| Number of admissions ^(a) | 37,194 | 41,046 | 44,152 | 44,227 | 46,081 | 5.5 | 4.2 |
| Admissions per 1,000 population ^(c) | 23.6 | 25.8 | 27.4 | 27.1 | 27.9 | | |
| Days waited at 50th percentile | 40 | 42 | 36 | 36 | 38 | | |
| Tasmania | | | | | | | |
| Number of hospitals | 3 | 4 | 4 | 4 | 4 | | |
| Number of admissions ^(a) | 14,181 | 13,994 | 16,931 | 16,610 | 16,497 | 3.9 | -0.7 |
| Admissions per 1,000 population ^(c) | 28.8 | 28.2 | 33.8 | 32.9 | 32.4 | | |
| Days waited at 50th percentile | 38 | 36 | 44 | 36 | 38 | | |
| Australian Capital Territory | | | | | | | |
| Number of hospitals | 2 | 2 | 2 | 2 | 2 | | |
| Number of admissions ^(a) | 9,306 | 9,577 | 10,104 | 9,778 | 11,338 | 5.1 | 16.0 |
| Admissions per 1,000 population ^(c) | 27.6 | 28.0 | 29.0 | 27.5 | 31.3 | | |
| Days waited at 50th percentile | 63 | 72 | 75 | 73 | 76 | | |
| Northern Territory | | | | | | | |
| Number of hospitals | 5 | 5 | 5 | 5 | 5 | | |
| Number of admissions ^(a) | 5,911 | 6,100 | 6,410 | 6,244 | 6,429 | 2.1 | 3.0 |
| Admissions per 1,000 population ^(c) | 27.8 | 28.1 | 28.9 | 27.4 | 28.0 | | |
| Days waited at 50th percentile | 35 | 43 | 40 | 44 | 33 | | |
| Total | | | | | | | |
| Number of hospitals | 191 | 192 | 193 | 193 | 195 | | |
| Number of admissions ^(a) | 556,770 | 565,346 | 595,009 | 606,305 | 620,899 | 2.8 | 2.4 |
| Admissions per 1,000 population ^(c) | 26.7 | 26.6 | 27.5 | 27.4 | 27.6 | | |
| Days waited at 50th percentile | 32 | 34 | 34 | 35 | 36 | | |

(a) Records with a Reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

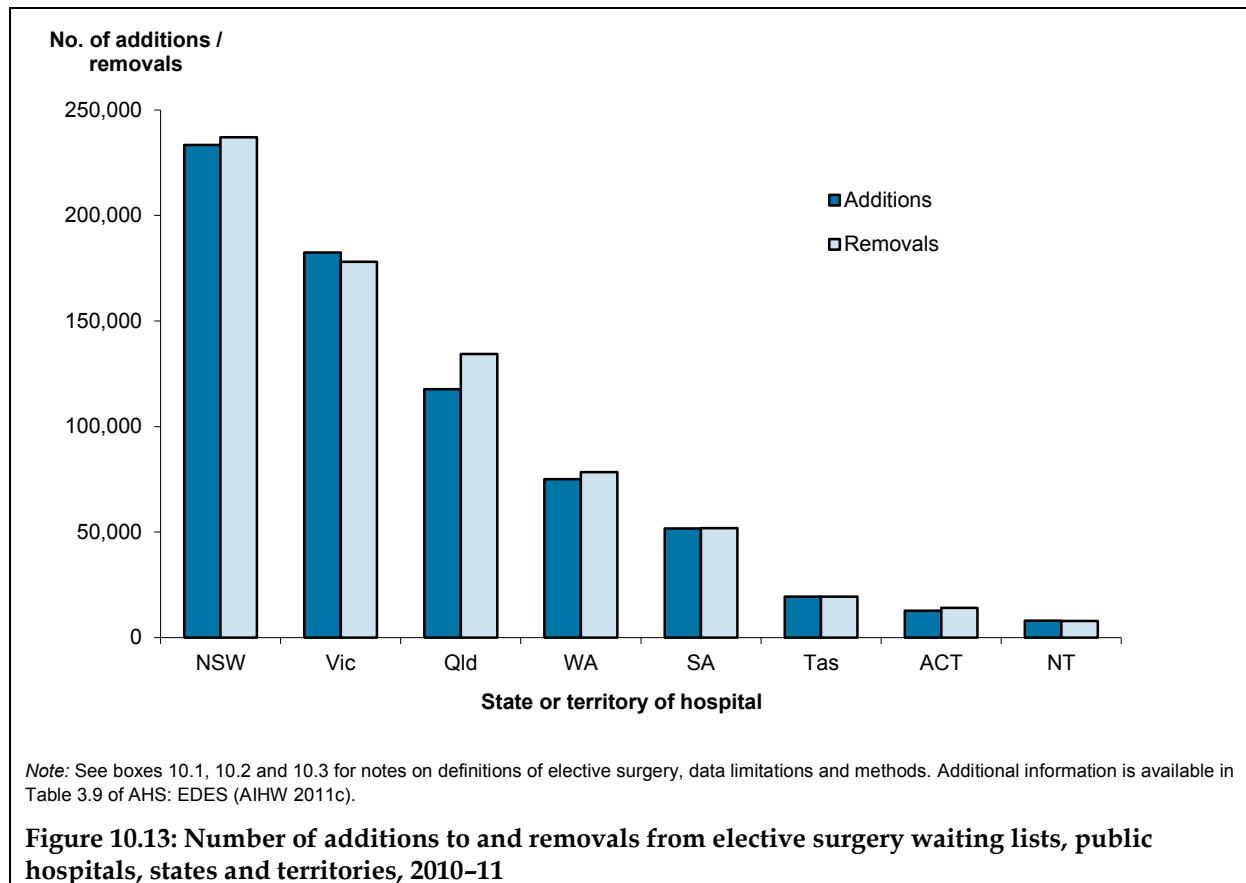
(b) From 2009–10, the data for Albury Base Hospital was reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. For 2010–11, the data for Albury Base Hospital was not available.

(c) Crude rate based on the estimated resident population as at 31 December for that year.

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

How much activity was there in 2010–11?

In 2010–11, there were almost 701,000 additions to elective surgery waiting lists and 721,000 removals from public hospital elective surgery waiting lists (Figure 10.13). Removals included patients who were admitted for the procedure they were waiting for, and those who were removed for other reasons. For more information, see Table 3.9 in *AHS: EDES* (AIHW 2011c).



How long did people wait for care?

Table 3.2 of *AHS: EDES* (AIHW 2011c) presents information on:

- the number of days waited at the 50th and 90th percentiles by patients admitted from waiting lists for elective surgery
- the proportion of patients who waited greater than 365 days
- the number of patients admitted by public hospital peer group.

Information is also included by the specialty of the surgeon who performed the elective surgery and by indicator procedure (tables 3.10 and 3.11, *AHS: EDES* (AIHW 2011c)).

How did waiting times vary by reason for removal from waiting lists?

Waiting time statistics for patients removed from waiting lists for elective surgery by reason for removal are published in Table 3.9 of *AHS: EDES* (AIHW 2011c).

In 2010–11, the reason for removal *Emergency admission* had the shortest median waiting time and the shortest waiting time by which 90% of patients were removed (1 day and 69 days

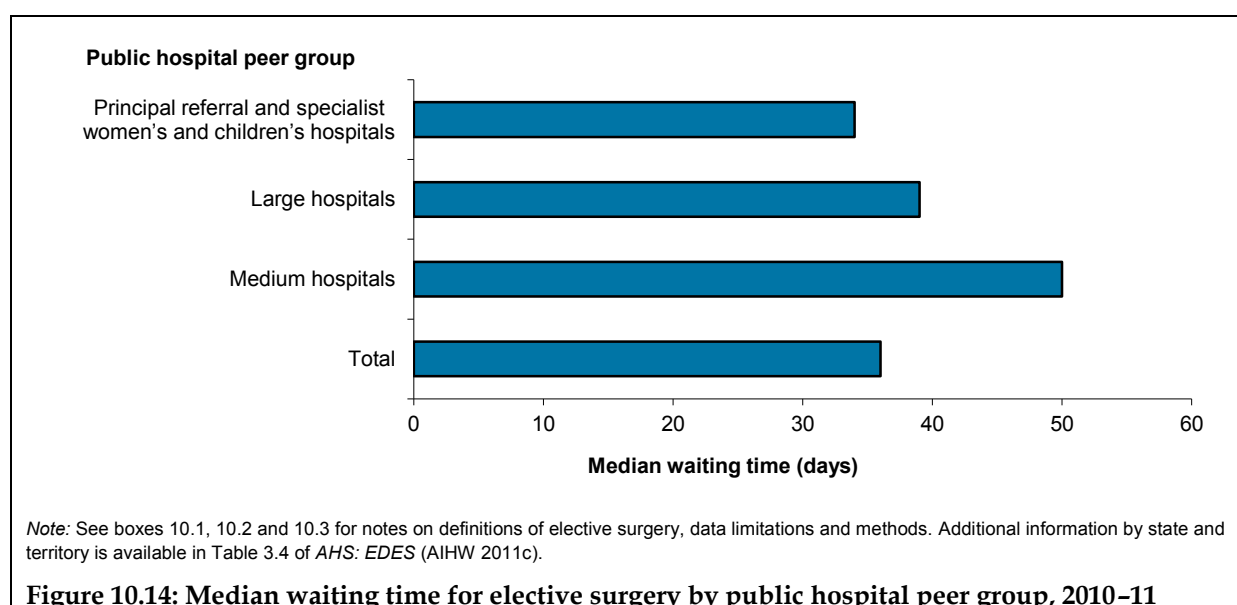
respectively). *Emergency admission* also had the lowest proportion of patients who waited more than 365 days before removal (0.7%).

The reason for removal *Not contactable/died* had the longest median waiting time and the longest waiting time by which 90% of patients were removed (140 days and 391 days respectively). *Not contactable/died* also had the lowest proportion of patients who waited more than 365 days before removal (13.2%).

The length of time by which 90% of patients were removed from waiting lists varied substantially between states and territories in most categories.

How did waiting times vary across public hospital peer groups?

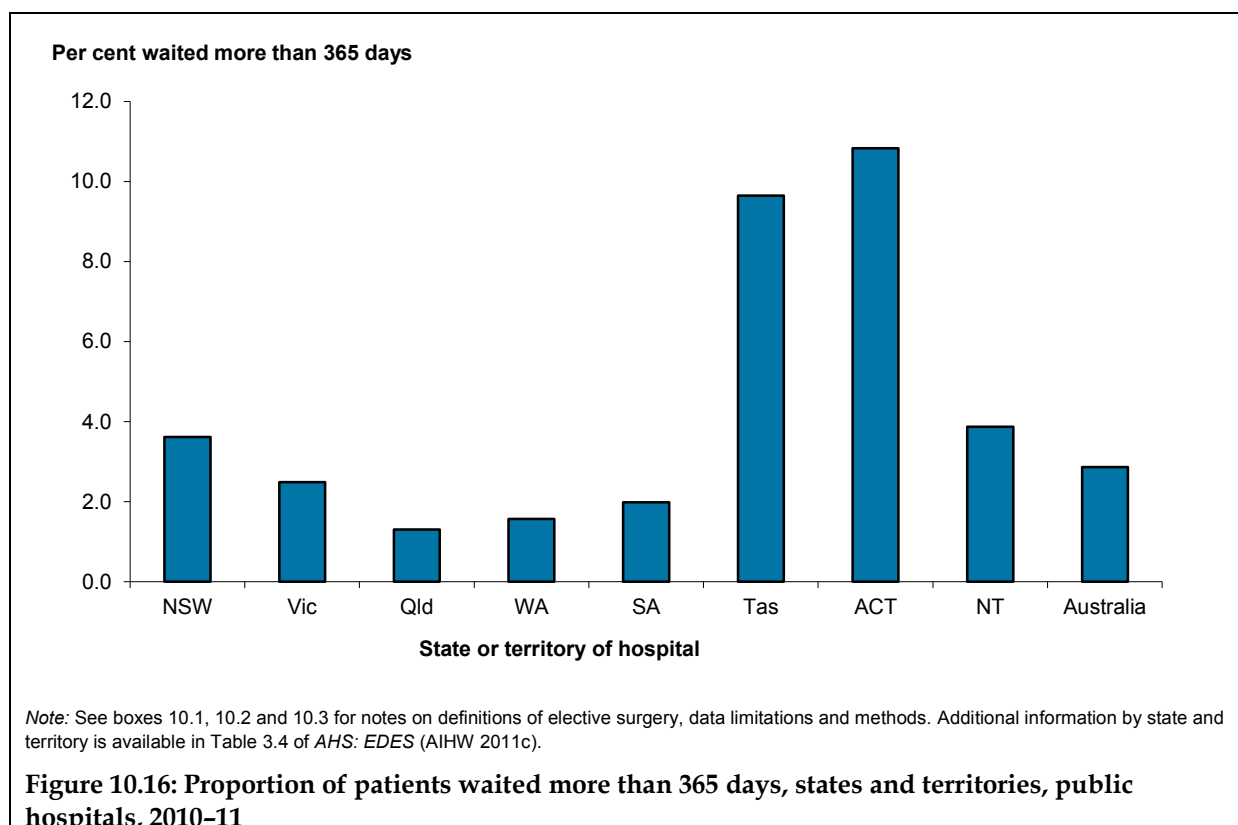
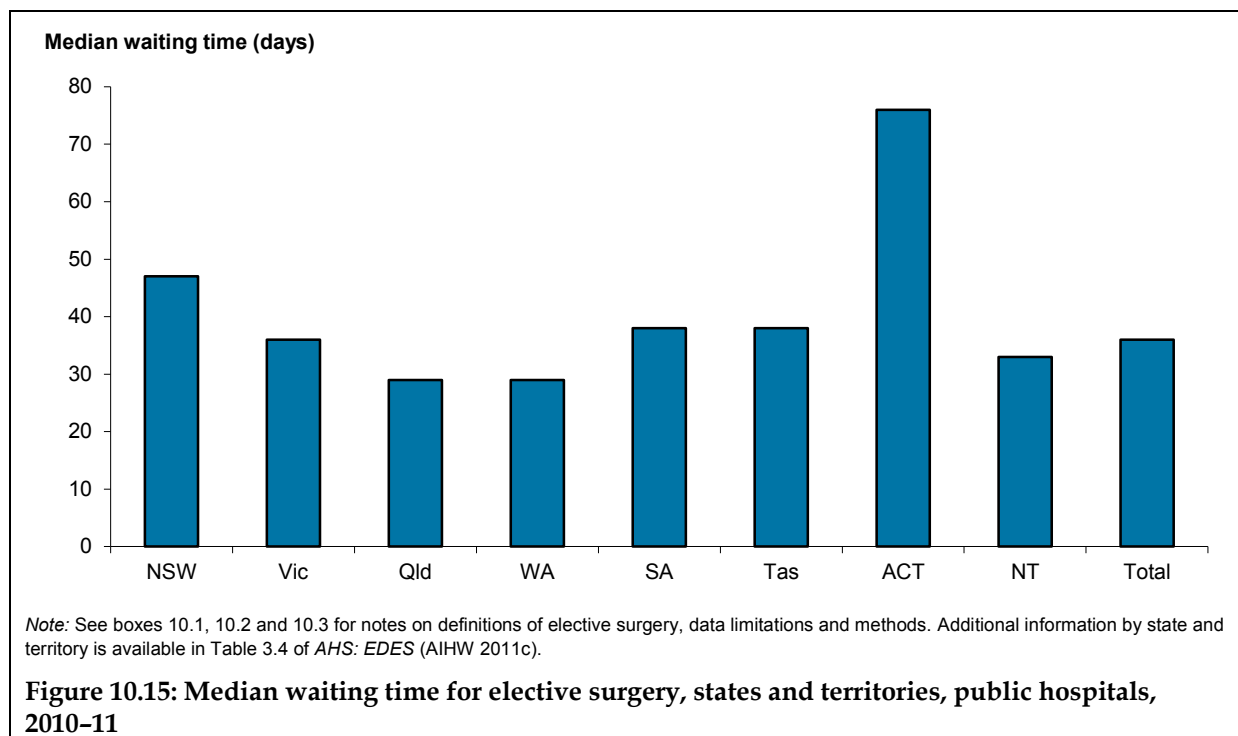
Overall, the median waiting time for patients who were admitted from waiting lists was 36 days in 2010–11. The median waiting time for patients admitted from waiting lists for hospitals in the *Principal referral and specialist women’s and children’s hospitals* peer group (34 days) was shorter than for the *Large hospitals* (39 days) and *Medium hospitals* peer group (50 days) (Figure 10.14).



How did waiting times vary across states and territories?

In 2010–11, the median waiting time ranged from 29 days in Queensland and Western Australia to 76 days in the Australian Capital Territory (Figure 10.15). More information on elective surgery waiting times by peer group for states and territories is published in Table 3.2 of *AHS: EDES* (AIHW 2011c).

The proportion of patients who waited more than 365 days differed substantially among states and territories in 2010–11. Overall, it ranged from 1.3% in Queensland to 10.8% in the Australian Capital Territory (Figure 10.16).



How did waiting times vary by specialty of surgeon?

The **specialty of the surgeon** describes the area of clinical expertise held by the doctor who was to perform the elective surgery.

Ophthalmology, Ear, nose and throat surgery and *Orthopaedic surgery* were the surgical specialties with the longest median waiting times in 2010–11 (71 days, 64 days and 64 days respectively). *Cardio-thoracic surgery* had the shortest median waiting time (16 days) (Table 10.20).

Orthopaedic surgery and *Ear, nose and throat surgery* were the specialties with the highest proportion of patients who waited more than 365 days to be admitted (6.2% and 5.6% respectively). *Cardio-thoracic surgery* had the lowest proportion of patients who waited more than 365 days (0.2%).

There was marked variation among the states and territories in the proportion of patients who waited more than 365 days to be admitted for some surgical specialties. For more information, see *AHS: EDES* Table 3.11 (AIHW 2011c).

Table 10.20: Waiting time statistics for patients admitted from waiting lists for elective surgery, by specialty of surgeon, public hospitals, 2010–11

| Surgical specialty | Admissions | Days waited at 50th percentile | Days waited at 90th percentile | Per cent waited more than 365 days |
|----------------------------|-------------------|---------------------------------------|---------------------------------------|-------------------------------------------|
| Cardio-thoracic surgery | 11,858 | 16 | 77 | 0.2 |
| Ear, nose & throat surgery | 54,137 | 64 | 340 | 5.6 |
| General surgery | 146,089 | 32 | 164 | 1.8 |
| Gynaecology | 79,744 | 30 | 133 | 0.8 |
| Neurosurgery | 10,551 | 34 | 220 | 3.3 |
| Ophthalmology | 73,254 | 71 | 335 | 3.6 |
| Orthopaedic surgery | 93,381 | 64 | 345 | 6.2 |
| Plastic surgery | 45,168 | 24 | 156 | 2.1 |
| Urology | 73,294 | 28 | 122 | 1.6 |
| Vascular surgery | 14,326 | 21 | 149 | 2.6 |
| Other | 19,097 | 23 | 98 | 0.6 |
| Total | 620,899 | 36 | 252 | 2.9 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods. Additional information by state and territory is available in Table 3.9 of *AHS: EDES* (AIHW 2010c).

How did waiting times vary by Indicator procedure?

Indicator procedures are procedures which are of high volume and are often associated with long waits.

Overall, almost 34% of patients admitted for elective surgery had been waiting for one of the 15 indicator procedures (Table 10.21). There was some variation among the states and territories – Australian Capital Territory and New South Wales had the highest proportion of admissions for the indicator procedures (40% and 36% respectively) and the Northern

Territory had the lowest proportion (25%). *Cataract extraction* was the highest volume indicator procedure in all jurisdictions.

Nationally, the indicator procedure with the lowest median waiting time in 2010–11 was *Coronary artery bypass graft* (17 days) and the one with the highest median waiting time was *Total knee replacement* (173 days) (Table 10.21).

The length of time by which 90% of patients had been admitted also varied by indicator procedure, from 75 days for *Coronary artery bypass graft* to 382 days for *Septoplasty*. The proportions of admissions for which patients waited more than 365 days also varied by indicator procedure.

Median waiting times varied markedly across the states and territories. For more information on the variation between states and territories, see *AHS: EDES* Table 3.10 (AIHW 2011c).

Table 10.21: Waiting time statistics for patients admitted from waiting lists for elective surgery, by indicator procedure, public hospitals, 2010–11

| Indicator procedure | Admissions | Days waited at 50th percentile | Days waited at 90th percentile | Per cent waited more than 365 days |
|---------------------------------------|----------------|--------------------------------|--------------------------------|------------------------------------|
| Cataract extraction | 53,573 | 90 | 343 | 4.1 |
| Cholecystectomy | 18,085 | 54 | 171 | 1.8 |
| Coronary artery bypass graft | 3,738 | 17 | 75 | 0.2 |
| Cystoscopy | 41,792 | 25 | 115 | 1.3 |
| Haemorrhoidectomy | 3,647 | 60 | 255 | 3.4 |
| Hysterectomy | 9,939 | 49 | 201 | 1.7 |
| Inguinal herniorrhaphy | 14,792 | 57 | 259 | 2.6 |
| Myringoplasty | 1,713 | 108 | 369 | 10.7 |
| Myringotomy | 6,358 | 47 | 139 | 0.9 |
| Prostatectomy | 8,183 | 47 | 170 | 2.5 |
| Septoplasty | 4,482 | 159 | 382 | 13.7 |
| Tonsillectomy | 17,350 | 94 | 351 | 6.5 |
| Total hip replacement | 8,554 | 108 | 357 | 7.6 |
| Total knee replacement | 12,943 | 173 | 376 | 12.6 |
| Varicose veins stripping and ligation | 4,251 | 100 | 368 | 10.2 |
| Not applicable/not stated | 411,499 | 28 | 184 | 2.2 |
| Total | 620,899 | 36 | 252 | 2.9 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods. Additional information by state and territory is available in Table 3.10 of *AHS: EDES* (AIHW 2011c).

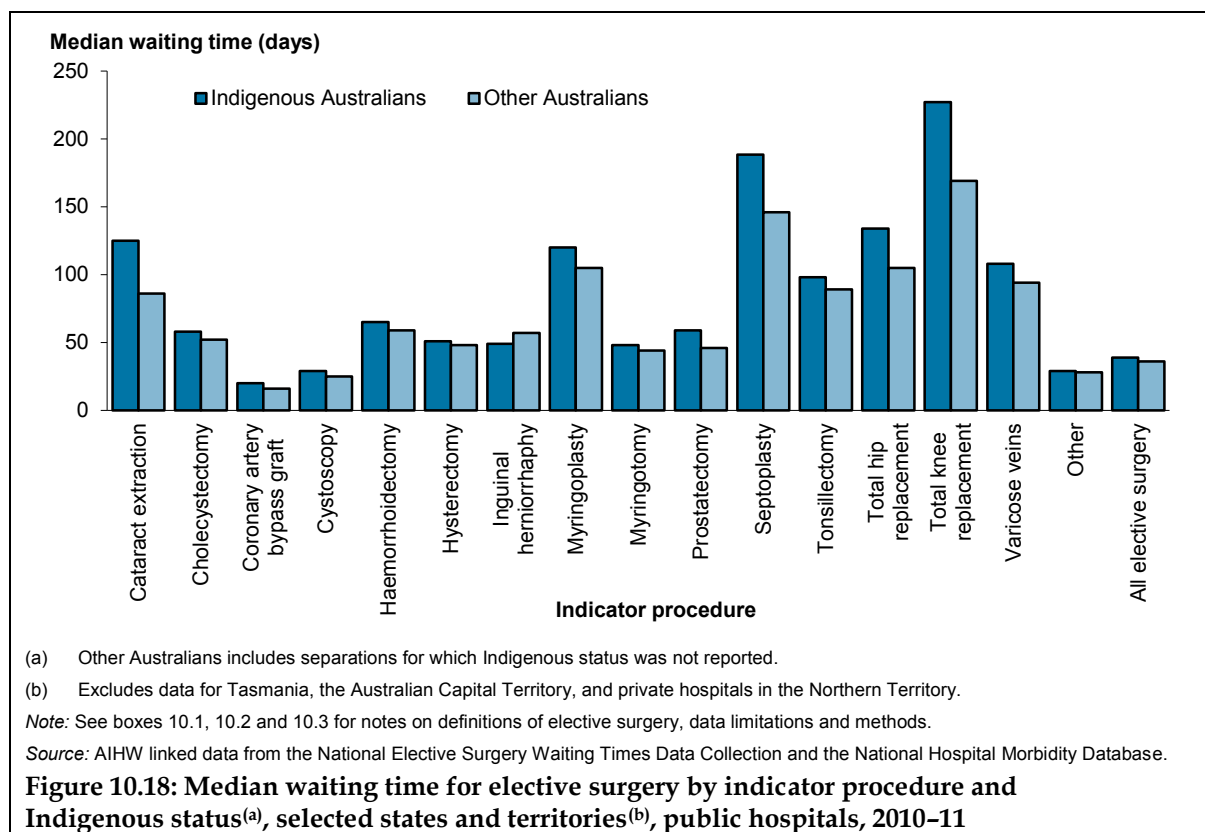
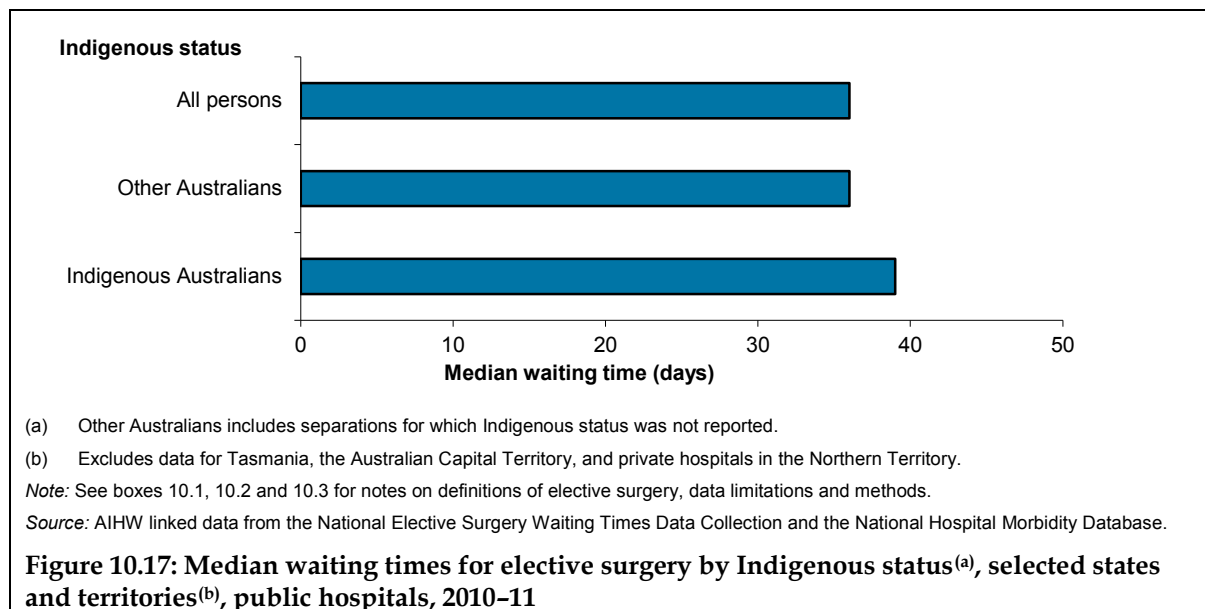
How did waiting times differ for Indigenous and non-Indigenous Australians?

For 2010–11, there were over 14,500 admissions from public hospital waiting lists for elective surgery for patients identified as Aboriginal and/or Torres Strait Islander people in New South Wales, Victoria, Queensland, Western Australia, South Australia and the Northern Territory.

Overall, the median waiting time for Indigenous Australians was greater than the median waiting time for other Australians (39 days and 36 days respectively, Figure 10.17).

Indicator procedures

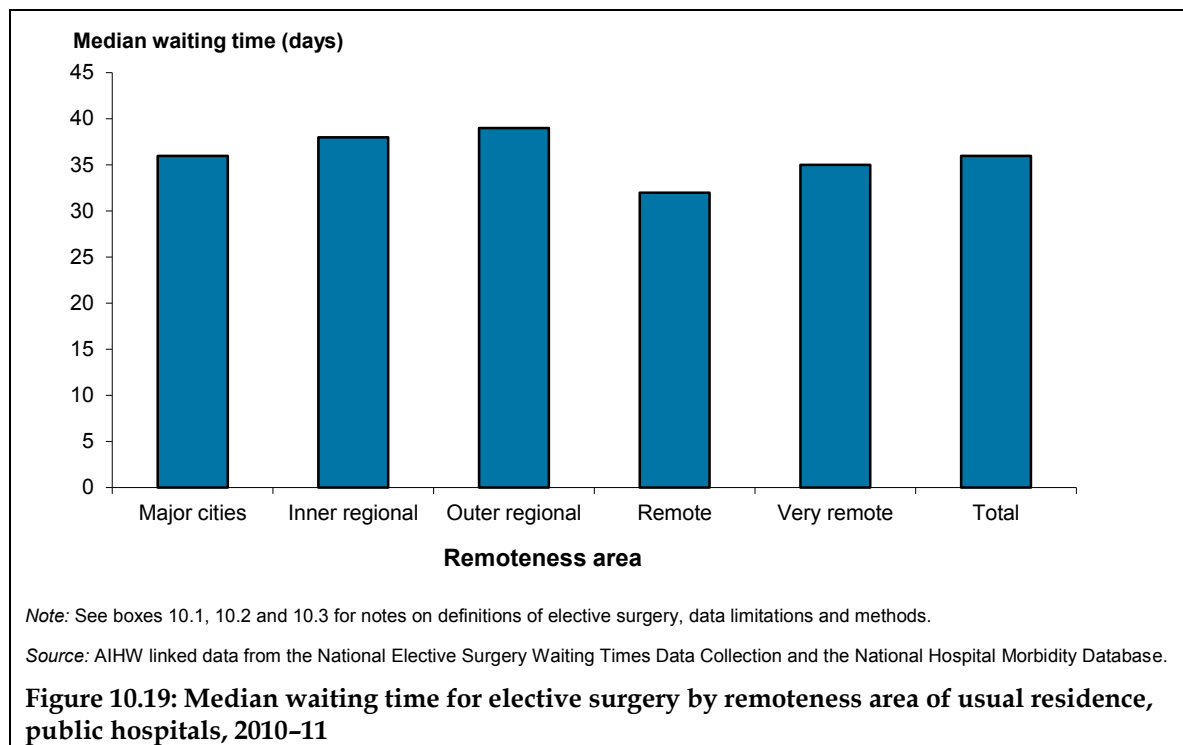
Indigenous Australians had higher median waiting times for 10 of the 11 indicator procedures for which there were at least 100 separations for Indigenous Australians. The greatest difference in median waiting times was for *Total knee replacement* (227 days for Indigenous Australians and 169 days for other Australians). *Hysterectomy*, *Myringotomy*, *Coronary artery bypass graft* and *Cystoscopy* had the smallest differences in median waiting times by Indigenous status (Figure 10.18).



How did waiting times vary by remoteness area?

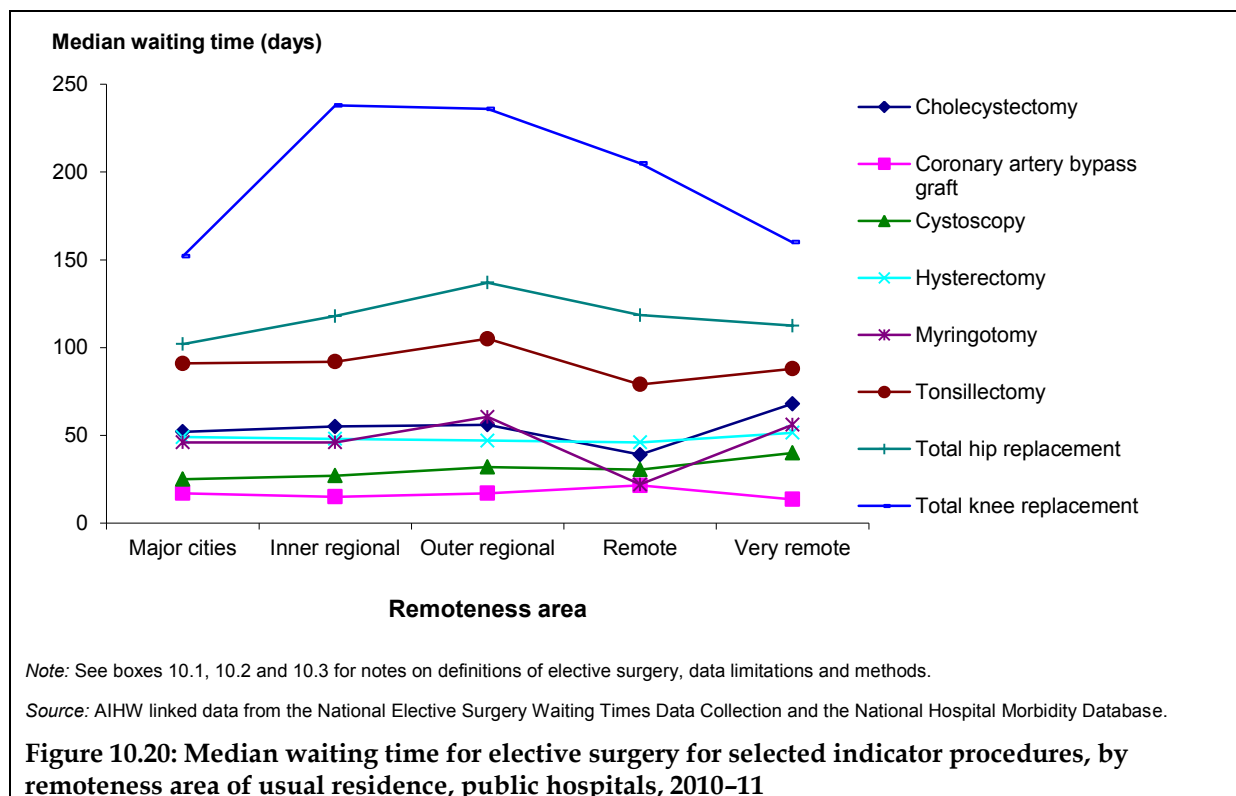
Overall, about 67% of admissions from waiting lists for elective surgery were for patients residing in *Major cities*, 22% were in *Inner regional* areas and 9% in *Outer regional* areas.

The median waiting time varied somewhat by remoteness, ranging from 32 days for people living in *Remote* areas to 39 days for people living in *Outer regional* areas (Figure 10.19).



Indicator procedures

There was some variation in the median waiting time for remoteness areas by indicator procedure. For indicator procedures with at least 50 admissions in *Remote* and *Very remote* areas, *Total knee replacement* had the greatest variation in waiting times by remoteness area. People from *Inner regional* areas had the highest median waiting time of 238 days, and people from *Major cities* had the lowest (152 days), followed by those from *Very remote* areas (160 days) (Figure 10.20). *Coronary artery bypass graft* had the least variation by remoteness area.



How did waiting vary by socioeconomic status?

Overall, about 25% of admissions from waiting lists were for people living in areas classified as being in the lowest SES group, decreasing to about 13% for people living in areas classified as being in the highest SES group.

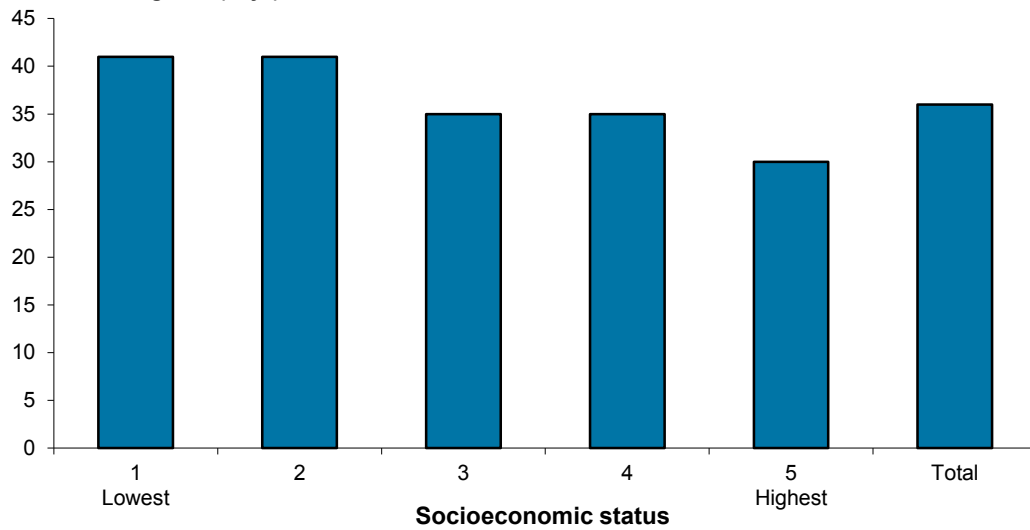
Median waiting times varied by socioeconomic status, ranging from 30 days for people living in areas classified as the highest SES group to 41 days for the lowest and second lowest SES groups (Figure 10.21).

Indicator procedures

Septoplasty was the indicator procedure with the greatest variation in waiting times by socioeconomic status, ranging from 191 days for people living in areas classified as being in the second lowest SES group to 125 days for people in the middle SES group.

Cholecystectomy, *Coronary artery bypass graft* and *Cystoscopy* had the least variation by socioeconomic status group (Figure 10.22).

Median waiting time (days)

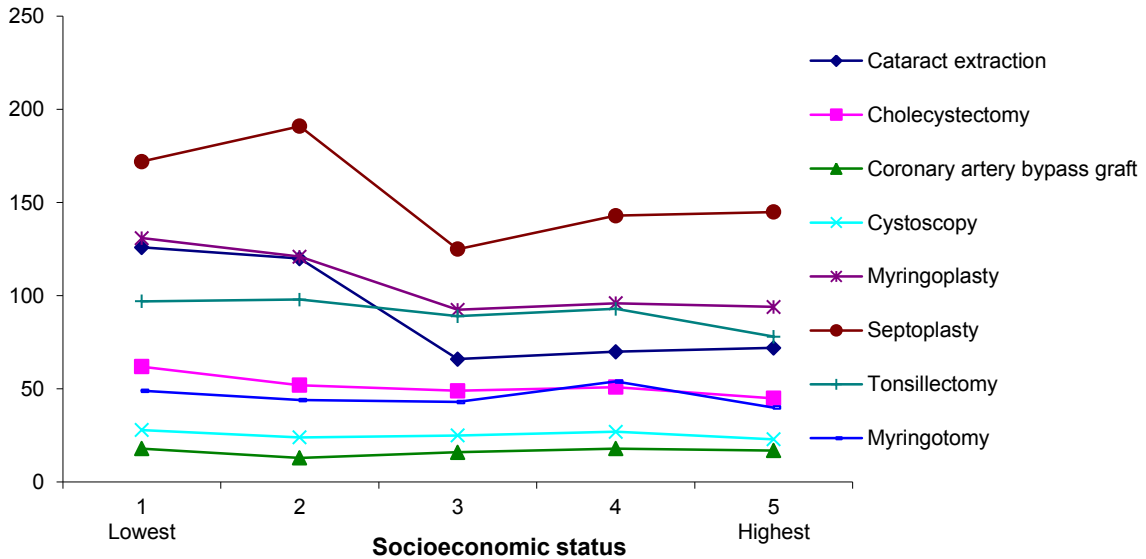


Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Figure 10.21: Median waiting times for elective surgery by socioeconomic status group, public hospitals, 2010-11

Median waiting time (days)



Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

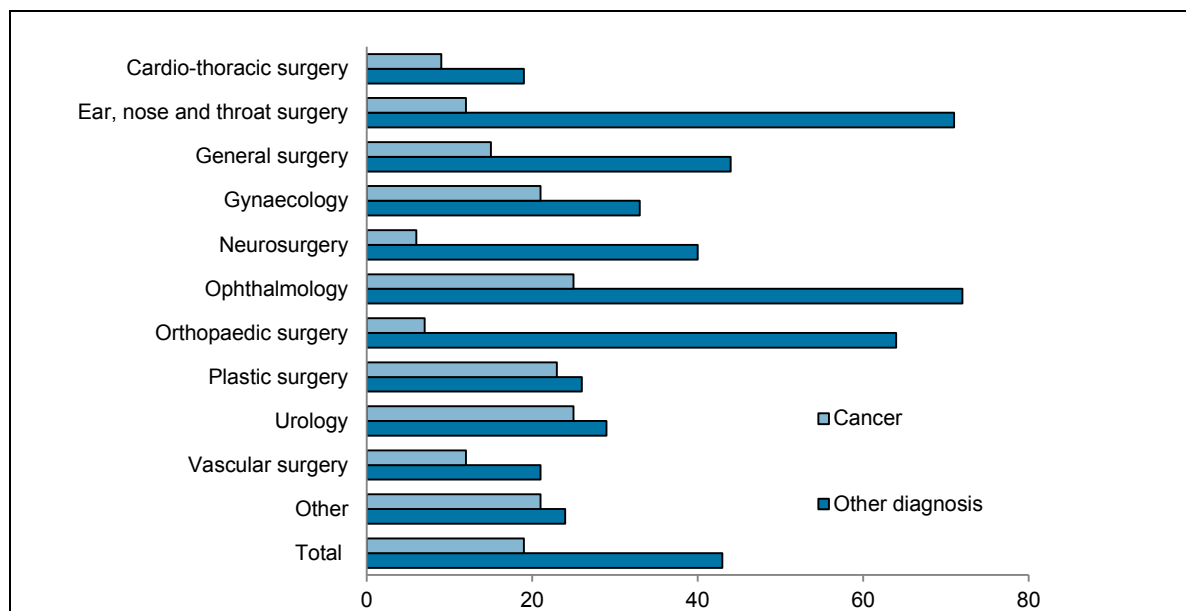
Figure 10.22: Median waiting times for elective surgery for selected indicator procedures, by socioeconomic status group, public hospitals, 2010-11

How did waiting times vary by diagnosis?

The diagnosis information available in the linked data from the NHMD can be used to compare the waiting times for patients for whom elective surgery is more urgent with the waiting times for other patients. In this way, the waiting times for patients awaiting surgery for cancer, can be compared to the waiting times for patients awaiting the same surgery for other conditions.

Figure 10.23 shows that there were shorter overall waiting times for admissions with a principal diagnosis of a cancer (median of 19 days) compared with other admissions (43 days), and for most surgical specialties. Cancer principal diagnoses were defined by the ICD-10-AM diagnosis codes C00–C99, D00–D09, D45, D46, D47.1 and D47.3.

The largest variation in median waiting times by surgical specialty was for *Orthopaedic surgery* for which patients with a cancer-related principal diagnosis had a median waiting time of 7 days, compared with 64 days overall. The surgical specialty which had the least variation in median waiting times for separations with a cancer-related principal diagnosis compared with other diagnoses was *Plastic surgery* (23 days for cancer, compared to 26 days).



Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Figure 10.23: Median waiting times for patients admitted from waiting lists for elective surgery with a cancer-related principal diagnosis (or other principal diagnosis), by specialty of surgeon, public hospitals, 2010–11

Median waiting times varied according to the type of cancer. The selected 'cancer types' presented in Table 10.22 were defined as separations with a principal diagnosis of:

- Bladder cancer (C67, D09.0)
- Bowel cancer (C18–20, D01.0–D01.2)
- Breast cancer (C50, D05)
- Gynaecological cancer (C51–58, D069, D07.0–D07.3)
- Kidney cancer (C64)
- Lung cancer (C33–34, D02.1–D02.2)
- Melanoma (C43, D03)
- Prostate cancer (C61, D07.5).

In 2010–11, patients admitted with a principal diagnosis for lung cancer had a median waiting time of 11 days and 90% of patients had been admitted for surgery within 28 days (Table 10.22). Patients with a principal diagnosis of prostate cancer had a median waiting time of 33 days and 90% of patients had been admitted for surgery within 98 days.

Table 10.22: Waiting time statistics for admissions from waiting lists for elective surgery, for selected principal diagnoses for cancer, 2010–11

| Cancer type | Separations | Days waited at 50th percentile | Days waited at 90th percentile |
|---------------------------|----------------|--------------------------------|--------------------------------|
| Bladder cancer | 6,839 | 22 | 77 |
| Bowel cancer | 5,021 | 15 | 35 |
| Breast cancer | 9,029 | 13 | 29 |
| Gynaecological cancer | 6,743 | 22 | 66 |
| Kidney cancer | 1,137 | 24 | 65 |
| Lung cancer | 1,133 | 11 | 28 |
| Melanoma | 3,774 | 14 | 35 |
| Prostate cancer | 6,290 | 33 | 98 |
| Other principal diagnoses | 565,317 | 40 | 263 |
| Total | 605,283 | 36 | 250 |

Note: See boxes 10.1, 10.2 and 10.3 for notes on definitions of elective surgery, data limitations and methods.

Source: AIHW linked data from the National Elective Surgery Waiting Times Data Collection and the National Hospital Morbidity Database.

Additional information

Further detailed information by reason for removal, indicator procedure and specialty of surgeon is provided in tables 3.9 to 3.11 of *AHS: EDES* (AIHW 2011c) and in the tables accompanying this report online.

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 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 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 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 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.

Box 11.1: What are the limitations of the data?

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

Some sub- and non-acute activity may occur during an acute episode of admitted patient care, or may be delivered as a non-admitted patient service. Therefore, the information presented in this chapter is likely to underestimate this activity.

There is some apparent variation among jurisdictions in the use of statistical discharges and associated assignment of care types which may affect the comparability of the data.

Box 11.2: What methods were used?

- (a) In this chapter, separations are reported for the care types: *Rehabilitation, Palliative, Geriatric evaluation and management, Psychogeriatric* or *Maintenance* care.
- (b) In some tables in this chapter, the category *Other sub- and non-acute care* has been used. It includes the care types: *Geriatric evaluation and management, Psychogeriatric* and *Maintenance* care.

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

How has activity changed over time?

Between 2006–07 and 2010–11, the number of separations for sub- and non-acute care increased from about 243,000 to almost 380,000, an average increase of 11.9% per year. Over this period, the average rate of increase was higher in private hospitals (17.9%) than in public hospitals (5.8%). In particular, *Rehabilitation* care in private hospitals doubled, increasing by an average of 20.1% per year between 2006–07 and 2010–11 (Table 11.1).

Table 11.1: Sub- and non-acute separations^(a) by care type, public and private hospitals, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| Public hospitals | | | | | | | |
| Rehabilitation | 70,822 | 75,446 | 77,875 | 82,675 | 86,426 | 5.1 | 4.5 |
| Palliative care | 21,785 | 21,598 | 24,262 | 26,633 | 28,255 | 6.7 | 6.1 |
| Geriatric evaluation and management | 14,670 | 14,813 | 18,307 | 21,310 | 26,484 | 15.9 | 24.3 |
| Psychogeriatric care | 4,695 | 4,494 | 2,393 | 2,336 | 2,445 | –15.1 | 4.7 |
| Maintenance care | 19,093 | 19,211 | 19,763 | 19,624 | 20,889 | 2.3 | 6.4 |
| <i>Total</i> | <i>131,065</i> | <i>135,562</i> | <i>142,600</i> | <i>152,578</i> | <i>164,499</i> | <i>5.8</i> | <i>7.8</i> |
| Private hospitals | | | | | | | |
| Rehabilitation | 96,401 | 115,659 | 137,946 | 168,972 | 200,808 | 20.1 | 18.8 |
| Palliative care | 6,488 | 5,766 | 5,281 | 5,016 | 5,507 | –4.0 | 9.8 |
| Geriatric evaluation and management | 780 | 87 | 113 | 88 | 77 | –43.9 | –12.5 |
| Psychogeriatric care | 6,138 | 6,857 | 6,579 | 8,102 | 6,336 | 0.8 | –21.8 |
| Maintenance care | 1,636 | 1,699 | 2,004 | 2,283 | 2,665 | 13.0 | 16.7 |
| <i>Total</i> | <i>111,443</i> | <i>130,068</i> | <i>151,923</i> | <i>184,461</i> | <i>215,393</i> | <i>17.9</i> | <i>16.8</i> |
| Total | 242,508 | 265,630 | 294,523 | 337,039 | 379,892 | 11.9 | 12.7 |

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

States and territories

Between 2006–07 and 2010–11, the average rate of increase for sub- and non-acute care separations in private hospitals varied among jurisdictions. It was highest for South Australia (43.8% on average per year) and New South Wales (20.8%) (Table 11.2).

Over the same period, the average rate of increase for sub- and non-acute care in public hospitals was highest in the Australian Capital Territory (10.6%). For Tasmania, the number of sub- and non-acute care separations in public hospitals decreased by 3% between 2006–07 and 2010–11.

Table 11.2: Sub- and non-acute separations, public and private hospitals, states and territories, 2006–07 to 2010–11

| | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) ^(a) | |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------------------------|---------------|
| | | | | | | Average since 2006–07 | Since 2009–10 |
| New South Wales | | | | | | | |
| Public hospitals | 41,864 | 43,105 | 45,153 | 50,960 | 56,102 | 7.6 | 10.1 |
| Private hospitals | 57,719 | 68,585 | 82,567 | 100,130 | 123,045 | 20.8 | 22.9 |
| Victoria | | | | | | | |
| Public hospitals | 33,901 | 32,431 | 32,651 | 35,065 | 37,349 | 2.5 | 6.5 |
| Private hospitals | 19,886 | 21,069 | 20,538 | 24,022 | 23,447 | 4.2 | -2.4 |
| Queensland | | | | | | | |
| Public hospitals | 25,594 | 27,604 | 30,439 | 32,104 | 34,615 | 7.8 | 7.8 |
| Private hospitals | 23,249 | 28,743 | 28,805 | 33,487 | 34,990 | 10.8 | 4.5 |
| Western Australia | | | | | | | |
| Public hospitals | 12,226 | 13,372 | 13,487 | 12,601 | 13,648 | 2.8 | 8.3 |
| Private hospitals | 3,793 | 3,579 | 4,043 | 4,867 | 5,678 | 10.6 | 16.7 |
| South Australia | | | | | | | |
| Public hospitals | 10,472 | 11,073 | 11,614 | 12,518 | 14,134 | 7.8 | 12.9 |
| Private hospitals | 5,269 | 6,755 | 12,763 | 18,052 | 22,510 | 43.8 | 24.7 |
| Tasmania | | | | | | | |
| Public hospitals | 2,168 | 2,051 | 2,145 | 2,230 | 1,910 | -3.1 | -14.3 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Australian Capital Territory | | | | | | | |
| Public hospitals | 3,770 | 4,665 | 5,956 | 5,749 | 5,645 | 10.6 | -1.8 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| Northern Territory | | | | | | | |
| Public hospitals | 1,070 | 1,261 | 1,155 | 1,351 | 1,096 | 0.6 | -18.9 |
| Private hospitals | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. | n.p. |
| All hospitals | 242,508 | 265,630 | 294,523 | 337,039 | 379,892 | 11.9 | 12.7 |

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods. Similar information by hospital type is available online at <www.aihw.gov.au/hospitals>.

Abbreviations: n.p. —not published.

How much activity was there in 2010–11?

Overall, 4.5% of separations in 2010–11 were sub- and non-acute separations (Table 11.3). The proportion of separations that were for sub- and non-acute care varied, ranging from 2.6% of all separations in Victoria to 7.2% in New South Wales.

Table 11.3: Sub- and non-acute separations, by care type, all hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|--------------------------------------|----------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|----------------|
| Public hospitals | | | | | | | | | |
| Rehabilitation | 30,832 | 14,776 | 19,385 | 9,496 | 7,664 | 1,114 | 2,718 | 441 | 86,426 |
| Palliative care | 10,919 | 6,659 | 6,599 | 1,234 | 1,678 | 217 | 629 | 320 | 28,255 |
| Geriatric evaluation and management | 5,624 | 15,293 | 2,172 | 804 | 1,701 | 141 | 707 | 42 | 26,484 |
| Psychogeriatric care | 808 | 0 | 596 | 730 | 288 | 1 | 21 | 1 | 2,445 |
| Maintenance care | 7,919 | 621 | 5,863 | 1,384 | 2,803 | 437 | 1,570 | 292 | 20,889 |
| <i>Public hospital total</i> | <i>56,102</i> | <i>37,349</i> | <i>34,615</i> | <i>13,648</i> | <i>14,134</i> | <i>1,910</i> | <i>5,645</i> | <i>1,096</i> | <i>164,499</i> |
| Private hospitals | | | | | | | | | |
| Rehabilitation | 122,431 | 17,453 | 30,929 | 2,241 | 22,185 | n.p. | n.p. | n.p. | 200,808 |
| Palliative care | 475 | 617 | 1,715 | 2,317 | 264 | n.p. | n.p. | n.p. | 5,507 |
| Geriatric evaluation and management | 0 | 0 | 22 | 2 | 49 | n.p. | n.p. | n.p. | 77 |
| Psychogeriatric care | 0 | 5,339 | 3 | 992 | 0 | n.p. | n.p. | n.p. | 6,336 |
| Maintenance care | 139 | 38 | 2,321 | 126 | 12 | n.p. | n.p. | n.p. | 2,665 |
| <i>Private hospital total</i> | <i>123,045</i> | <i>23,447</i> | <i>34,990</i> | <i>5,678</i> | <i>22,510</i> | <i>n.p.</i> | <i>n.p.</i> | <i>n.p.</i> | <i>215,393</i> |
| Total separations | 179,147 | 60,796 | 69,605 | 19,326 | 36,644 | n.p. | n.p. | n.p. | 379,892 |
| Proportion of all separations | 7.2 | 2.6 | 3.9 | 2.2 | 5.6 | n.p. | n.p. | n.p. | 4.5 |

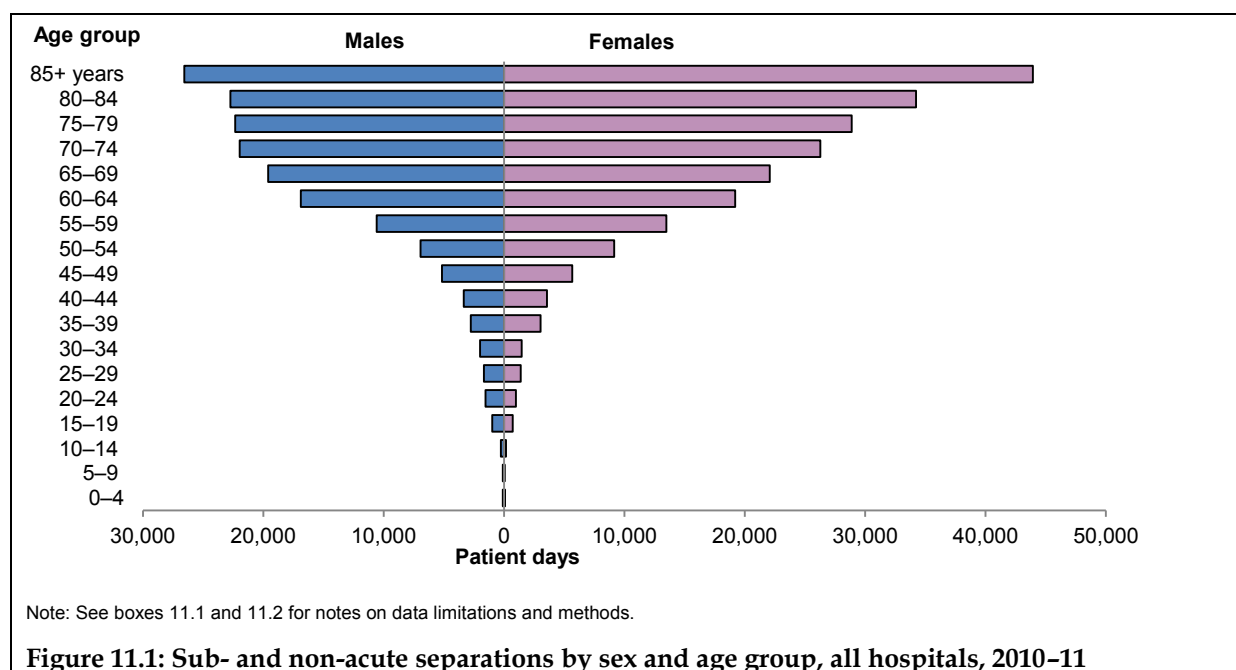
Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Who used these services?

Sex and age group

Females accounted for more than half (56.4%) of sub- and non-acute separations (Figure 11.1) and there were more separations for females than for males in the age groups 35 and over. Persons aged 60 and over accounted for more than 80% of all sub- and non-acute separations.



Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Figure 11.1: Sub- and non-acute separations by sex and age group, all hospitals, 2010–11

Performance indicator: People aged 65 years or over receiving sub-acute services

This National Healthcare Agreement indicator is related to the outcome area of aged care. It is denoted as an interim indicator, as the available data do not completely match the intent of the indicator. This indicator is intended to report the number of people aged 65 years or over receiving sub-acute services. However, the data are based on the number of separations for sub-acute services, and a person may have more than one episode of care in hospital during the year. Therefore the data presented here are not an estimate the number of persons aged 65 years or over receiving sub-acute services. These data include separations for *Rehabilitation, Palliative care, Geriatric evaluation and management* and *Psychogeriatric care*.

For public hospitals, the separation rate for sub-acute separations for persons aged 65 years or over ranged from 13 per 1,000 population in Tasmania to 72 per 1,000 in the Australian Capital Territory (Table 11.4). For private hospitals, the separation rate varied from 16 per 1,000 population in Western Australia to 79 per 1,000 in New South Wales.

Comparison of rates for states and territories should take into consideration cross-border flows, particularly in the Australian Capital Territory. There may also be differences between states and territories in the delivery of sub-acute care which should be considered when interpreting these data.

Table 11.4: Separations for persons^(a) aged 65 years or over receiving sub-acute^(b) services, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-----------------------------------------|---------|--------|--------|--------|--------|-------|-------|------|---------|
| Public hospitals | | | | | | | | | |
| Separations | 37,095 | 29,669 | 17,942 | 9,451 | 7,633 | 1,034 | 2,678 | 299 | 105,801 |
| Separations per 1,000 population | 35.0 | 37.2 | 31.9 | 33.8 | 28.2 | 13.0 | 71.9 | 26.7 | 34.2 |
| Private hospitals | | | | | | | | | |
| Separations | 81,576 | 19,621 | 20,279 | 4,598 | 14,180 | n.p | n.p | n.p | 143,952 |
| Separations per 1,000 population | 79.2 | 25.0 | 36.0 | 16.3 | 54.8 | n.p | n.p | n.p | 47.3 |
| Total | | | | | | | | | |
| Separations | 118,671 | 49,290 | 38,221 | 14,049 | 21,813 | n.p | n.p | n.p | 249,753 |
| Separations per 1,000 population | 114.1 | 62.2 | 67.9 | 50.0 | 83.0 | n.p | n.p | n.p | 81.4 |

(a) Data are based on separations, not persons, therefore these rates are likely to overestimate the number of people receiving sub-acute care.

(b) Separations for *Maintenance* care are excluded.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Additional information on the number of separations for persons aged 65 years or over receiving sub-acute services by Indigenous status, remoteness area of residence and socioeconomic status is included in additional tables accompanying this report online at <www.aihw.gov.au/hospitals>.

Aboriginal and Torres Strait Islander people

Box 11.3: Quality of Indigenous status data

The quality of the data provided for Indigenous status in 2010–11 for admitted patient care varied by jurisdiction. See Chapter 7 and Appendix 2 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, 0.9% of all sub- and 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 11.5).

In 2010–11, there were 12 sub- and non-acute separations per 1,000 population for Indigenous Australians, about 76% of the rate for other Australians (16 per 1,000). Indigenous Australians had lower separation rates for *Rehabilitation* care than other Australians (6 per 1,000 and 12 per 1,000, respectively). Indigenous Australians had higher separation rates for *Palliative* care and *Maintenance* care than other Australians.

Table 11.5: Sub- and non-acute separations, by Indigenous status, all hospitals, states and territories^(a), 2010–11

| | NSW | Vic | Qld | WA | SA | Tas ^(a) | ACT ^(a) | NT ^(a) | Total ^(a) | Separations per 1,000 population |
|----------------------------------------|----------------|---------------|---------------|---------------|---------------|--------------------|--------------------|-------------------|----------------------|----------------------------------|
| Indigenous Australians | | | | | | | | | | |
| Rehabilitation | 508 | 126 | 569 | 290 | 103 | 34 | 41 | 153 | 1,749 | 6.1 |
| Palliative care | 158 | 24 | 136 | 84 | 27 | 3 | 5 | 61 | 490 | 2.1 |
| Geriatric evaluation and management | 38 | 36 | 27 | 4 | 2 | 2 | 9 | 23 | 130 | 0.7 |
| Psychogeriatric care | 8 | 3 | 2 | 6 | 0 | 0 | 0 | 0 | 19 | 0.1 |
| Maintenance care | 119 | 7 | 277 | 141 | 37 | 0 | 41 | 170 | 751 | 3.0 |
| <i>Total Indigenous Australians</i> | <i>831</i> | <i>196</i> | <i>1,011</i> | <i>525</i> | <i>169</i> | <i>39</i> | <i>96</i> | <i>407</i> | <i>3,139</i> | <i>12.0</i> |
| Other Australians^(b) | | | | | | | | | | |
| Rehabilitation | 152,755 | 32,103 | 49,745 | 11,447 | 29,746 | 1,080 | 2,677 | 288 | 276,084 | 12.0 |
| Palliative care | 11,236 | 7,252 | 8,178 | 3,467 | 1,915 | 214 | 624 | 259 | 32,307 | 1.4 |
| Geriatric evaluation and management | 5,586 | 15,257 | 2,167 | 802 | 1,748 | 139 | 698 | 19 | 25,579 | 1.1 |
| Psychogeriatric care | 800 | 5,336 | 597 | 1,716 | 288 | 1 | 21 | 1 | 8,738 | 0.4 |
| Maintenance care | 7,939 | 652 | 7,907 | 1,369 | 2,778 | 437 | 1,529 | 122 | 20,767 | 0.9 |
| <i>Total other Australians</i> | <i>178,316</i> | <i>60,600</i> | <i>68,594</i> | <i>18,801</i> | <i>36,475</i> | <i>1,871</i> | <i>5,549</i> | <i>689</i> | <i>363,475</i> | <i>15.8</i> |
| Total | 179,147 | 60,796 | 69,605 | 19,326 | 36,644 | 1,910 | 5,645 | 1,096 | 366,614 | 15.8 |

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are presented for public hospitals only. The total excludes data for Tasmania and the Australian Capital Territory.

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Remoteness area

There was marked variation in the separation rates for sub- and 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 (15 separations per 1,000 population, compared with 12 per 1,000 nationwide) (Tables 11.6 and 11.7). The separation rate ratios (SRR) indicate notable differences in the separation rates for *Rehabilitation* care across remoteness areas 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 4.0 per 1,000 for people residing in *Major cities* (Table 11.6). There were more marked variations for private hospitals, with the rate of *Rehabilitation* care ranging from 1.2 per 1,000 in *Very remote* areas to 10.7 per 1,000 in *Major cities* (Table 11.7).

Table 11.6: Selected sub- and non-acute separation statistics, by remoteness area of usual residence, public hospitals, 2010–11

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total ^(a) |
|--------------------------------------------|----------------|----------------|----------------|--------------|-------------|----------------------|
| Rehabilitation | | | | | | |
| Separations | 64,108 | 15,100 | 5,661 | 758 | 361 | 86,426 |
| Separations per 1,000 population | 4.0 | 2.9 | 2.4 | 2.6 | 2.7 | 3.6 |
| SRR | 1.11 | 0.80 | 0.68 | 0.74 | 0.74 | |
| Palliative care | | | | | | |
| Separations | 18,273 | 6,417 | 3,080 | 320 | 127 | 28,255 |
| Separations per 1,000 population | 1.1 | 1.2 | 1.3 | 1.1 | 1.0 | 1.2 |
| SRR | 0.98 | 1.01 | 1.11 | 0.97 | 0.89 | |
| Geriatric evaluation and management | | | | | | |
| Separations | 20,978 | 4,420 | 962 | 52 | 27 | 26,484 |
| Separations per 1,000 population | 1.2 | 0.8 | 0.4 | 0.2 | 0.2 | 1.0 |
| SRR | 1.18 | 0.75 | 0.39 | 0.18 | 0.21 | |
| Psychogeriatric care | | | | | | |
| Separations | 1,968 | 358 | 87 | 12 | 4 | 2,445 |
| Separations per 1,000 population | 0.1 | 0.1 | <0.1 | <0.1 | <0.1 | 0.1 |
| SRR | 1.23 | 0.64 | 0.37 | 0.46 | 0.48 | |
| Maintenance care | | | | | | |
| Separations | 11,585 | 5,022 | 3,319 | 520 | 362 | 20,889 |
| Separations per 1,000 population | 0.7 | 0.9 | 1.4 | 2.0 | 3.3 | 0.8 |
| SRR | 0.82 | 1.10 | 1.71 | 2.42 | 3.99 | |
| Total | | | | | | |
| Separations | 116,912 | 31,317 | 13,109 | 1,662 | 881 | 164,499 |
| Separations per 1,000 population | 7.1 | 5.8 | 5.6 | 6.0 | 7.3 | 6.7 |
| SRR | 1.07 | 0.87 | 0.83 | 0.89 | 1.09 | |

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: SRR—Separation rate ratio.

Table 11.7: Selected sub- and non-acute separation statistics, by remoteness area of usual residence, private hospitals, 2010–11

| | Major cities | Inner regional | Outer regional | Remote | Very remote | Total ^(a) |
|----------------------------------------------------|----------------|----------------|----------------|-------------|-------------|----------------------|
| Rehabilitation | | | | | | |
| Separations | 172,461 | 23,799 | 3,818 | 332 | 110 | 200,808 |
| Separations per 1,000 population | 10.7 | 4.4 | 1.7 | 1.5 | 1.2 | 8.3 |
| SRR | 1.30 | 0.53 | 0.20 | 0.18 | 0.15 | |
| Palliative care | | | | | | |
| Separations | 3,599 | 1,555 | 315 | 31 | 6 | 5,507 |
| Separations per 1,000 population | 0.2 | 0.3 | 0.1 | 0.1 | 0.1 | 0.2 |
| SRR | 0.98 | 1.29 | 0.59 | 0.49 | 0.35 | |
| Other sub- and non-acute care^(b) | | | | | | |
| Separations | 7,574 | 1,334 | 142 | 18 | 7 | 9,078 |
| Separations per 1,000 population | 0.5 | 0.3 | 0.1 | 0.1 | 0.1 | 0.4 |
| SRR | 1.26 | 0.73 | 0.18 | 0.19 | 0.18 | |
| Total | | | | | | |
| Separations | 183,634 | 26,688 | 4,275 | 381 | 123 | 215,393 |
| Separations per 1,000 population | 11.4 | 5.0 | 1.9 | 1.7 | 1.3 | 8.9 |
| SRR | 1.29 | 0.56 | 0.21 | 0.19 | 0.15 | |

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

(b) Separations with a care type of *Geriatric evaluation and management*, *Psychogeriatric care* and *Maintenance care*.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: SRR—separation rate ratio.

Socioeconomic status

Socioeconomic status (SES) groups in this report are based on the Index of Relative Socio-Economic Disadvantage (from SEIFA 2006) for the area of usual residence (SLA) of the patient. See Appendix 2 for details.

Each SES group accounted for between 16% and 29% of total sub- and non-acute separations. The separation rates varied from 23 per 1,000 population for patients living in areas classified as being the highest SES group to 12 per 1,000 for the lowest SES group (Table 11.8). The separation rate ratios (SRR) indicate notable differences in the separation rates across SES groups for some categories.

Table 11.8: Selected sub- and non-acute separation statistics, by socioeconomic status, all hospitals, 2010–11

| | Socioeconomic status group | | | | | Total ^(a) |
|--------------------------------------------|----------------------------|---------------|---------------|---------------|----------------|----------------------|
| | 1— Lowest | 2 | 3 | 4 | 5— Highest | |
| Rehabilitation | | | | | | |
| Separations | 38,985 | 50,951 | 48,659 | 55,461 | 92,441 | 287,234 |
| Separations per 1,000 population | 7.8 | 9.7 | 10.3 | 12.4 | 19.5 | 11.8 |
| SRR | 0.66 | 0.82 | 0.88 | 1.05 | 1.65 | |
| Palliative care | | | | | | |
| Separations | 7,877 | 6,799 | 7,365 | 5,769 | 5,911 | 33,762 |
| Separations per 1,000 population | 1.5 | 1.3 | 1.6 | 1.3 | 1.2 | 1.4 |
| SRR | 1.12 | 0.92 | 1.13 | 0.94 | 0.89 | |
| Geriatric evaluation and management | | | | | | |
| Separations | 5,061 | 5,743 | 5,625 | 4,753 | 5,334 | 26,561 |
| Separations per 1,000 population | 0.9 | 1.0 | 1.1 | 1.0 | 1.0 | 1.0 |
| SRR | 0.91 | 0.98 | 1.10 | 1.00 | 1.01 | |
| Psychogeriatric care | | | | | | |
| Separations | 815 | 871 | 1,143 | 2,377 | 3,559 | 8,781 |
| Separations per 1,000 population | 0.2 | 0.2 | 0.2 | 0.6 | 0.8 | 0.4 |
| SRR | 0.44 | 0.44 | 0.67 | 1.52 | 2.13 | |
| Maintenance care | | | | | | |
| Separations | 6,110 | 5,589 | 4,257 | 3,818 | 3,695 | 23,554 |
| Separations per 1,000 population | 1.2 | 1.0 | 0.9 | 0.8 | 0.7 | 0.9 |
| SRR | 1.26 | 1.09 | 0.94 | 0.89 | 0.78 | |
| Total sub- and non-acute care | | | | | | |
| Separations | 58,848 | 69,953 | 67,049 | 72,178 | 110,940 | 379,892 |
| Separations per 1,000 population | 11.6 | 13.2 | 14.2 | 16.1 | 23.2 | 15.5 |
| SRR | 0.75 | 0.85 | 0.91 | 1.04 | 1.50 | |

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

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: SRR—separation rate ratio.

How did people access these services?

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

Over half of all sub- and 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 11.9). *Statistical admission: care type change* was the most common admission mode for sub- and 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 care*) within the one hospital. Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals.

Table 11.9: Sub- and non-acute separations, by mode of admission, public and private hospitals, 2010–11

| | Public hospitals | Private hospitals | Total |
|----------------------------------------------------|------------------|-------------------|----------------|
| Admitted patient transferred from another hospital | 49,726 | 39,032 | 88,758 |
| Statistical admission: care type change | 72,126 | 13,906 | 86,032 |
| Other | 42,497 | 162,002 | 204,499 |
| Not reported | 150 | 453 | 603 |
| Total | 164,499 | 215,393 | 379,892 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Why did people receive the care?

The reason that a patient received admitted patient care can be 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 sub- and 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 this chapter was reported for 94% of sub- and non-acute separations in private hospitals and 67% in public hospitals (Table 11.10).

Care involving use of rehabilitation procedures accounted for 76% of principal diagnoses reported for sub- and 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 sub- and non-acute separations was *Neoplasms*, which includes both benign and malignant tumours, and was particularly associated with separations for *Palliative* care.

For *Palliative* care, 9 of the top 10 principal diagnoses were for malignant neoplasms, and these accounted for 47% of principal diagnoses for *Palliative* care separations. The top 5 neoplasm-related principal diagnoses are presented in Table 11.11, as are the top 5 non-neoplasm related principal diagnoses for *Palliative* care.

For *Geriatric evaluation and management*, the top 10 principal diagnoses made up 39% of all separations within this care type. They included *Care involving use of rehabilitation procedures*, acute conditions (such as pneumonia and fractures of the hip and spine) and chronic conditions (such as heart failure and chronic obstructive pulmonary disease) (Table 11.12).

For *Psychogeriatric care*, the top 10 principal diagnoses made up 79% of all separations within this care type. They included depressive disorders, *Alzheimer's disease* and dementia (Table 11.13).

For *Maintenance care*, the top 10 principal diagnoses made up almost 91% of all separations within this care type, with *Problems related to medical facilities and other health care* being the most common principal diagnosis (Table 11.14).

Table 11.10: Sub- and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2010–11

| Principal diagnosis chapter | | Public hospitals | Private hospitals | Total |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|-------------------|----------------|
| A00–B99 | Certain infectious and parasitic diseases | 1,020 | 75 | 1,095 |
| C00–D48 | Neoplasms | 19,990 | 4,284 | 24,274 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 491 | 45 | 536 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 899 | 76 | 975 |
| F00–F99 | Mental and behavioural disorders | 4,792 | 5,432 | 10,224 |
| G00–G99 | Diseases of the nervous system | 2,733 | 944 | 3,677 |
| H00–H59 | Diseases of the eye and adnexa | 24 | 6 | 30 |
| H60–H95 | Diseases of the ear and mastoid process | 55 | 1 | 56 |
| I00–I99 | Diseases of the circulatory system | 5,627 | 626 | 6,253 |
| J00–J99 | Diseases of the respiratory system | 4,154 | 519 | 4,673 |
| K00–K93 | Diseases of the digestive system | 1,927 | 173 | 2,100 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 654 | 33 | 687 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 1,983 | 197 | 2,180 |
| N00–N99 | Diseases of the genitourinary system | 1,865 | 134 | 1,999 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 52 | 1 | 53 |
| P00–P96 | Certain conditions originating in the perinatal period | 7 | 1 | 8 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 35 | 0 | 35 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 2,816 | 246 | 3,062 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 5,776 | 196 | 5,972 |
| Z00–Z99 | Factors influencing health status and contact with health services | 109,516 | 202,305 | 311,821 |
| | Not reported | 83 | 99 | 182 |
| Total sub- and non-acute separations | | 164,499 | 215,393 | 379,892 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.11: Separations for the top 5 neoplasm-related and top 5 other principal diagnoses in 3-character ICD-10-AM groupings for *Palliative* care separations, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|----------------------------------------------------|------------------------------------------------------------------|------------------|-------------------|---------------|
| Neoplasm-related | | | | |
| C34 | Malignant neoplasm of bronchus and lung | 3,322 | 643 | 3,965 |
| C79 | Secondary malignant neoplasm of other and unspecified sites | 2,237 | 606 | 2,843 |
| C78 | Secondary malignant neoplasm of respiratory and digestive organs | 1,630 | 511 | 2,141 |
| C61 | Malignant neoplasm of prostate | 1,019 | 192 | 1,211 |
| C25 | Malignant neoplasm of pancreas | 1,001 | 205 | 1,206 |
| Other | | | | |
| I50 | Heart failure | 691 | 145 | 836 |
| J44 | Other chronic obstructive pulmonary disease | 595 | 95 | 690 |
| J18 | Pneumonia, organism unspecified | 477 | 76 | 553 |
| G12 | Spinal muscular atrophy and related syndromes | 343 | 81 | 424 |
| I63 | Cerebral infarction | 394 | 19 | 413 |
| Other (includes neoplasm-related not listed above) | | 16,546 | 2,934 | 19,480 |
| Total <i>Palliative</i> care separations | | 28,255 | 5,507 | 33,762 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.12: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for *Geriatric evaluation and management* separations, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|---------------------------------------------------------------------|--------------------------------------------------------------------|------------------|-------------------|---------------|
| Z50 | Care involving use of rehabilitation procedures | 3,147 | 0 | 3,147 |
| S72 | Fracture of femur | 1,414 | 1 | 1,415 |
| I50 | Heart failure | 901 | 1 | 902 |
| F05 | Delirium, not induced by alcohol and other psychoactive substances | 796 | 1 | 797 |
| J18 | Pneumonia, organism unspecified | 758 | 4 | 762 |
| N39 | Other disorders of urinary system | 732 | 0 | 732 |
| S32 | Fracture of lumbar spine and pelvis | 726 | 0 | 726 |
| J44 | Other chronic obstructive pulmonary disease | 702 | 0 | 702 |
| Z75 | Problems related to medical facilities and other health care | 631 | 0 | 631 |
| I63 | Cerebral infarction | 557 | 0 | 557 |
| Other | | 16,120 | 70 | 16,190 |
| Total <i>Geriatric evaluation and management</i> separations | | 26,484 | 77 | 26,561 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.13: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for *Psychogeriatric* care separations, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|------------------------------------------------------|--------------------------------------------------------|------------------|-------------------|--------------|
| F33 | Recurrent depressive disorder | 243 | 1,754 | 1,997 |
| F32 | Depressive episode | 461 | 877 | 1,338 |
| G30 | Alzheimer's disease | 324 | 775 | 1,099 |
| F41 | Other anxiety disorders | 54 | 502 | 556 |
| F31 | Bipolar affective disorder | 195 | 357 | 552 |
| F10 | Mental and behavioural disorders due to use of alcohol | 39 | 434 | 473 |
| F20 | Schizophrenia | 170 | 130 | 300 |
| F01 | Vascular dementia | 123 | 92 | 215 |
| F03 | Unspecified dementia | 178 | 12 | 190 |
| F43 | Reaction to severe stress, and adjustment disorders | 48 | 129 | 177 |
| | Other | 610 | 1,274 | 1,884 |
| Total <i>Psychogeriatric</i> care separations | | 2,445 | 6,336 | 8,781 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.14: Separations for the top 10 principal diagnoses in 3-character ICD-10-AM groupings for *Maintenance* care separations, public and private hospitals, 2010–11

| Principal diagnosis | | Public hospitals | Private hospitals | Total |
|--------------------------------------------------|--------------------------------------------------------------|------------------|-------------------|---------------|
| Z75 | Problems related to medical facilities and other health care | 16,232 | 992 | 17,224 |
| Z54 | Convalescence | 919 | 539 | 1,458 |
| Z74 | Problems related to care-provider dependency | 1,342 | 3 | 1,345 |
| F33 | Recurrent depressive disorder | 5 | 842 | 847 |
| F20 | Schizophrenia | 166 | 0 | 166 |
| J44 | Other chronic obstructive pulmonary disease | 77 | 4 | 81 |
| F03 | Unspecified dementia | 70 | 3 | 73 |
| Z48 | Other surgical follow-up care | 67 | 6 | 73 |
| Z59 | Problems related to housing and economic circumstances | 69 | 0 | 69 |
| Z76 | Persons encountering health services in other circumstances | 31 | 26 | 57 |
| | Other | 1,911 | 250 | 2,161 |
| Total <i>Maintenance</i> care separations | | 20,889 | 2,665 | 23,554 |

Note: 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 10 most common first additional diagnoses reported for *Rehabilitation* care separations included 7 musculoskeletal conditions and injuries (Table 11.15). Over half of rehabilitation separations in private hospitals and about one-quarter of rehabilitation separations in public hospitals reported these 10 first additional diagnoses.

Table 11.15: Separations for the top 10 first additional diagnoses in 3-character ICD-10-AM groupings for *Rehabilitation* care separations, public and private hospitals, 2010–11

| First additional diagnosis | | Public hospitals | Private hospitals | Total |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------|-------------------|----------------|
| M17 | Gonarthrosis [arthrosis of knee] | 3,915 | 44,461 | 48,376 |
| M16 | Coxarthrosis [arthrosis of hip] | 2,078 | 18,362 | 20,440 |
| S72 | Fracture of femur | 8,037 | 8,168 | 16,205 |
| I63 | Cerebral infarction | 5,806 | 4,218 | 10,024 |
| M54 | Dorsalgia | 1,111 | 7,531 | 8,642 |
| M25 | Other joint disorders, not elsewhere classified | 1,554 | 4,900 | 6,454 |
| Z96 | Presence of other functional implants | 393 | 6,054 | 6,447 |
| S32 | Fracture of lumbar spine and pelvis | 2,256 | 4,048 | 6,304 |
| M48 | Other spondylopathies | 678 | 5,234 | 5,912 |
| T84 | Complications of internal orthopaedic prosthetic devices, implants and grafts | 897 | 3,979 | 4,876 |
| | Other | 59,701 | 93,853 | 153,554 |
| Total <i>Rehabilitation</i> separations | | 86,426 | 200,808 | 287,234 |

Note: 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). Emergency/elective status is not assigned for some admissions (for example, obstetric care and planned care, such as dialysis).

In 2010–11, almost 66% of sub- and 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 almost 90% of sub- and non-acute separations in private hospitals and 35% in public hospitals. Just over 30% of sub- and non-acute separations had a *Not assigned* urgency of admission (Table 11.16).

Table 11.16: Sub- and non-acute separations, by urgency of admission and care type, public and private hospitals, 2010–11

| | Rehabilitation | Palliative | Geriatric evaluation and management | Psycho- geriatric | Maintenance | Total |
|----------------------------|----------------|---------------|----------------------------------------------|----------------------|---------------|----------------|
| Public hospitals | | | | | | |
| Emergency | 4,089 | 5,986 | 1,504 | 687 | 947 | 13,213 |
| Elective | 35,284 | 9,490 | 9,634 | 515 | 1,830 | 56,753 |
| Not assigned | 47,045 | 12,766 | 15,346 | 1,243 | 18,102 | 94,502 |
| <i>Total^(a)</i> | 86,426 | 28,255 | 26,484 | 2,445 | 20,889 | 164,499 |
| Private hospitals | | | | | | |
| Emergency | 589 | 749 | 3 | 724 | 34 | 2,099 |
| Elective | 181,451 | 3,962 | 48 | 5,592 | 1,943 | 192,996 |
| Not assigned | 18,399 | 795 | 26 | 20 | 688 | 19,928 |
| <i>Total^(a)</i> | 200,808 | 5,507 | 77 | 6,336 | 2,665 | 215,393 |
| Total^(a) | 287,234 | 33,762 | 26,561 | 8,781 | 23,554 | 379,892 |

(a) The totals include separations for which the urgency of admission was *Not reported*.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

What care was provided?

The care that a patient received can be described in a variety of ways. This section presents information on sub- and non-acute separations describing care by the type of surgical or other procedure undertaken.

The type of care is also described by the care type that is used throughout this chapter to categorise the sub- and non-acute separations.

Palliative care

Although over 33,000 separations were recorded with a care type of *Palliative care*, there were over 54,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 11.17). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 *Palliative care* as an additional diagnosis, or by the assignment of the *Palliative care* type. The exact nature of the care provided for the separations that were not assigned the palliative care type, but were assigned an additional diagnosis code of Z51.5, is unknown.

Table 11.17: Palliative care separations as identified by care type and/or additional diagnosis of Z51.5, all hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------|--------|--------|-------|-------|-------|-------|-----|-----|--------|
| Care type | 11,394 | 7,276 | 8,314 | 3,551 | 1,942 | 331 | 633 | 321 | 33,762 |
| Diagnosis | 15,921 | 17,709 | 8,314 | 3,551 | 3,882 | 1,860 | 752 | 735 | 52,724 |
| Care type and/or diagnosis | 16,929 | 17,780 | 8,314 | 3,551 | 4,444 | 1,897 | 780 | 771 | 54,466 |

Note: 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 2008).

Procedures encompass surgical procedures and non-surgical investigative and therapeutic procedures such as X-rays and chemotherapy. Client support interventions that are neither investigative nor therapeutic (such as anaesthesia) are also included.

In public hospitals, about 18% of sub- and non-acute separations did not report a procedure, while in private hospitals about 5% did not report a procedure.

Over 99% of sub- and non-acute separations (for which at least one procedure was reported), reported a procedure classified to the ACHI procedure chapter *Non-invasive, cognitive and other interventions, not elsewhere classified* (Table 11.18). This chapter includes anaesthesia, allied health interventions (which includes physiotherapy and other rehabilitation-related procedures), dialysis and chemotherapy.

The 10 most frequently reported procedures for each of the sub- and non-acute care types are presented in tables 11.19 to 11.23.

In 2010–11, allied health interventions (which lie within the chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for *Rehabilitation* care separations (Table 11.19). Allied health interventions reported included physiotherapy, occupational therapy, social work and other rehabilitation procedures or interventions. Some procedures were predominantly performed in private hospitals, such as hydrotherapy and exercise therapy.

For *Palliative* care, 8 of the top 10 reported procedures were allied health interventions and included social work, physiotherapy and pastoral care (Table 11.20). About 17% of *Palliative* care separations had no procedures reported.

For *Geriatric evaluation and management*, the top 10 reported procedures were all allied health interventions and included physiotherapy, occupational therapy and social work (Table 11.21).

Table 11.18: Sub- and non-acute separations^(a), by procedure in ACHI chapters, public and private hospitals, 2010–11

| Procedure chapter | | Public hospitals | Private hospitals | Total |
|---------------------------------------------|---------------------------------------------------------|------------------|-------------------|----------------|
| 1–86 | Procedures on nervous system | 296 | 225 | 521 |
| 110–129 | Procedures on endocrine system | 19 | 3 | 22 |
| 160–256 | Procedures on eye and adnexa | 56 | 14 | 70 |
| 300–333 | Procedures on ear and mastoid process | 102 | 15 | 117 |
| 370–422 | Procedures on nose, mouth and pharynx | 68 | 9 | 77 |
| 450–490 | Dental services | 153 | 3 | 156 |
| 520–570 | Procedures on respiratory system | 752 | 143 | 895 |
| 600–777 | Procedures on cardiovascular system | 197 | 113 | 310 |
| 800–817 | Procedures on blood and blood-forming organs | 68 | 14 | 82 |
| 850–1011 | Procedures on digestive system | 1,149 | 347 | 1,496 |
| 1040–1129 | Procedures on urinary system | 1,574 | 263 | 1,837 |
| 1160–1203 | Procedures on male genital organs | 27 | 13 | 40 |
| 1240–1299 | Gynaecological procedures | 22 | 10 | 32 |
| 1330–1347 | Obstetric procedures | 14 | 1 | 15 |
| 1360–1579 | Procedures on musculoskeletal system | 846 | 337 | 1,183 |
| 1600–1718 | Dermatological and plastic procedures | 1,573 | 287 | 1,860 |
| 1740–1759 | Procedures on breast | 16 | 3 | 19 |
| 1786–1799 | Radiation oncology procedures | 547 | 29 | 576 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 135,145 | 204,452 | 339,597 |
| 1940–2016 | Imaging services ^(b) | 612 | 257 | 869 |
| | <i>Procedures reported</i> | 143,236 | 206,538 | 349,774 |
| | No procedure or not reported | 28,807 | 10,831 | 39,638 |
| Total sub- and non-acute separations | | 164,499 | 215,393 | 379,892 |

(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 may not equal the sum of counts in the rows.

(b) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures in the *Imaging services* chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This resulted in a marked decrease in the reporting of *Imaging services*. See Appendix 2 for more information.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.e.c.—not elsewhere classified.

For *Psychogeriatric* care, about 30% of separations had no procedures reported. The top 10 reported procedures included social work, occupational therapy, general anaesthesia and electroconvulsive therapy (Table 11.22).

For *Maintenance* care, about 20% of separations had no procedures reported. The top 10 reported procedures included physiotherapy, social work, occupational therapy and ageing assessment (Table 11.23).

Table 11.19: Separations for the top 10 ACHI procedures^(a) for Rehabilitation care, public and private hospitals, 2010–11

| Procedure code and description | | Public hospitals | Private hospitals | Total |
|--------------------------------|--------------------------------------------------------------------------|------------------|-------------------|----------------|
| 95550-03 | Allied health intervention, physiotherapy | 69,075 | 179,766 | 248,841 |
| 95550-02 | Allied health intervention, occupational therapy | 53,811 | 78,870 | 132,681 |
| 96153-00 | Hydrotherapy | 795 | 69,439 | 70,234 |
| 95550-01 | Allied health intervention, social work | 36,141 | 15,697 | 51,838 |
| 95550-00 | Allied health intervention, dietetics | 23,483 | 10,804 | 34,287 |
| 95550-05 | Allied health intervention, speech pathology | 16,941 | 10,281 | 27,222 |
| 96129-00 | Exercise therapy, total body | 11 | 23,981 | 23,992 |
| 95550-11 | Allied health intervention, other | 2,874 | 19,575 | 22,449 |
| 95550-09 | Allied health intervention, pharmacy | 0 | 5,048 | 11,276 |
| 96130-00 | Skills training in activities related to body position/mobility/movement | 279 | 8,614 | 8,893 |
| | No procedure or not reported | 10,641 | 4,022 | 14,663 |
| Total procedures | | 238,179 | 452,599 | 690,778 |

(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 may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.20: Separations for the top 10 ACHI procedures^(a) for Palliative care, public and private hospitals, 2010–11

| Procedure code and description | | Public hospitals | Private hospitals | Total |
|--------------------------------|--------------------------------------------------|------------------|-------------------|---------------|
| 95550-01 | Allied health intervention, social work | 10,799 | 1,017 | 11,816 |
| 95550-03 | Allied health intervention, physiotherapy | 10,096 | 1,270 | 11,366 |
| 95550-02 | Allied health intervention, occupational therapy | 6,344 | 333 | 6,677 |
| 95550-12 | Allied health intervention, pastoral care | 5,531 | 1,113 | 6,644 |
| 95550-00 | Allied health intervention, dietetics | 5,132 | 556 | 5,688 |
| 95550-05 | Allied health intervention, speech pathology | 3,588 | 204 | 3,792 |
| 13706-02 | Administration of packed cells | 1,274 | 310 | 1,584 |
| 95550-11 | Allied health intervention, other | 1,356 | 62 | 1,418 |
| 95550-09 | Allied health intervention, pharmacy | 991 | 82 | 1,073 |
| 96104-00 | Music therapy | 530 | 241 | 771 |
| | No procedure or not reported | 8,094 | 2,249 | 10,343 |
| Total procedures | | 52,116 | 7,188 | 59,304 |

(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 may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.21: Separations for the top 10 ACHI procedures^(a) for *Geriatric evaluation and management*, public and private hospitals, 2010–11

| Procedure code and description | | Public hospitals | Private hospitals | Total |
|--------------------------------|--------------------------------------------------|------------------|-------------------|---------------|
| 95550-03 | Allied health intervention, physiotherapy | 21,433 | 43 | 21,476 |
| 95550-02 | Allied health intervention, occupational therapy | 18,320 | 40 | 18,360 |
| 95550-01 | Allied health intervention, social work | 16,610 | 3 | 16,613 |
| 95550-00 | Allied health intervention, dietetics | 11,516 | 8 | 11,524 |
| 95550-05 | Allied health intervention, speech pathology | 6,091 | 5 | 6,096 |
| 95550-09 | Allied health intervention, pharmacy | 4,320 | 1 | 4,321 |
| 95550-04 | Allied health intervention, podiatry | 2,804 | 0 | 2,804 |
| 95550-12 | Allied health intervention, pastoral care | 1,116 | 0 | 1,116 |
| 95550-10 | Allied health intervention, psychology | 948 | 3 | 951 |
| 95550-14 | Allied health intervention, diabetes education | 789 | 1 | 790 |
| | No procedure or not reported | 2,815 | 5 | 2,820 |
| Total procedures | | 89,587 | 188 | 89,775 |

(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 may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.22: Separations for the top 10 ACHI procedures for *Psychogeriatric care*, public and private hospitals, 2010–11

| Procedure code and description | | Public hospitals | Private hospitals | Total |
|--------------------------------|--------------------------------------------------|------------------|-------------------|---------------|
| 92514-99 | General anaesthesia, ASA 99 | 617 | 1,261 | 1,878 |
| 95550-01 | Allied health intervention, social work | 1,209 | 521 | 1,730 |
| 95550-02 | Allied health intervention, occupational therapy | 923 | 721 | 1,644 |
| 95550-03 | Allied health intervention, physiotherapy | 907 | 710 | 1,617 |
| 95550-09 | Allied health intervention, pharmacy | 498 | 153 | 651 |
| 95550-00 | Allied health intervention, dietetics | 513 | 137 | 650 |
| 93341-01 | Electroconvulsive therapy [ECT], 1 treatment | 127 | 387 | 514 |
| 92514-39 | General anaesthesia, ASA 39 | 145 | 360 | 505 |
| 95550-05 | Allied health intervention, speech pathology | 362 | 123 | 485 |
| 95550-10 | Allied health intervention, psychology | 293 | 173 | 466 |
| | No procedure or not reported | 417 | 3,818 | 4,235 |
| Total procedures | | 6,648 | 7,262 | 13,910 |

(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 may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table 11.23: Separations for the top 10 ACHI procedures^(a) for *Maintenance* care, public and private hospitals, 2010–11

| Procedure code and description | | Public hospitals | Private hospitals | Total |
|--------------------------------|--------------------------------------------------|------------------|-------------------|---------------|
| 95550-03 | Allied health intervention, physiotherapy | 8,652 | 718 | 9,370 |
| 95550-01 | Allied health intervention, social work | 8,480 | 443 | 8,923 |
| 95550-02 | Allied health intervention, occupational therapy | 4,533 | 106 | 4,639 |
| 95550-00 | Allied health intervention, dietetics | 4,086 | 129 | 4,215 |
| 95550-05 | Allied health intervention, speech pathology | 2,610 | 89 | 2,699 |
| 95550-09 | Allied health intervention, pharmacy | 938 | 39 | 977 |
| 96001-00 | Psychological skills training | 1 | 828 | 829 |
| 95550-11 | Allied health intervention, other | 705 | 19 | 724 |
| 95550-04 | Allied health intervention, podiatry | 453 | 79 | 532 |
| 96023-00 | Ageing assessment | 500 | 4 | 504 |
| | Separations with no procedure reported | 6,844 | 737 | 7,581 |
| Total procedures | | 34,202 | 2,976 | 37,178 |

(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 may not equal the sum of counts in the rows.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

How long did patients stay?

Sub- and non-acute separations may involve same-day or overnight episodes. Overall, the average length of stay for sub- and non-acute care was much higher than the average length of stay for acute care, and was higher in public hospitals than in private hospitals (Table 11.24). For example, the average length of stay for *Rehabilitation* care was 17.4 days in public hospitals, compared to 4.8 days in private hospitals.

Table 11.24: Patient days and average length of stay for sub- and non-acute separations, by care type, public and private hospitals, 2010–11

| 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 care | 1,501,869 | 17.4 | 964,215 | 4.8 | 2,466,084 | 8.6 |
| Palliative care | 319,659 | 11.3 | 67,142 | 12.2 | 386,801 | 11.5 |
| Geriatric evaluation and management | 507,556 | 19.2 | 575 | 7.5 | 508,131 | 19.1 |
| Psychogeriatric care | 120,869 | 49.4 | 43,758 | 6.9 | 164,627 | 18.7 |
| Maintenance care | 711,297 | 34.1 | 46,101 | 17.3 | 757,398 | 32.2 |
| Total | 3,161,250 | 19.2 | 1,121,791 | 5.2 | 4,283,041 | 11.3 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Who paid for the care?

Just over 76% of sub- and non-acute separations from public hospitals were for *Public patients*, with almost 79% of sub- and non-acute separations from private hospitals funded by *Private health insurance* (Table 11.25). The *Department of Veterans' Affairs* funded over 6% of sub- and non-acute separations in public hospitals and just under 12% in private hospitals.

For private hospitals, about 38% of *Palliative* care and 15% of *Maintenance* care were *Public patients*.

Table 11.25: Sub- and non-acute separations, by principal source of funds and type of sub- and non-acute care, public and private hospitals, 2010–11

| Funding source | Rehabilitation | Palliative | Geriatric evaluation and management | Psycho-geriatric | Maintenance | Total |
|------------------------------------------|----------------|---------------|-------------------------------------|------------------|---------------|----------------|
| Public hospitals | | | | | | |
| Public patients ^(a) | 66,005 | 21,458 | 19,664 | 2,147 | 16,350 | 125,624 |
| Private health insurance | 13,658 | 4,700 | 4,136 | 128 | 2,403 | 25,025 |
| Self-funded | 484 | 376 | 153 | 32 | 122 | 1,167 |
| Workers compensation | 520 | 39 | 12 | 0 | 22 | 593 |
| Motor vehicle third party personal claim | 1,375 | 4 | 80 | 1 | 65 | 1,525 |
| Department of Veterans' Affairs | 4,060 | 1,641 | 2,280 | 134 | 1,881 | 9,996 |
| Other ^(b) | 324 | 37 | 159 | 3 | 46 | 569 |
| <i>Total</i> | <i>86,426</i> | <i>28,255</i> | <i>26,484</i> | <i>2,445</i> | <i>20,889</i> | <i>164,499</i> |
| Private hospitals | | | | | | |
| Public patients ^(a) | 1,348 | 2,116 | 0 | 61 | 394 | 3,919 |
| Private health insurance | 160,837 | 2,556 | 68 | 4,993 | 1,406 | 169,860 |
| Self-funded | 6,112 | 29 | 2 | 30 | 13 | 6,186 |
| Workers compensation | 6,579 | 3 | 1 | 25 | 28 | 6,636 |
| Motor vehicle third party personal claim | 1,208 | 78 | 0 | 10 | 0 | 1,296 |
| Department of Veterans' Affairs | 22,979 | 504 | 4 | 1,208 | 806 | 25,501 |
| Other ^(b) | 1,745 | 221 | 2 | 9 | 18 | 1,995 |
| <i>Total</i> | <i>200,808</i> | <i>5,507</i> | <i>77</i> | <i>6,336</i> | <i>2,665</i> | <i>215,393</i> |
| Total | 287,234 | 33,762 | 26,561 | 8,781 | 23,554 | 379,892 |

(a) *Public patients* includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of *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 Benefits Schedule.

(b) *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.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

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 2010–11, the most common mode of separation for sub- and non-acute separations was *Other* (78%), which includes discharge to usual residence/own accommodation/welfare institution (Table 11.26). Almost 5% of separations ended with *Discharged or transferred to a residential aged care service* and a further 5% were transferred to another hospital.

Table 11.26: Sub- and non-acute separations, by mode of separation, public and private hospitals, 2010–11

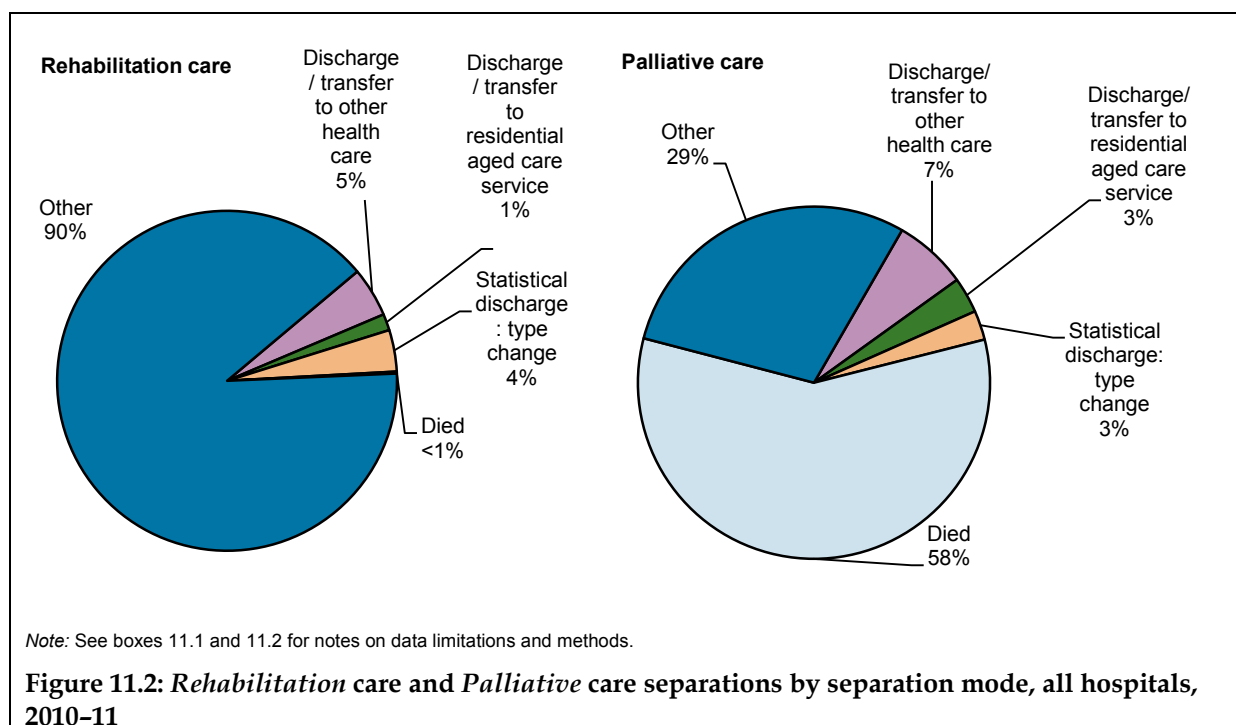
| Separation mode | Public hospitals | Private hospitals | Total |
|--------------------------------------------------------------------|------------------|-------------------|----------------|
| Discharge/transfer to an(other) acute hospital | 15,591 | 3,310 | 18,901 |
| Discharge/transfer to residential aged care service ^(a) | 16,260 | 1,763 | 18,023 |
| Discharge/transfer to an(other) psychiatric hospital | 178 | 5 | 183 |
| Discharge/transfer to other health-care accommodation | 3,485 | 1,448 | 4,933 |
| Statistical discharge: type change | 16,662 | 2,290 | 18,952 |
| Left against medical advice/discharge at own risk | 1,114 | 178 | 1,292 |
| Statistical discharge from leave | 1,113 | 20 | 1,133 |
| Died | 18,400 | 3,527 | 21,927 |
| Other ^(b) | 91,692 | 202,852 | 294,544 |
| Not reported | 4 | 0 | 4 |
| Total | 164,499 | 215,393 | 379,892 |

(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)*.

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

There was some variation in the mode of separation by type of sub- and non-acute care. For example, for *Rehabilitation care*, 90% of separations reported a mode of separation of *Other*, compared with 29% of separations for *Palliative care*. About 58% 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: Notes – 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. For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation. 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.
- (b) The coding standard for *Procedures not normally coded* was revised on 1 July 2010 to exclude coding most procedures in the *Imaging services* chapter, if they were considered 'standard treatment' for the particular diagnosis or procedure performed. This resulted in a marked decrease in the reporting of *Imaging services*. See Appendix 2 for more information.

Table S11.1: Sub- and non-acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2010-11

| Principal diagnosis chapter | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|----------------|
| A00-B99 | Certain infectious and parasitic diseases | 356 | 347 | 158 | 47 | 49 | 4 | 52 | 7 | 1,020 |
| C00-D48 | Neoplasms | 7,945 | 4,948 | 4,470 | 692 | 1,117 | 173 | 456 | 189 | 19,990 |
| D50-D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 135 | 131 | 113 | 20 | 75 | 6 | 4 | 7 | 491 |
| E00-E90 | Endocrine, nutritional and metabolic diseases | 276 | 330 | 134 | 39 | 56 | 3 | 54 | 7 | 899 |
| F00-F99 | Mental and behavioural disorders | 1,873 | 978 | 881 | 598 | 382 | 15 | 60 | 5 | 4,792 |
| G00-G99 | Diseases of the nervous system | 676 | 1,088 | 458 | 219 | 192 | 16 | 66 | 18 | 2,733 |
| H00-H59 | Diseases of the eye and adnexa | 12 | 8 | 2 | 0 | 2 | 0 | 0 | 0 | 24 |
| H60-H95 | Diseases of the ear and mastoid process | 11 | 24 | 2 | 6 | 10 | 2 | 0 | 0 | 55 |
| I00-I99 | Diseases of the circulatory system | 1,573 | 2,323 | 958 | 338 | 196 | 29 | 190 | 20 | 5,627 |
| J00-J99 | Diseases of the respiratory system | 1,235 | 1,672 | 670 | 189 | 214 | 13 | 135 | 26 | 4,154 |
| K00-K93 | Diseases of the digestive system | 531 | 710 | 362 | 105 | 99 | 8 | 86 | 26 | 1,927 |
| L00-L99 | Diseases of the skin and subcutaneous tissue | 199 | 268 | 92 | 19 | 43 | 3 | 28 | 2 | 654 |
| M00-M99 | Diseases of the musculoskeletal system and connective tissue | 475 | 932 | 155 | 73 | 274 | 7 | 57 | 10 | 1,983 |
| N00-N99 | Diseases of the genitourinary system | 575 | 777 | 246 | 77 | 109 | 6 | 65 | 10 | 1,865 |
| O00-O99 | Pregnancy, childbirth and the puerperium | 30 | 1 | 0 | 1 | 0 | 0 | 20 | 0 | 52 |
| P00-P96 | Certain conditions originating in the perinatal period | 0 | 0 | 1 | 5 | 0 | 0 | 1 | 0 | 7 |
| Q00-Q99 | Congenital malformations, deformations and chromosomal abnormalities | 2 | 9 | 13 | 3 | 0 | 0 | 8 | 0 | 35 |
| R00-R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 655 | 1,232 | 349 | 102 | 373 | 10 | 81 | 14 | 2,816 |
| S00-T98 | Injury, poisoning and certain other consequences of external causes | 1,683 | 2,905 | 518 | 230 | 201 | 20 | 204 | 15 | 5,776 |
| Z00-Z99 | Factors influencing health status and contact with health services | 37,781 | 18,663 | 25,033 | 10,885 | 10,742 | 1,594 | 4,078 | 740 | 109,516 |
| | Not reported | 79 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 83 |
| Total sub- and non-acute separations | | 56,102 | 37,349 | 34,615 | 13,648 | 14,134 | 1,910 | 5,645 | 1,096 | 164,499 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Table S11.2: Sub- and non-acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2010–11

| Principal diagnosis chapter | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------|---------------|---------------|--------------|---------------|-------------|-------------|-------------|----------------|
| A00–B99 | Certain infectious and parasitic diseases | 5 | 7 | 20 | 37 | 4 | n.p. | n.p. | n.p. | 75 |
| C00–D48 | Neoplasms | 340 | 495 | 1,373 | 1,793 | 210 | n.p. | n.p. | n.p. | 4,284 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 12 | 0 | 11 | 13 | 6 | n.p. | n.p. | n.p. | 45 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 6 | 1 | 17 | 49 | 3 | n.p. | n.p. | n.p. | 76 |
| F00–F99 | Mental and behavioural disorders | 0 | 4,486 | 881 | 54 | 6 | n.p. | n.p. | n.p. | 5,432 |
| G00–G99 | Diseases of the nervous system | 13 | 775 | 32 | 89 | 15 | n.p. | n.p. | n.p. | 944 |
| H00–H59 | Diseases of the eye and adnexa | 0 | 0 | 0 | 0 | 2 | n.p. | n.p. | n.p. | 6 |
| 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 | 29 | 38 | 91 | 442 | 16 | n.p. | n.p. | n.p. | 626 |
| J00–J99 | Diseases of the respiratory system | 21 | 21 | 69 | 380 | 11 | n.p. | n.p. | n.p. | 519 |
| K00–K93 | Diseases of the digestive system | 22 | 18 | 58 | 62 | 9 | n.p. | n.p. | n.p. | 173 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 2 | 2 | 5 | 23 | 0 | n.p. | n.p. | n.p. | 33 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 13 | 9 | 32 | 126 | 14 | n.p. | n.p. | n.p. | 197 |
| N00–N99 | Diseases of the genitourinary system | 12 | 12 | 50 | 48 | 9 | n.p. | n.p. | n.p. | 134 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 0 | 0 | 0 | 0 | 1 | n.p. | n.p. | n.p. | 1 |
| P00–P96 | Certain conditions originating in the perinatal period | 0 | 0 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 0 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 0 | 0 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 0 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified | 1 | 0 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 1 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 53 | 106 | 24 | 46 | 14 | n.p. | n.p. | n.p. | 246 |
| Z00–Z99 | Factors influencing health status and contact with health services | 122,516 | 17,378 | 32,327 | 2,516 | 22,189 | n.p. | n.p. | n.p. | 202,501 |
| | Not reported | 0 | 99 | 0 | 0 | 0 | n.p. | n.p. | n.p. | 99 |
| Total sub- and non-acute separations | | 123,045 | 23,447 | 34,990 | 5,678 | 22,510 | n.p. | n.p. | n.p. | 215,393 |

Note: See boxes 11.1 and 11.2 for notes on data limitations and methods.

Abbreviation: n.p.—not published.

Table S11.3: Sub- and non-acute separations, by procedure in ACHI chapters^(a), public hospitals, states and territories, 2010–11

| Procedure chapter | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------|---------------------------------------------------------|---------------|---------------|---------------|---------------|---------------|--------------|--------------|--------------|----------------|
| 1–86 | Procedures on nervous system | 103 | 42 | 33 | 38 | 47 | 3 | 27 | 3 | 296 |
| 110–129 | Procedures on endocrine system | 6 | 3 | 2 | 6 | 2 | 0 | 0 | 0 | 19 |
| 160–256 | Procedures on eye and adnexa | 35 | 6 | 3 | 5 | 2 | 1 | 1 | 3 | 56 |
| 300–333 | Procedures on ear and mastoid process | 18 | 25 | 31 | 13 | 10 | 2 | 2 | 1 | 102 |
| 370–422 | Procedures on nose, mouth and pharynx | 21 | 11 | 15 | 11 | 7 | 0 | 3 | 0 | 68 |
| 450–490 | Dental services | 40 | 9 | 82 | 8 | 12 | 1 | 0 | 1 | 153 |
| 520–570 | Procedures on respiratory system | 223 | 132 | 173 | 103 | 49 | 8 | 56 | 8 | 752 |
| 600–777 | Procedures on cardiovascular system | 94 | 20 | 27 | 29 | 14 | 3 | 6 | 4 | 197 |
| 800–817 | Procedures on blood and blood-forming organs | 24 | 8 | 9 | 7 | 5 | 2 | 12 | 1 | 68 |
| 850–1011 | Procedures on digestive system | 365 | 201 | 226 | 108 | 161 | 16 | 50 | 22 | 1,149 |
| 1040–1129 | Procedures on urinary system | 651 | 286 | 223 | 196 | 101 | 26 | 47 | 44 | 1,574 |
| 1160–1203 | Procedures on male genital organs | 17 | 2 | 3 | 2 | 2 | 0 | 0 | 1 | 27 |
| 1240–1299 | Gynaecological procedures | 8 | 4 | 4 | 3 | 0 | 1 | 2 | 0 | 22 |
| 1330–1347 | Obstetric procedures | 12 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 14 |
| 1360–1579 | Procedures on musculoskeletal system | 251 | 233 | 93 | 150 | 58 | 28 | 19 | 14 | 846 |
| 1600–1718 | Dermatological and plastic procedures | 282 | 800 | 256 | 97 | 81 | 16 | 29 | 12 | 1,573 |
| 1740–1759 | Procedures on breast | 5 | 6 | 2 | 1 | 2 | 0 | 0 | 0 | 16 |
| 1786–1799 | Radiation oncology procedures | 237 | 116 | 88 | 13 | 9 | 3 | 63 | 18 | 547 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 49,336 | 31,346 | 23,546 | 12,016 | 11,745 | 1,551 | 4,860 | 745 | 135,145 |
| 1940–2016 | Imaging services ^(b) | 443 | 41 | 51 | 35 | 10 | 2 | 28 | 2 | 612 |
| | Separations with procedures | 49,593 | 31,403 | 23,670 | 12,046 | 11,778 | 1,553 | 4,883 | 766 | 135,692 |
| | No procedure or not reported | 6,509 | 5,946 | 10,945 | 1,602 | 2,356 | 357 | 762 | 330 | 28,807 |
| Total sub- and non-acute separations | | 56,102 | 37,349 | 34,615 | 13,648 | 14,134 | 1,910 | 5,645 | 1,096 | 164,499 |

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

Abbreviation: n.e.c.—not elsewhere classified.

Table S11.4: Sub- and non-acute separations, by procedure in ACHI chapters^(a), private hospitals, states and territories, 2010–11

| Procedure chapter | | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------------------|---------------------------------------------------------|----------------|---------------|---------------|--------------|---------------|-------------|-------------|-------------|----------------|
| 1–86 | Procedures on nervous system | 78 | 22 | 57 | 53 | 14 | n.p. | n.p. | n.p. | 225 |
| 110–129 | Procedures on endocrine system | 0 | 1 | 0 | 2 | 0 | n.p. | n.p. | n.p. | 3 |
| 160–256 | Procedures on eye and adnexa | 6 | 0 | 1 | 0 | 3 | n.p. | n.p. | n.p. | 14 |
| 300–333 | Procedures on ear and mastoid process | 7 | 0 | 6 | 1 | 1 | n.p. | n.p. | n.p. | 15 |
| 370–422 | Procedures on nose, mouth and pharynx | 0 | 0 | 2 | 7 | 0 | n.p. | n.p. | n.p. | 9 |
| 450–490 | Dental services | 1 | 1 | 0 | 0 | 1 | n.p. | n.p. | n.p. | 3 |
| 520–570 | Procedures on respiratory system | 23 | 22 | 38 | 50 | 5 | n.p. | n.p. | n.p. | 143 |
| 600–777 | Procedures on cardiovascular system | 17 | 6 | 20 | 51 | 12 | n.p. | n.p. | n.p. | 113 |
| 800–817 | Procedures on blood and blood-forming organs | 0 | 1 | 7 | 5 | 1 | n.p. | n.p. | n.p. | 14 |
| 850–1011 | Procedures on digestive system | 52 | 38 | 84 | 128 | 24 | n.p. | n.p. | n.p. | 347 |
| 1040–1129 | Procedures on urinary system | 72 | 29 | 80 | 46 | 20 | n.p. | n.p. | n.p. | 263 |
| 1160–1203 | Procedures on male genital organs | 1 | 0 | 3 | 8 | 1 | n.p. | n.p. | n.p. | 13 |
| 1240–1299 | Gynaecological procedures | 0 | 0 | 3 | 5 | 2 | n.p. | n.p. | n.p. | 10 |
| 1330–1347 | Obstetric procedures | 0 | 0 | 0 | 0 | 1 | n.p. | n.p. | n.p. | 1 |
| 1360–1579 | Procedures on musculoskeletal system | 98 | 35 | 71 | 106 | 17 | n.p. | n.p. | n.p. | 337 |
| 1600–1718 | Dermatological and plastic procedures | 114 | 17 | 35 | 91 | 16 | n.p. | n.p. | n.p. | 287 |
| 1740–1759 | Procedures on breast | 0 | 0 | 1 | 1 | 1 | n.p. | n.p. | n.p. | 3 |
| 1786–1799 | Radiation oncology procedures | 10 | 4 | 15 | 0 | 0 | n.p. | n.p. | n.p. | 29 |
| 1820–1922 | Non-invasive, cognitive and other interventions, n.e.c. | 120,128 | 19,431 | 32,421 | 4,475 | 22,409 | n.p. | n.p. | n.p. | 204,452 |
| 1940–2016 | Imaging services ^(b) | 60 | 5 | 121 | 33 | 31 | n.p. | n.p. | n.p. | 257 |
| | Total procedures | 120,667 | 19,612 | 32,965 | 5,062 | 22,559 | n.p. | n.p. | n.p. | 206,538 |
| | Separations with no procedure reported | 2,903 | 4,014 | 2,545 | 1,148 | 91 | n.p. | n.p. | n.p. | 10,831 |
| Total sub- and non-acute separations | | 123,045 | 23,447 | 34,990 | 5,678 | 22,510 | n.p. | n.p. | n.p. | 215,393 |

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

Abbreviation: n.e.c.—not elsewhere classified; n.p.—not published.

Appendix 1: Database quality summaries

This appendix includes data quality summaries and additional detailed information relevant to interpretation of the:

- National Hospital Morbidity Database (NHMD)
- National Public Hospital Establishments Database (NPHED)
- National Elective Surgery Waiting Times Data Collection (NESWTDC)
- National Non-admitted Patient Emergency Department Care Database (NNAPEDCD)
- National Outpatient Care Database (NOCD)
- National *Staphylococcus aureus* bacteraemia Data Collection (NSABDC).

This appendix also contains information on variation in the categorisation of public and private hospitals, and other changes in hospital reporting that may affect interpretation of the data presented in this report.

Complete data quality statements for these databases are available online at <www.aihw.gov.au>.

Public and private hospitals

There is some variation between jurisdictions as to whether hospitals that predominantly provide public hospital services, but are privately owned and/or operated, are reported as public or private hospitals. A selection of such hospitals is listed in Table A1.1 with information on how they are reported. The categorisations listed are those used for this report; reports produced by other agencies may categorise these hospitals differently.

For example, Peel and Joondalup hospitals are private hospitals that predominantly treat public patients under contract to the Western Australian Department of Health. From 2006–07, two new reporting units (public hospitals) were created to cover the public health services of these two hospitals, whereas in previous years all activity was reported for the private hospitals. Another example is the Hawkesbury District Health Service, which was categorised as a private hospital until 2002–03 and has been categorised as a public hospital in AIHW reports since 2003–04.

Other changes in hospital ownership or management arrangements can also affect whether hospital activity is reported as public or private. For example, between 2003–04 and 2004–05, two private hospitals in Western Australia were purchased by the Western Australian Department of Health and were amalgamated with two existing public hospitals. Hence, the activity associated with the former private hospitals is now included in the activity reporting of the two public hospitals.

Table A1.1: Selected hospitals included in this report that predominantly provide public hospital services that were privately owned and/or operated, 2010–11

| Hospital | How reported |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Hawkesbury District Health Service, NSW | Public hospital |
| Mildura Base Hospital, Victoria | Public hospital |
| Mater Adult Hospital, Qld | Public hospital |
| Mater Children's Hospital, Qld | Public hospital |
| Mater Mother's Hospital | Public hospital |
| Joondalup Health Campus, WA | Public hospital for services provided under the contract and a private hospital for services provided to private patients |
| Peel Health Campus, WA | Public hospital for services provided under the contract and a private hospital for services provided to private patients |
| Southern Districts War Memorial Private Hospital, SA | Public hospital for services provided under the contract and a private hospital for services provided to private patients |
| May Shaw District Nursing Centre, Tas | Public hospital |
| Toosey Hospital, Tas | Public hospital |
| Mersey Community Hospital | Public hospital |

Mersey Community Hospital

The Mersey Community Hospital in Tasmania was a public hospital from 2004–05 until the end of October 2007. It was taken over by the Australian Government in November 2007, predominantly providing public hospital services between November 2007 and June 2011. Mersey Community Hospital was reported as a private hospital in this report for the period from November 2007 to June 2009, and as a public hospital from July 2009 to June 2011; however, data for elective surgery waiting times, emergency department, outpatient care and other non-admitted patient services are included with data for Tasmanian public hospitals for all periods. This reflects the fact that the Mersey Community Hospital maintained elective surgery waiting lists for its patients and provided emergency department, outpatient care and other non-admitted patient services, as public hospitals do.

Albury Base Hospital

From 2009–10, the data for the Albury Base Hospital (located in New South Wales) has been reported by the Victorian Department of Health as part of the Albury Wodonga Health Service. The Albury Wodonga Health Service was formed by the integration of Wodonga Regional Health Service in Victoria and acute services at the Albury Base Hospital in New South Wales. Data for Albury Base Hospital are therefore now included in statistics for Victoria whereas they were formerly reported by and included in statistics for New South Wales.

National Hospital Morbidity Database

The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals.

The data supplied are based on the National Minimum Data Set (NMDS) for Admitted patient care and include demographic, administrative and length of stay data, as well as data on the diagnoses of the patients, the procedures they underwent in hospital and external causes of injury and poisoning.

The purpose of the NMDS for Admitted patient care is to collect information about care provided to admitted patients in Australian hospitals. The scope of the NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free-standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories are not in scope but some are included.

The reference period for this data set is 2010–11. The data set includes records for admitted patient separations between 1 July 2010 and 30 June 2011.

Summary of key issues

- The NHMD is a comprehensive dataset that has records for all separations of admitted patients from essentially all public and private hospitals in Australia.
- A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the NHMD.
- For 2010–11, almost all public hospitals provided data for the NHMD. The exception was a mothercraft hospital in the ACT. The great majority of private hospitals also provided data, the exceptions being the private day hospital facilities in the ACT, the single private free-standing day hospital facility in the NT, and a small private hospital in Victoria.
- Hospitals may be re-categorised as public or private between or within years (see above).
- There is apparent variation between states and territories in the use of statistical discharges and associated assignment of care types.
- There was variation between states and territories in the reporting of separations for *Newborns* (without qualified days):
 - For 2010–11, private hospitals in Victoria did not report most *Newborn* episodes without qualified days, therefore the count of newborn episodes will be underestimated.
 - South Australian private hospitals are not required to provide records for *Newborn* episodes without qualified days.
 - For Tasmania, where a newborn's qualification status was considered qualified at any point during the episode of care, the entire episode was reported as qualified days. As a consequence, the average length of stay for *Newborn* episodes with qualified days only in Tasmanian public hospitals is not directly comparable with that in other states.
- Data on state of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly the case for the Australian Capital Territory.

In 2010–11, about 23% of separations for Australian Capital Territory hospitals were for patients who resided in New South Wales.

- Variations in admission practices and policies lead to variation among providers in the number of admissions for some conditions.
- Caution should be used in comparing these data to earlier years as changes in the ICD-10-AM/ACHI classifications and the associated Australian Coding Standards may affect the comparability of the data over time. In particular, there is notable variation over time in the reporting of diagnoses for diabetes complications. Between 2009–10 and 2010–11, there were also notable changes for obstetric conditions and for imaging services.
- The Indigenous status data are of sufficient quality for statistical reporting purposes for the following jurisdictions: New South Wales, Victoria, Queensland, South Australia, Western Australia and the Northern Territory (public hospitals only). National totals include these six jurisdictions only. Indigenous status data reported for Tasmania and the Australian Capital Territory should be interpreted with caution until further assessment of Indigenous identification is completed.

The list of public hospitals that contributed to the NHMD in 2010–11 is in Table A1.2, which accompanies this report online.

Quality of Indigenous status data

Indigenous identification in hospital separations data—quality report

The 2010 AIHW report *Indigenous identification in hospital separations data—quality report*, (AIHW 2010f) presented the latest findings on the quality of Indigenous identification in hospital separations data in Australia, based on studies of Indigenous identification in public hospitals conducted during 2007 and 2008.

The results of the studies indicated that, overall, the quality of Indigenous identification in hospital separations data had improved since last assessed. However, the quality of Indigenous identification still varied substantially between jurisdictions. The results supported expanding national reporting to include data for New South Wales, Victoria, Queensland, South Australia, Western Australia, and the Northern Territory (public hospitals only). Levels of Indigenous identification were estimated to be 80% or higher for those jurisdictions.

An estimated 89% of Indigenous patients were correctly identified in Australian public hospital admission records in 2007–08. In other words, 11% of Indigenous patients were not identified, and the ‘true’ number of hospital admissions for Indigenous persons was about 12% higher than reported.

Quality in 2010–11

Overall, the quality of the Indigenous status data provided for admitted patients in 2010–11 is considered to be in need of some improvement, being considered acceptable for analysis purposes only for New South Wales, Victoria, Queensland, Western Australia, South Australia and public hospitals in the Northern Territory.

The data presented on Indigenous status in chapters 3, 7, 8, 9, 10 and 11 should therefore be used with caution.

The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NHMD.

New South Wales

In 2010, the New South Wales Ministry of Health repeated the survey conducted in 2007, and the result showed an improvement on the 2007 survey of admitted patient data. The 2010 results indicate that Aboriginal identification was 83.5% complete in metropolitan (2007: 80%), 92% in inner regional (2007: 90.4%), 94.2% in outer regional (2007: 95.4%) and 100% complete in rural hospitals (2007: 100%).

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, Indigenous status admitted patient data for 2010–11 should still be considered to under-count the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in elective surgery data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that for 2010-11, Indigenous status was reported as 'not stated' for 4.3% of admitted patient separations (1.4% of public hospital separations and 7.6% of private hospital separations). The level of non-reporting of Indigenous status had decreased for both public and private hospitals compared to the previous financial years.

Queensland Health also noted that the available evidence continued to suggest that the number of Indigenous separations is understated in the Queensland hospital morbidity data due to non-reporting as well as misreporting of Indigenous status.

Queensland Health advised that efforts continue to be made to address these data quality issues and that improving the completeness and coverage of Indigenous status reporting has been a key performance indicator for Queensland Health Service Districts for the past two years. Furthermore, Queensland Health noted that an extra performance indicator was introduced in 2010-11 "Indigenous status marked as Not Stated" as a proxy measure of the completeness of recording Indigenous status.

Western Australia

The quality of Indigenous Status data for the admitted activity collection is considered to be of a high standard but as with any collection, there is still necessity for greater consistency and precision in data capture. Efforts to improve the overall Indigenous status collection have been integrated into routine data processing and have had a good effect on data quality. Specific edit checks are applied to indigenous information requiring health units to validate certain indigenous status and country of birth combinations and update or confirm 'unknown/not stated' responses.

South Australia

South Australia considers the quality of Indigenous status data to be acceptable for reporting and analysis purposes.

The department contracted the Australian Bureau of Statistics to develop a training package for the collection of the Indigenous identifier aimed at frontline staff in hospitals and other health-care units. The package is based on the best practice guidelines developed by the AIHW. Training sessions have been conducted in metropolitan and country locations

throughout the state. More than 430 staff received training. This is expected to lead to improvements in data quality.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, is of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health participated in the national review of the quality of demographic data, coordinated by AIHW, in 2011. Indigenous status was found to be accurately recorded in 98% of admitted patients, consistent with findings from previous surveys in 1997 and 2008. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

National Public Hospital Establishments Database

The National Public Hospital Establishments Database (NPHEd) is based on the National Minimum Data Set (NMDS) for Public hospital establishments. It holds establishment-level data for each public hospital in Australia, including public acute hospitals, psychiatric hospitals, drug and alcohol hospitals and dental hospitals in all states and territories. Hence, public hospitals not administered by the state and territory health authorities (hospitals operated by correctional authorities for example, and hospitals located in offshore territories) are not included. The collection does not include data for private hospitals.

The purpose of the NMDS for Public hospital establishments is to collect information on the characteristics of public hospitals and summary information on non-admitted services provided by them. Information is included on hospital resources (beds, staff and specialised services), recurrent expenditure (including depreciation), non-appropriation revenue and services to non-admitted patients.

The reference period for this data set is 2010–11.

Summary of key issues

- Essentially all public hospitals were included for 2010–11.
- Differences in counting and classification practices across jurisdictions may affect the comparability of these data. There was variation between states and territories in the reporting of expenditure, depreciation, available beds, staffing categories and outpatient occasions of service.
- The number of hospitals reported can be affected by administrative and/or reporting arrangements and is not necessarily a measure of the number of physical hospital buildings or campuses.

- Comparability of bed numbers can be affected by the range and types of patients treated by a hospital (casemix), with, for example, different proportions of beds being available for special and more general purposes.

The list of public hospitals that contributed to the NPHED is available in Table A1.2, which accompanies this report online.

National Outpatient Care Database

The National Outpatient Care Database (NOCD) is based on the National Minimum Data Set for Outpatient care (OPC NMDS). It contains aggregate data on services provided to non-admitted, non-emergency patients registered for care in outpatient clinics of public hospitals including data on the type of outpatient clinic and counts of individual and group occasions of service.

The scope of the NOCD covers public hospitals that are classified as either peer group A or B (*Principal referral and specialist women's and children's hospitals* or *Large hospitals*) in the *Australian hospital statistics* publication from the preceding financial year.

The reference period for this data set is 2010–11. The data set includes records for outpatient care occasions of service provided between 1 July 2010 and 30 June 2011.

Summary of key issues

- While the scope of the NOCD covers public hospitals in public hospital peer groups A (*Principal referral and specialist women's and children's hospitals*) and B (*Large hospitals*), data were also provided by some states and territories for hospitals in peer groups other than A and B:
 - New South Wales provided data for 2 *Medium* hospitals
 - Victoria provided data for 1 *Medium* hospital
 - Western Australia provided data for 5 *Medium* hospitals, 2 *Small remote acute* hospitals, 1 *Small non-acute* hospital and 1 *Rehabilitation* hospital
 - South Australia provided data for 1 *Medium* hospital
 - Tasmania provided data for 1 *Medium* hospital.
- For 2010–11, the proportion of outpatient occasions of service reported to the NOCD was estimated as 96% for public hospitals in peer groups A and B and 78% for all public hospitals.
- The data in the NOCD are not necessarily representative of the hospitals not included in the NOCD. Hospitals not included do not necessarily have outpatient clinics that are equivalent to those in hospitals in peer groups A and B.
- The data collection does not include care provided to non-admitted patients in emergency departments.
- Although the NOCD is a valuable source of information on services provided to non-admitted, non-emergency patients, the data have limitations. For example, there is variation in admission practices between states and territories and there is variation in the types of services provided for non-admitted patients in a hospital setting.

The list of public hospitals that contributed to the NOCD in 2010–11 is in Table A1.2, which accompanies this report online.

National Non-Admitted Patient Emergency Department Care Database

The NNAPEDCD is a compilation of episode-level data for emergency department presentations in public hospitals. The database is based on the National Minimum Data Set (NMDS) for Non-admitted patient emergency department care (NAPEDC).

The scope of this NMDS is non-admitted patients registered for care in emergency departments in selected public hospitals that are classified as either peer group A or B (*Principal referral and specialist women's and children's hospitals* or *Large hospitals*) in the *Australian hospital statistics* publication from the preceding financial year.

Summary of key issues

- Some states and territories also provided data for public hospitals that were classified to peer groups other than A or B. Data were also provided for:
 - 15 *Medium hospitals*, 18 *Small hospitals* and 6 *Unpeered/Other hospitals* in New South Wales
 - 7 *Medium hospitals* in Victoria
 - 4 *Medium hospitals* in Queensland
 - 3 *Medium hospitals* and 2 *Small remote acute hospitals* in Western Australia
 - 1 *Medium hospital* in South Australia
 - 1 *Medium hospital* in Tasmania
 - 3 *Small remote acute hospitals* in the Northern Territory.
- For 2010–11, the proportion of occasions of service in emergency departments reported to the NNAPEDCD was estimated to account for 81% of all emergency occasions of service in public hospitals.
- The data collection does not include care provided to admitted patients in emergency departments.
- Although there are national standards for data on non-admitted patient emergency department services there are some variations in how those services are defined and counted across states and territories and over time. For example, there is variation in the point at which the emergency department presentation is reported as completed for those patients subsequently admitted within the emergency department and/or elsewhere in the hospital.
- The quality of the data reported for Indigenous status has not been formally assessed; therefore, caution should be exercised when interpreting these data.

The list of public hospitals that contributed to the NNAPEDCD in 2010–11 is in Table A1.2, which accompanies this report online.

Variation in reporting

Triage category

The proportion of presentations by triage category varied by state or territory. New South Wales had the highest proportion of presentations that were *Non-urgent* (15.3%) and South Australia had the highest proportions of presentations that were *Resuscitation* or *Emergency*

(1.2% and 12.5%, respectively) (Table A1.3). This may reflect different triage categorisation, differing mixes of patients or both.

Table A1.3: Proportion of *Emergency presentations* by triage category, public hospital emergency departments, states and territories, 2010–11

| Triage category | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Resuscitation | 0.6 | 0.5 | 0.9 | 0.8 | 1.2 | 0.4 | 0.4 | 0.6 | 0.7 |
| Emergency | 8.5 | 9.2 | 10.8 | 11.2 | 12.5 | 7.4 | 9.9 | 6.3 | 9.6 |
| Urgent | 30.4 | 32.2 | 41.1 | 32.0 | 36.8 | 34.8 | 30.7 | 26.5 | 33.5 |
| Semi-urgent | 45.1 | 47.2 | 40.9 | 49.4 | 42.5 | 48.4 | 45.8 | 56.3 | 45.4 |
| Non-urgent | 15.3 | 10.9 | 6.3 | 6.6 | 7.1 | 8.7 | 13.1 | 10.3 | 10.8 |
| Total^(a) | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

(a) Includes emergency presentations for which the triage category was not reported.

Note: Refer to boxes 2.1, 2.2 and 2.3 for more information on terminology, data limitations and methods of analysis. For information on *Emergency presentations* by triage category and peer group for states and territories, see Table S2.1.

Quality of Indigenous status data

Monitoring of aspects of the health of Aboriginal and Torres Strait Islanders is dependent on the quality of Indigenous identification data in national health data sources, including the hospitals data collections. However, there are inaccuracies in the information on Indigenous status in the data collections.

The quality of the Indigenous status data provided for 2010–11 for emergency department presentations varied by jurisdiction. Most states and territories advised that the Indigenous status data collected in an emergency department setting could be less accurate than the data collected for admitted patients. Therefore, the information for Indigenous status presented in Chapter 5 should be used with caution.

The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NNAPEDCD.

New South Wales

Indigenous status is a mandatory data item collected at all facilities that provide data for the New South Wales Health Emergency Department Data Collection. In 2010–11, about 10% of emergency department records were missing Indigenous status data, despite the information being recorded on the patient administration system. New South Wales considers that Indigenous status identification in its emergency department data is acceptable.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, the Indigenous status admitted patient data for 2010–11 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in emergency department data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that, for 2010–11 emergency department data, Indigenous status was not reported in 1.6% of cases. This is a slight increase from the 1.5% reported for

2009–10. Efforts will continue to be made to ensure that reporting of Indigenous status is as complete and accurate as possible.

Western Australia

The Western Australian Department of Health regards its Indigenous status for non-admitted patient emergency department data as being of good quality, with 99.5% of data identified by Indigenous status in 2010–11.

South Australia

South Australia Health considers the quality of Indigenous status data to be better in admitted patient care than in the emergency department data collection. The number of *Not stated* responses fell in 2010–11 compared with the previous year but the numbers are still considered to be too high.

The department contracted the Australian Bureau of Statistics to develop a training package for the collection of the Indigenous identifier aimed at frontline staff in hospitals and other health care units. The package is based on the best practice guidelines developed by the AIHW. Training sessions have been conducted in metropolitan and country locations throughout the state. More than 430 staff received training. This is expected to lead to improvements in data quality.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, are of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health reported that the quality of its 2010–11 Indigenous status data for emergency department patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

National Elective Surgery Waiting Times Data Collection

The NESWTDC is based on the Elective surgery waiting times (removals data) National Minimum Data Set. It contains records for patients added to and/or removed from waiting lists for elective surgery that are managed by public acute hospitals. This may include public patients treated in private hospitals and other patients treated in public hospitals.

For 2010–11, the data collection covered most public hospitals that undertook elective surgery. Hospitals that were not included may not undertake elective surgery, may not have had waiting lists, or may have had different waiting lists compared to other hospitals.

For 2010–11, the proportion of public hospital elective surgery covered by the NESWTDC was estimated to be 93%.

Summary of key issues

- For 2010–11, Victoria’s data does not include the Albury Base Hospital as the data were not available.
- Although there are national standards for data on elective surgery waiting times, methods to calculate waiting times have varied between states and territories and over time. For example, some states and territories vary in how they report on patients transferred from a waiting list managed by one hospital to that managed by another.
- The quality of the data reported for Indigenous status for the NESWTDC has not been formally assessed; therefore, caution should be exercised when interpreting these data.
- There is an apparent lack of comparability of clinical urgency categories among jurisdictions that may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.
- There is apparent variation in recording practices for waiting times for elective surgery for patients awaiting ‘staged’ procedures (such as follow-up care, cystoscopy or the removal of pins or plates), that may result in statistics that are not meaningful or comparable between or within jurisdictions.

The list of public hospitals that contributed to the NESWTDC in 2010–11 is in Table A1.2, which accompanies this report online.

Variation in reporting

Clinical urgency categorisation

Data in this report are not presented by clinical urgency category. The apparent lack of comparability of clinical urgency categories among jurisdictions may result in statistics that are not meaningful or comparable between jurisdictions, and therefore have limited application for national elective surgery waiting times statistics.

In 2010–11, the proportion of patients admitted from elective surgery waiting lists who were assigned a clinical urgency category of *Category 1* was 26% for New South Wales and 43% for the Northern Territory. The proportion of patients admitted that were *Category 3* was 16% in Queensland and 43% in New South Wales (Table A1.4).

Apparent variation in recording elective surgery waiting times for staged procedures

Currently all states and territories provide elective surgery waiting times data to the AIHW based on the NMDS for Elective Surgery Waiting Times. The NMDS includes metadata which describes ‘staged’ patients as those “whose medical condition will not require or be amenable to surgery until some future date; for example, a patient who has had internal

fixation of a fractured bone and who will require removal of the fixation device after a suitable time”.

The AIHW has noted some apparently atypical recording practices for waiting times for elective surgery for staged patients in some public hospitals, mostly in New South Wales. For those hospitals, there was a relatively large number of records with a clinical urgency category of 3 and admitted within 5 days for 2010–11. Patients assigned a clinical urgency category of 3 typically have longer waits than patients assigned clinical urgency categories of 1 (admission within 30 days desirable) or 2 (admission within 90 days desirable).

Table A1.4: Number of admissions^(a) from waiting lists for elective surgery, by clinical urgency category, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|---------------------------------|----------------|----------------|----------------|---------------|---------------|---------------|---------------|--------------|----------------|
| Number admitted | | | | | | | | | |
| Category 1^(b) | 52,280 | 44,389 | 42,333 | 16,894 | 15,413 | 6,728 | 3,294 | 2,743 | 184,074 |
| Category 2^(c) | 63,928 | 74,764 | 53,121 | 22,810 | 15,773 | 7,012 | 5,505 | 2,458 | 245,371 |
| Category 3^(d) | 88,612 | 37,920 | 18,306 | 25,081 | 14,895 | 2,757 | 2,539 | 1,228 | 191,338 |
| Total | 204,820 | 157,073 | 113,760 | 64,785 | 46,081 | 16,497 | 11,338 | 6,429 | 620,783 |
| Per cent | | | | | | | | | |
| Category 1^(b) | 26 | 28 | 37 | 26 | 33 | 41 | 29 | 43 | 30 |
| Category 2^(c) | 31 | 48 | 47 | 35 | 34 | 43 | 49 | 38 | 40 |
| Category 3^(d) | 43 | 24 | 16 | 39 | 32 | 17 | 22 | 19 | 31 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

(a) Records with a reason for removal of *Admitted as an elective patient for the awaited procedure in this hospital or another hospital*.

(b) Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.

(c) Admission within 90 days desirable for a condition causing some pain, dysfunction or disability but which is not likely to deteriorate quickly or become an emergency.

(d) Admission at some time in the future acceptable for a condition causing minimal or no pain, dysfunction or disability, which is unlikely to deteriorate quickly and which does not have the potential to become an emergency.

The apparent atypical reporting practices could reflect differing waiting list practices for patients awaiting staged procedures. For most staged patients, it appears that they are put on the waiting list (or reassigned to ‘ready for care’) when they are clinically ready for care, and they then wait for a date to be assigned for their surgery. However, for others, the data appear to reflect patients (once becoming clinically ready for care) only being put on the waiting list at the time that a date is assigned for their surgery.

More detailed information on this apparent variation was presented in *Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times* (AIHW 2011c).

Quality of Indigenous status data

The quality of Indigenous status information in the data provided for the NESWTDC has not been formally assessed. Therefore, the information presented for Indigenous status for elective surgery waiting times in Chapter 10 should be used with caution. The following information has been provided by the states and territories to provide some insight into the quality of Indigenous status data in the NESWTDC.

New South Wales

New South Wales Health advised that Indigenous status was collected for elective surgery waiting times data from 2010–11.

Victoria

The Victorian Department of Health reports that, despite data quality improvement in recent years, Indigenous status in the admitted patient data for 2010–11 should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. The quality of Indigenous status data in elective surgery data is improving but is less accurate than that of admitted patients in public hospitals.

Queensland

Queensland Health noted that for 2010–11, Indigenous status was reported as 'not stated' for 4.3% of admitted patient separations (1.4% of public hospital separations and 7.6% of private hospital separations). The level of non-reporting of Indigenous status had decreased for both public and private hospitals compared to the previous financial years.

Western Australia

The Western Australian Department of Health regards its Indigenous status data for elective surgery waiting times as being of good quality. Quality improvement activities, including cross-referencing between metropolitan and country hospitals, continue to enhance the accuracy of this data element.

South Australia

South Australia Health considers the quality of Indigenous status data to be better in admitted patient care than in elective surgery data collections.

Tasmania

The Tasmanian Department of Health and Human Services reports that the quality and the level of Indigenous status identification, across public hospital information collections, is of a high standard. However, as with all data collections, there is constant and continued work on maintaining and improving, where needed, the collection of this data element.

Australian Capital Territory

The Australian Capital Territory Government Health Directorate is continuing to undertake a number of initiatives aligned with local and national developments to improve the quality of collection and reporting of Aboriginal and Torres Strait Islander data.

Northern Territory

The Northern Territory Department of Health reported that the quality of its 2010–11 Indigenous status data for elective surgery waiting times admitted patients is considered to be acceptable. The department retains historical reporting of Indigenous status. All management and statistical reporting, however, is based on a person's most recently reported Indigenous status.

National *Staphylococcus aureus* bacteraemia Data Collection (NSABDC)

The NSABDC includes counts of cases of SAB for each public hospital covered by SAB surveillance arrangements, and for private hospitals that choose to provide data. Data are included separately for methicillin-resistant *Staphylococcus aureus* (MRSA) and methicillin-sensitive *Staphylococcus aureus* (MSSA) for public hospitals.

Data from the NSABDC are used for the National Healthcare Agreement performance benchmark and performance indicator about safety and quality in hospital and related care.

Almost all cases of SAB will be diagnosed when the patient is an admitted patient. However, the intention is that cases are reported whether they were determined to be associated with admitted patient care or non-admitted patient care in public hospitals.

The data include the counts of patient days under surveillance. The count of patient days reflects the amount of admitted patient activity, but does not reflect the amount of non-admitted patient activity. The amount of hospital activity that patient days reflect varies among jurisdictions and over time because of variation in admission practices.

Summary of key issues

- Cases of SAB have been reported by all states and territories using the nationally agreed case definition.
- There may be imprecise exclusion of private hospital and non-hospital cases due to the inherent difficulties in determining the origins of SAB cases.
- For some states and territories there is less than 100 per cent coverage of public hospitals. It is possible that there will be a lower risk of SAB in hospitals not included in the SAB surveillance arrangements, especially if they undertake fewer invasive procedures than hospitals which are included.
- The data for 2010–11 are comparable with those from 2009–10, except for New South Wales and the Northern Territory. The 2010–11 data are not comparable with the data for 2008–09, for all states and territories except Tasmania, because of changes in the definition used for a case of SAB and changes in the public hospitals included.
- The patient day and coverage data may be preliminary for some hospitals/jurisdictions.

Appendix 2: Technical appendix

This appendix covers:

- definitions and classifications used
- the presentation of data in this report
- information on the quality of the data, for specific analyses (where this may affect interpretation)
- analysis methods.

Definitions

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary, version 14* (HDSC 2008) (summarised in the Glossary).

Data presentation

For the majority of tables in this report, data are presented by the state or territory of the hospital, not by the state or territory of usual residence of the patient. The exceptions are for tables presenting information on potentially preventable hospitalisations and selected procedures, which are based on data on the state or territory of usual residence. In addition, the state or territory of usual residence of the patient is reported against the state or territory of hospitalisation in Chapter 7.

Except as noted below, the totals in tables include data only for those states and territories for which data were available, as indicated in the tables. For example, for some tables and figures dealing with Indigenous status, data have been presented only for selected states and territories, and the totals in these tables do not include the data for the other states and territories (chapters 3, 7, 8, 9, 10 and 11).

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages and population rates printed as 0.0 or 0 may denote less than 0.05 or 0.5, respectively.

Suppression of data

Other exceptions relate to tables in which data were not published for confidentiality reasons (for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory), or because only one public hospital was represented in the cell, or because a proportion related to a small number of events and was therefore not very meaningful.

Private hospital data are suppressed for a particular diagnosis, procedure or AR-DRG where:

- there are fewer than three reporting units
- there are three or more reporting units and one contributed more than 85% of the total separations, or
- there are three or more reporting units and two contributed more than 90% of the total separations.

Data on the length of stay have been suppressed if there were fewer than 10 separations in the category being presented (50 separations for the average length of stay by selected

AR-DRG analysis in Chapter 3). Data on elective surgery waiting times were suppressed if there were fewer than 10 elective surgery admissions in the category being presented. The abbreviation 'n.p.' has been used in these tables to denote these suppressions. For these tables, the totals include the suppressed information.

State or territory of usual residence

For tables presented by the state or territory of usual residence of the patient, the totals include unknown residence area (within a known state), overseas residents and unknown state of residence.

Population rates

Standardised separation rate

Unless noted otherwise (see below), population rates (separation rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups. The total Australian population for 30 June 2001 was used as the standard population against which expected rates were calculated. The Australian Bureau of Statistics' population estimates for 30 June 2010 and for 31 December 2010 (see tables A2.1, A2.2 and A2.3 accompanying this report online) were used for the observed rates as detailed below:

- Separation rates (by hospital state and by residence state) were directly age standardised, using the estimated resident populations as at 30 June 2010. The estimated resident populations use a highest age group of 85 and over.
- Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2010 and the estimated resident populations as at 30 June 2010. As the projected estimates use a highest age group of 65 and over and population data for June 2010, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.
- Separation rates by remoteness areas and by quintiles of socioeconomic advantage/disadvantage (see SEIFA below) were directly age-standardised, using the estimated resident populations as at 30 June 2010. The estimated resident populations use a highest age group of 85 and over.
- The crude population rates presented in some tables (for example, average available beds per 1,000 population) were calculated using the population estimates for 31 December 2010.

Standardised separation rate ratios

For some tables reporting comparative separation rates, standardised separation rate ratios (SRRs) are presented. The ratios are calculated by dividing the age-standardised separation rate for a population of interest (an observed rate) by the age-standardised separation rate for a comparison population (the expected rate). The calculation is as follows:

Standardised separation rate ratio (SRR) = observed rate/expected rate

A standardised separation ratio of 1.0 indicates that the population of interest (for example, Indigenous Australians) had a separation rate similar to that of the comparison group (for example, other Australians). An SRR of 1.2 indicates that the population of interest had a rate

that was 20% greater than that of the comparison population and an SRR of 0.8 indicates a rate 20% smaller.

The populations used for the observed and expected rates vary in this report, for example:

- For Indigenous status, the rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians (other Australians includes Indigenous status not reported).
- For analyses by residence state or territory, remoteness areas and socioeconomic status, the rate ratio is equal to the separation rate for the residence state or territory, remoteness area or socioeconomic status group divided by the separation rate for Australia.

Counting public hospitals

Two different counts of hospitals are used in this report, depending on the type of information being presented and the way in which the hospitals were reported to the National Hospital Morbidity Database (NHMD) and the National Public Hospital Establishments Database (NPHEd) (Table A2.4):

- In the cost per casemix-adjusted separation analysis (Chapter 3), entities for which there was expenditure information were reported as hospitals. A small number of hospitals in the NPHEd with incomplete expenditure information were omitted. In some jurisdictions, hospitals exist in networks, and expenditure data were available only for these networks, so the networks are the entities counted as hospitals for these tables.
- In Chapter 4, hospitals are generally counted as they were reported to the NPHEd. These entities are usually 'physical hospitals' (buildings or campuses) but may encompass some outpost locations such as dialysis units. Conversely hospitals on the one 'campus' can be reported as separate entities to this database if, for example, they are managed separately and have separate purposes, such as specialist women's services and specialist children's services. Although most of the hospitals counted in this way report separations to the NHMD, some small hospitals do not have separations every year.

Table A2.4: Numbers of public hospitals reported in this report, states and territories, 2010–11

| Hospitals | NSW | Vic | Qld | WA | SA | Tas | ACT ^(a) | NT | Total |
|---------------------------------|-----|-----|-----|----|----|-----|--------------------|----|-------|
| Chapter 3 (expenditure data) | 227 | 105 | 170 | 94 | 80 | 24 | 3 | 5 | 708 |
| Chapter 4 | 226 | 151 | 170 | 94 | 80 | 23 | 3 | 5 | 752 |

(a) The count of hospitals for the Australian Capital Territory includes a small mothercraft hospital for which admitted patient data were not reported. The expenditure for this hospital is included in the total reported for the Australian Capital Territory in Chapter 3, but is not included in the cost per casemix-adjusted separation analysis presented in Chapter 4.

Data on numbers of hospitals should therefore be interpreted taking these notes into consideration. Changes in the numbers of hospitals over time can be due to changes in administrative or reporting arrangements rather than changes in the number of hospital campuses or buildings.

Counts of private hospitals can also vary, depending on the source of the information. Therefore, there may be discrepancies between counts of private hospitals from the ABS Private Health Establishments Collection presented in Chapter 3 and the lists of private hospitals contributing to the NHMD (which are the basis of the numbers presented in

Chapter 4). The states and territories provided the latter information, which may not correspond with the way in which private hospitals report to the Private Health Establishments Collection.

Non-admitted patient emergency department care data analyses

The proportion of emergency services with episode-level data for 2010–11 is calculated as the number of presentations reported to the Non-admitted Patient Emergency Department Care Database (NNAPEDCD) divided by the number of emergency occasions of service reported to the National Public Hospital Establishments Database (NPHEd), as a percentage. This may underestimate the NNAPEDCD proportion because some emergency occasions of service are for other than emergency presentations. As emergency occasions of service may have been under-enumerated for some jurisdictions, the proportion may also be overestimated. The proportion has been adjusted to 100% for jurisdictions where the number of presentations reported to the NNAPEDCD exceeded the number of emergency occasions of service reported to the NPHEd.

Patients who present to the emergency department with a type of visit of *Return visit*, *Planned*, *Pre-arranged admission* or *Patient in transit* do not necessarily undergo the same processes as *Emergency presentations*, and their waiting times may rely on factors outside the control of the emergency department. Therefore, waiting time statistics (including the proportion ending in admission) and emergency department presentation length statistics are not presented in this report for patients with a type of visit other than *Emergency presentation*.

These waiting time statistics include:

- The median and 90th percentile waiting time – determined from the time elapsed between presentation in the emergency department to commencement of service. Presentations were excluded if the waiting time was missing or invalid, or the patient *Did not wait to be attended by a health care professional* or was *Dead on arrival*.
- The median or 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for minutes waited) represents the number of minutes within which 50% of patients were treated by a medical officer or nurse; half the waiting times will have been shorter, and half the waiting times longer, than the median. The 90th percentile data represent the number of minutes within which 90% of patients were treated.
- The proportion of presentations seen on time – determined as the proportion of presentations in each triage category with a waiting time less than or equal to the maximum waiting time stated in the National Triage Scale definition. Presentations were excluded if the waiting time was missing or invalid, the patient *Did not wait to be attended by a health care professional* or was *Dead on arrival* or if the triage category was not reported.
- The proportion of presentations ending in admission – determined as the proportion of all emergency presentations with an episode end status of *Admitted to this hospital*.
- The calculations of median duration of service event, median duration of non-admitted patient episode and median time in emergency department. The calculations exclude presentations with an episode end status of *Did not wait*, *Left at own risk* or *Dead on arrival* and only include those presentations for which the emergency department service

commencement time, emergency department episode end time and emergency department physical departure time were all valid and occurred in sequence.

Admitted patient care data analyses

Records for 2010–11 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2010 to 30 June 2011. Data on patients who were admitted on any date before 1 July 2010 are included, provided that they also separated between 1 July 2010 and 30 June 2011. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the National Hospital Morbidity Database (NHMD).

Patient day statistics can be used to provide information on hospital activity that, unlike separation statistics, account for differences in length of stay. As the database contains records for patients separating from hospital during the reporting period (1 July 2010 to 30 June 2011), this means that not all patient days reported will have occurred in that year. It is expected, however, that patient days for patients who separated in 2010–11, but who were admitted before 1 July 2010, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2011 who will separate in future reporting periods.

The numbers of separations and patient days can be a less accurate measure of the activity for establishments such as public psychiatric hospitals, and for patients receiving care other than acute care, for which more variable lengths of stay are reported. Information on some aspects of the quality and comparability of the data are presented below.

The notes above and those in Box 7.1 should be used to guide interpretation of the data.

Newborn episodes of care

Newborn care episodes can include ‘qualified days’ which are considered to be the equivalent of acute care days. In this report, *Newborn* episodes with at least one qualified day have been included in all tables reporting separations. Records for *Newborn* episodes with no qualified days do not meet admission criteria for all purposes, so they have been excluded from this report, except as specified in Chapter 7.

The number of patient days reported in this publication for *Newborn* episodes is equal to the number of qualified days, so for newborns with a mixture of qualified and unqualified days the number of patient days reported is less than the actual length of stay for the episode.

Information on reporting practices for *Newborn* episodes before 2010–11 is available in previous *Australian hospital statistics* reports.

Counts of separations by groups of diagnoses, procedures and external causes

For tables with counts of separations by groups of diagnoses, procedures or external causes, a separation is counted once for the group if it has at least one diagnosis/procedure/external cause reported within the group. As more than one diagnosis, procedure or external cause 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.

Counts of procedures

For data on the number of procedures, all procedures within a group are counted, even if more than one is reported for a separation.

Broad categories of service

Separations have been categorised as *Childbirth*, *Specialist mental health*, *Medical*, *Surgical* or *Other* based mainly on the AR-DRG recorded for the separation:

- *Childbirth*: separations for which the Australian Refined Diagnosis Related Group (AR-DRG) was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition (involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure), excluding separations for *Childbirth* and *Specialist mental health*.
- *Other*: separations for which the AR-DRG did not belong to the *Surgical* or *Medical* partitions (involving a non-operating room procedure, such as endoscopy), excluding separations for *Childbirth* and *Specialist mental health*.

For Chapter 7, broad categories of service are presented for *standard admitted patient care data analyses*. For chapters 8, 9, and 10, broad categories of service are presented for *acute admitted patient care data analyses*.

Standard admitted patient care data analyses

For chapters 7 and 2, the counts of separations do not include separations for *Newborns* (without qualified days) and records for *Hospital boarders* or *Posthumous organ procurement*, and the patient days are also not included for those records. In addition, patient days for *Newborns* that were not qualified days are excluded from the counts of patient days. For more information on these exclusions, see below.

Acute admitted patient care data analyses

For chapters 8, 9 and 10, and for tables in the report that include cost weight information, separations are included only for *Acute care*, *Newborns* (with qualified days) or where care type was not reported. Patient days for *Newborns* that were not qualified days are excluded from the counts of patient days.

Same-day acute admitted patient care data analyses

For Chapter 8, records are included if the patient had a care type of *Acute*, *Newborn* (with qualified days), or the care type was not reported, and the patient was admitted and separated on the same day.

As a separation may be generated by a transfer between hospitals, or a change in the type of care provided, these data may include records for patients whose stay in hospital was longer than one day but involved more than one separation.

Overnight acute admitted patient care data analyses

For Chapter 9, records are included if the patient had a care type of *Acute*, *Newborn* (with qualified days), or the care type was not reported, and the patient was admitted and separated on different dates.

Surgical separations

For Chapter 10, surgical separations are defined as acute separations with a 'surgical procedure' reported, based on the procedures used to define 'surgical' DRGs in Australian Refined Diagnosis Related Groups (AR-DRG), version 6.0 (DoHA 2008). Separations for *Specialist mental health care* and *Childbirth* were excluded (see Chapter 10).

Surgical separations are further disaggregated in Chapter 10 based on the reported urgency of admission as:

- *Emergency admissions involving surgery* – includes separations for which the urgency of admission was reported as *Emergency* (about 280,000 records nationally).
- *Elective admissions involving surgery* – includes separations for which the urgency of admission was reported as *Elective* (about 1.9 million records nationally).

Surgical separations for which the urgency of admission was *Not assigned* or not reported are only included in the first table of Chapter 10 (about 27,000 records nationally).

Sub- and non-acute admitted patient care data analyses

For Chapter 11, records are included if the patient had a care type of *Rehabilitation care*, *Palliative care*, *Geriatric evaluation and management*, *Psychogeriatric care* or *Maintenance care*. Both same-day and overnight separations for sub- and non-acute care are included.

Public patient analyses

For *Australian hospital statistics* from 2002–03 to 2007–08, 'Patient election status' and 'Funding source' were used in combination to categorise separations as *Public patients* and *Private patients* as described in Appendix 1 of *Australian hospital statistics 2007–08* (AIHW 2009).

From 2008–09 to 2010–11, the funding source for the separation is presented alone. Throughout this report, the category *Public patients* includes separations for which the funding source was reported as:

- Medicare eligible public patients, not charged (see below)
- *Reciprocal health care agreements*
- *No charge raised* in public hospitals
- *Other hospital or public authority* with a patient election status of *Public* (regardless of hospital sector).

It should be noted that although the funding source *Australian Health Care Agreements* was a value in the NHDD definition for 'Principal source of funds' for 2010–11, the Australian Health Care Agreements expired on 30 June 2009. This value is interpreted as the patient being Medicare eligible, elected to be treated as a public patient and was not charged.

In tables presenting information by funding source, the category *Other* includes separations for which the funding source was reported as:

- *Other compensation*
- *Department of Defence*
- *Correctional facility*
- *Other hospital or public authority* with a patient election status of *Private* (or not reported)
- *No charge raised* (in private hospitals)
- *Other*

ICD-10-AM codes used for selected analyses

A number of tables in this report use ICD-10-AM/ACHI codes to define diagnoses and procedures. The codes are presented in Table A2.5 (accompanying this report online) and relate to:

- statistics on unplanned/unexpected readmissions (Chapter 3)
- statistics on selected procedures (Chapter 3)
- statistics on selected AR-DRGs (Chapter 3)
- statistics on selected potentially preventable hospitalisations (Chapter 7)
- statistics on kidney failure hospitalisations (online only).

National elective surgery waiting times data analyses

Elective surgery care and elective surgical separations

The definition of elective surgery care for the purposes of the National Elective Surgery Waiting Times Data Collection (NESWTDC), and the definition of separations described as *elective admissions involving surgery* in the National Hospital Morbidity Database (NHMD) differ. In particular, the procedures defined as surgical differ between those used to define the scope of the NESWTDC and those used to define surgical separations in the NHMD.

For the NESWTDC, elective surgery comprises elective care where the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians (HDSC 2008).

Median and 90th percentile waiting times

The 50th percentile (the median or the middle value in a group of data arranged from lowest to highest value for days waited) represents the number of days within which 50% of patients were admitted for the awaited procedure; half the waiting times will have been shorter, and half the waiting times longer, than the median.

The 90th percentile data represent the number of days within which 90% of patients were admitted. The 50th and 90th percentiles have been rounded to the nearest whole number of days.

Public hospital establishments data analyses

Public hospital peer groups

The AIHW worked with the National Health Ministers' Benchmarking Working Group (NHMBWG) and the National Health Performance Committee (NHPC) to develop a national public hospital peer group classification for use in presenting data on costs per casemix-adjusted separation. The aim was to allow more meaningful comparison of the data than comparison at the jurisdiction level would allow. This classification is currently under review.

The peer groups were designed to explain variability in the average cost per casemix-adjusted separation. They also group hospitals into broadly similar groups in terms of their range of admitted patient activity and geographical location. Selected characteristics of the

hospitals assigned to each peer group for 2010–11 are presented in chapters 3 and 4. The peer group names are broadly descriptive of the types of hospitals included in each category.

The peer group classification is summarised in Table A2.6. Details of the derivation of the peer groups are in Appendix 11 of *Australian hospital statistics 1998–99* (AIHW 2000).

Table A2.6: Public hospital peer group classification

| Peer group | Subgroup | Code | Definition |
|--------------------------------------------------------------------|-----------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal referral and specialist women's and children's hospitals | Principal referral | A1 | Major city hospitals with >20,000 acute casemix-adjusted separations, and Regional hospitals with >16,000 acute casemix-adjusted separations per annum. |
| | Specialist women's and children's | A2 | Specialised acute women's and children's hospitals with >10,000 acute casemix-adjusted separations per annum. |
| Large hospitals | Major city | B1 | Major city acute hospitals treating more than 10,000 acute casemix-adjusted separations per annum. |
| | Regional and Remote | B2 | Regional acute hospitals treating >8,000 acute casemix-adjusted separations per annum, and Remote hospitals with >5,000 casemix-adjusted separations. |
| Medium hospitals | Group 1 | C1 | Medium acute hospitals in Regional and Major city areas treating between 5,000 and 10,000 acute casemix-adjusted separations per annum. |
| | Group 2 | C2 | Medium acute hospitals in Regional and Major city areas treating between 2,000 and 5,000 acute casemix-adjusted separations per annum, and acute hospitals treating <2,000 casemix-adjusted separations per annum but with >2,000 separations per annum. |
| Small acute hospitals | Regional | D1 | Small Regional acute hospitals (mainly small country town hospitals), acute hospitals treating <2,000 separations per annum, and with less than 40% non-acute and outlier patient days of total patient days. |
| | Remote | D3 | Small Remote hospitals (<5,000 acute casemix-adjusted separations but not 'multi-purpose services' and not 'small non-acute'). Most are <2,000 separations. |
| Sub-acute and non-acute hospitals | Small non-acute | D2 | Small non-acute hospitals, treating <2,000 separations per annum, and with more than 40% non-acute and outlier patient days of total patient days. |
| | Multi-purpose services | E2 | |
| | Hospices | E3 | |
| | Rehabilitation | E4 | |
| | Mothercraft | E5 | |
| Unpeered and other hospitals | Other non-acute | E9 | For example, geriatric treatment centres combining rehabilitation and palliative care, with a small number of acute patients. |
| | | G | Prison medical services, dental hospitals, special circumstance hospitals, Major city hospitals with <2,000 acute casemix-adjusted separations, hospitals with <200 separations etc. |
| Psychiatric hospitals | | F | |

Note: Only the peer groups above the dashed line are included in the cost per casemix-adjusted separation analyses presented in *Chapter 3*.

A flow chart can be found in *Australian hospital statistics 2002–03* (Figure A4.1 in that report) (AIHW 2004) to illustrate the assignment of peer groups for almost all hospitals. However,

on the advice of jurisdictions, hospitals may be assigned a different peer group due to special circumstances, such as the opening or closing of a hospital during the year.

Although not specifically designed for purposes other than the cost per casemix-adjusted separation analysis, the peer group classification is recognised as a useful way to categorise hospitals for other purposes, including the presentation of other data. For example, the classification has been used to present emergency department presentations data in Chapter 5 and elective surgery waiting times data in Chapter 10. They have also been used to specify the scopes for national minimum data sets (NMDSs), for example, as noted in Appendix 1 for the NMDSs for Non-admitted patient emergency department care and Outpatient care.

The peer group to which each public hospital was assigned for 2010–11 is included in Table A1.2 (accompanying this report online). In some cases, the establishments defined as hospitals for the cost per casemix-adjusted separation analysis differ from those defined as hospitals for the elective surgery waiting times data or those defined for counts of hospitals presented in chapters 3 and 4. In these cases, their peer groups may also differ, and these differences are indicated in Table A1.2.

Data on geographical location

Data on geographical location are collected on hospitals in the NPHEd and on the area of usual residence of patients in the NHMD and the NAPEDCD. These data have been provided as state or territory and Statistical Local Area (SLA), a small area unit within the Australian Bureau of Statistics (ABS) Australian Standard Geographical Classification (ASGC) and/or postcode, and have been aggregated to remoteness areas.

Geographical location of hospital

The remoteness area of each public hospital was determined on the basis of its SLA. For 2010–11, the geographical location aligns with the ABS's ASGC Remoteness Structure 2006. Data on the remoteness area of hospitals are presented in *Chapter 4*.

Geographical location of usual residence of the patient

Information on the area of usual residence of the patient is supplied by the states and territories for the NHMD and the NNAPEDCD. The *National health data dictionary* specifies that these data should be provided as the state or territory and the SLA of usual residence. Not all states and territories were able to provide information on the area of usual residence in the form of an SLA code. New South Wales, Victoria, Western Australia, the Australian Capital Territory and the Northern Territory were able to provide SLA codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction. Queensland, South Australia and Tasmania provided SLA codes for patients usually resident in the jurisdiction and postcodes for patients not usually resident in the jurisdiction.

Where necessary, the AIHW mapped the supplied area of residence data for each separation or emergency department presentation to 2010 SLA codes and to remoteness area categories based on the ABS's ASGC Remoteness Structure 2006. This was undertaken on a probabilistic basis as necessary, using ABS concordance information describing the distribution of the population by postcode, remoteness areas and SLAs (for 2009 and previous years).

Because of the probabilistic nature of this mapping, the SLA and remoteness area data for individual records may not be accurate; however, the overall distribution of records by geographical areas is considered useful.

For the NHMD, most separations included data on the area of usual residence. The mapping process identified some missing or invalid codes, but about 99.5% of records were assigned 2010 SLA codes. For the remaining 0.5% of records, about 47% were for overseas residents, 10% were of no fixed abode, and the remainder not reported.

For the NNAPEDCD, most presentations included data on the area of usual residence with about 98.7% of records assigned 2010 SLA codes. For the remaining 1% of records, about 60% were for overseas residents, 2% were of no fixed abode, and the remainder not reported.

Remoteness area of usual residence

Data based on the area of usual residence for admitted patients are presented by remoteness area in chapters 3, 4, 7, 8, 9, 10 and 11.

Between 2006–07 and 2010–11, the patients' area of residence data was mapped to the ABS's ASGC Remoteness Structure 2006 which categorises geographical areas in Australia into remoteness areas, described in detail on the ABS website <www.abs.gov.au>. The classification is as follows:

- *Major cities*
- *Inner regional*
- *Outer regional*
- *Remote*
- *Very remote.*

The data presented in this report by remoteness areas using the ABS's ASGC Remoteness Structure 2006 are not comparable to the data presented by remoteness areas using the ABS's ASGC Remoteness Structure 2001 in *Australian hospital statistics* reports for 2001–02 to 2005–06 because of differences in the underlying calculation of the Accessibility/Remoteness Index of Australia (ARIA) scores used to determine remoteness areas. Therefore, caution should be used when making comparisons over time as the remoteness areas categories presented are not directly comparable.

Socioeconomic status

The Socio-Economic Indexes For Areas 2006 (known as SEIFA 2006 (ABS 2008)) are generated by the ABS using a combination of 2006 Census data such as income, education, health problems/disability, access to Internet, occupation/unemployment, wealth and living conditions, dwellings without motor vehicles, rent paid, mortgage repayments, and dwelling size. Composite scores are averaged across all people living in areas and defined for areas based on the Census collection districts. However, they are also compiled for higher levels of aggregation including SLA. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Socio-Economic Disadvantage is one of the ABS's SEIFA indexes. The relative disadvantage scores indicate the collective socioeconomic status of the people living in an area, with reference to the situation and standards applying in the wider community at a given point in time. A relatively disadvantaged area is likely to have a high proportion of relatively disadvantaged people. However, such an area is also likely to contain people who are not disadvantaged, as well as people who are relatively advantaged.

Separation rates by socioeconomic status were generated by the AIHW using the ABS Index of Relative Socio-Economic Disadvantage (IRSD) scores for the SLA of usual residence of the patient reported for each separation. The 1 – *Lowest* SES group represents the areas containing the 20% of the population with the most disadvantage, and the 5 – *Highest* SES group represents the areas containing the 20% of the population with the least disadvantage.

The following labels for each socioeconomic group have been used throughout the report:

| Label | Socioeconomic status group |
|-----------|----------------------------|
| 1—Lowest | Most disadvantaged |
| 2 | Second most disadvantaged |
| 3 | Middle |
| 4 | Second least disadvantaged |
| 5—Highest | Least disadvantaged |

ICD-10-AM/ACHI

Diagnosis, procedure and external cause data for 2010–11 were reported to the NHMD by all states and territories using the 7th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCH 2010), incorporating the *Australian classification of health interventions* (ACHI).

The tables and figures presented in chapters 7, 8, 9, 10 and 11 use the codes and abbreviated descriptions of the ICD-10-AM/ACHI classification. Full descriptions of the categories are available in the ICD-10-AM publication (NCCH 2010).

Diagnoses

The ICD-10-AM disease classification is hierarchical, with a small number of summary disease chapters that are divided into a large number of more specific disease groupings (represented by 3-character codes). Most of the 3-character disease groupings can be divided into an even larger number of very specific disease categories represented by 4- character and 5-character codes.

Most of the information about principal diagnoses in chapters 7, 8, 9, 10 and 11 is presented using two methods of grouping records based on the ICD-10-AM disease classification:

- ICD-10-AM disease chapters – these 20 groups provide information aggregated at the ICD-10-AM chapter level
- 3-character ICD-10-AM groupings – 1,674 categories describe the diseases at a specific level. Detailed information is presented for the 20 groupings with the highest number of separations. Summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>.

External causes

The external cause classification (Chapter 20 of ICD-10-AM) is hierarchical, consisting of 377 three-character categories. The information in Chapter 7 is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes. Additional information on external causes of injury and poisoning, place of occurrence and activity when injured is available online at <www.aihw.gov.au/hospitals/>.

Procedures

One or more procedures can be reported for each separation, but procedures are not undertaken for all hospital admissions, so only some of the separation records include procedure data.

The procedure classification is divided into chapters by anatomical site and within each chapter by a 'superior' to 'inferior' (head to toe) approach. These subchapters are further divided into more specific procedure blocks, beginning with the least invasive procedure through to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure codes.

The procedure information is presented using three methods of grouping procedures based on the ACHI procedure classification:

- ACHI procedure chapters – these 20 groups provide information aggregated at the ACHI chapter level
- ACHI procedure blocks – these 1,601 categories describe procedures at a specific level. Detailed information is presented for the 10 groups with the highest number of separations and summary information is provided for all the groups (for which separations were reported) online at <www.aihw.gov.au/hospitals/>
- ACHI procedures – there are over 6,300 individual procedures. Chapter 11 presents information for the 10 procedures with the highest number of non-acute care separations by care type.

Changes affecting ICD-10-AM/ACHI classifications

The 7th edition of ICD-10-AM was implemented in Australian hospitals from 1 July 2010. Three major changes to the following Australian Coding Standards (ACS) occurred between the 6th and 7th editions of this classification:

1. Deletion of ACS 1505 *Single spontaneous vaginal delivery*.
2. Addition of all procedure codes in ACHI Chapter 20 *Imaging services* and block [451] *Dental radiological examination and interpretation* (except trans oesophageal echocardiogram (TOE) (block [1942])) to ACS 0042 *Procedures not normally coded*.
3. Expansion of the instructional notes in ACS 0401 *Diabetes mellitus and Impaired glucose regulation* to emphasize that the assignment and sequencing of code(s) for diabetes mellitus or impaired glucose regulation should be determined by firstly following the criteria in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

Deletion of ACS 1505 *Single spontaneous vaginal delivery*

ACS 1505 instructed coders that the diagnosis code O80 *Single spontaneous delivery* was intended for single spontaneous vaginal deliveries without abnormality/complication classifiable elsewhere in Chapter 15 *Pregnancy, childbirth and the puerperium* and without manipulation or instrumentation (NCCH 2008).

The deletion of ACS 1505 as a specialty standard caused obstetric cases to be coded according to ACS 0001 *Principal Diagnosis* with the specific instruction for obstetrics that:

“Where the patient is admitted for delivery such as ‘in labour’, ‘for induction’, ‘for caesarean’, and the outcome is delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis, followed by the reason for any intervention and then any other

conditions and/or complications that meet the criteria for assignment as per ACS 0002 *Additional diagnoses.*"

These changes in the standards resulted in changes in principal diagnosis assignment for obstetric episodes of care associated with vaginal delivery. In particular, there was a marked increase in the reporting of the following as principal diagnoses:

- O80 *Single spontaneous delivery* (a 341% increase between 2009–10 and 2010–11 for public and private hospitals combined, Table A2.7)
- O81 *Single delivery by forceps and vacuum extractor*
- O82 *Single delivery by caesarean section*
- O83 *Other assisted single delivery*
- O84 *Multiple delivery*

There was also a corresponding decrease in the reporting of other obstetric diagnoses as principal diagnoses, such as *Perineal laceration during delivery* (O70), *Maternal care for known or suspected abnormality of pelvic organs* (O34) and *Premature rupture of membranes* (O42) which decreased by 88%, 91% and 84% respectively between 2009–10 and 2010–11 (Table A2.8).

For hospitals reporting with AR-DRG versions older than version 5.2, episodes with a principal diagnosis of O80 *Single spontaneous delivery* or O83 *Other assisted delivery* would result in either an error DRG (for versions 4.1/4.2) or a less specific DRG in version 5.1, which affected private hospital funding arrangements.

Private hospitals in most states and territories delayed the implementation of reporting obstetrics according to the ICD-10-AM 7th edition coding standards until a solution was able to be implemented in the grouping of these records.

Effect on reporting

Between 2009–10 and 2010–11, the reporting of obstetric principal diagnoses O80 to O84 by the public sector increased by about 280% (Table A2.7), and was reasonably consistent across the 2010–11 reporting period for all jurisdictions, indicating that, for public hospitals, the standard was implemented at the start of the reporting period.

For private hospitals, the reporting of obstetric principal diagnoses O80 to O84 was twice as high during the first half of 2010–11 compared to the same period in 2009–10, and doubled again in the second half of 2010–11 (Table A2.7). This suggested that some private hospitals were coding obstetric cases according to ICD-10-AM 7th edition standards from the beginning of the 2010–11 reporting period, and others commenced in the second half of the year (January to June 2011).

Table A2.7: Obstetric^(a) principal diagnoses O80–O84, public and private hospitals 2009–10 to 2010–11

| | 2009–10 | | | 2010–11 | | |
|-----------------------------------------------------|-----------------|-----------------|---------------|-----------------|-----------------|----------------|
| | Jul-Dec 2009 | Jan-Jun 2010 | Total | Jul-Dec 2010 | Jan-Jun 2011 | Total |
| Public hospitals | | | | | | |
| O80 Single spontaneous delivery | 9,464 | 9,661 | 19,125 | 60,497 | 62,080 | 122,577 |
| O81 Single delivery by forceps and vacuum extractor | 8,799 | 8,827 | 17,626 | 10,615 | 11,236 | 21,851 |
| O82 Single delivery by caesarean section | 8,376 | 8,353 | 16,729 | 25,767 | 27,622 | 53,389 |
| O83 Other assisted single delivery | 0 | 0 | 0 | 1,010 | 1,224 | 2,234 |
| O84 Multiple delivery | 0 | 0 | 0 | 1,283 | 1,354 | 2,637 |
| <i>Total public hospitals (O80–O84)</i> | <i>26,639</i> | <i>26,841</i> | <i>53,480</i> | <i>99,172</i> | <i>103,516</i> | <i>202,688</i> |
| Private hospitals | | | | | | |
| O80 Single spontaneous delivery | 2,802 | 2,898 | 5,700 | 5,716 | 15,548 | 21,264 |
| O81 Single delivery by forceps and vacuum extractor | 35 | 67 | 102 | 3,360 | 5,765 | 9,125 |
| O82 Single delivery by caesarean section | 858 | 849 | 1,707 | 10,201 | 15,655 | 25,856 |
| O83 Other assisted single delivery | 0 | 0 | 0 | 51 | 194 | 245 |
| O84 Multiple delivery | 0 | 0 | 0 | 370 | 581 | 951 |
| <i>Total private hospitals (O80–O84)</i> | <i>3,695</i> | <i>3,814</i> | <i>7,509</i> | <i>19,698</i> | <i>37,743</i> | <i>57,441</i> |
| Total (O80–O84) | 30,334 | 30,655 | 60,989 | 118,870 | 141,259 | 260,129 |

(a) For separations with an AR-DRG of O01A *Caesarean delivery with catastrophic or severe complications or comorbidities*, O01B *Caesarean delivery without catastrophic or severe complications or comorbidities*, O02A *Vaginal delivery with operating room procedure with catastrophic or severe complications or comorbidities*, O02B *Vaginal delivery with operating room procedure without catastrophic or severe complications or comorbidities* or O60Z *Vaginal delivery*.

The staged introduction of the ICD-10-AM 7th edition standard for coding obstetric separations had the following effects on reporting:

- Between 2009–10 and 2010–11, there was a very large increase in the volume of separations reported with principal diagnoses of O80 to O84.
- Due to the large increase in reporting of O80–O84 as principal diagnoses, the following obstetric principal diagnoses now appear among the '20 most common principal diagnoses' in Chapter 9 of this report.
 - O80 *Single spontaneous delivery* (144,000 separations)
 - O82 *Single delivery by caesarean section* (79,000 separations)
 - O81 *Single delivery by forceps and vacuum extractor* (31,000 separations)
- Due to the instruction to code O80–O84 as principal diagnoses, and for other conditions or complications to be reported as additional diagnoses, there has been a decrease in the reporting of obstetric complications as principal diagnoses, and a corresponding increase but the reporting of obstetric complications as additional diagnoses.

Table A2.8: Variation in reporting of diagnoses for obstetrics cases, all hospitals, 2009–10 to 2010–11

| | 2009–10 | 2010–11 | Change (per cent) |
|--------------------------------------------------------------------------------------------------------------|---------|---------|----------------------|
| Top 5 principal diagnoses for childbirth-related separations, 2009–10 | | | |
| O70 Perineal laceration during delivery | 45,899 | 5,384 | –88.3 |
| O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium | 34,047 | 6,839 | –79.9 |
| O34 Maternal care for known or suspected abnormality of pelvic organs | 33,109 | 2,984 | –91.0 |
| O80 Single spontaneous delivery | 32,669 | 143,963 | 340.7 |
| O42 Premature rupture of membranes | 22,363 | 3,563 | –84.1 |
| Top 5 principal diagnoses for childbirth-related separations, 2010–11 | | | |
| O80 Single spontaneous delivery | 32,669 | 143,963 | 340.7 |
| O82 Single delivery by caesarean section | 2,538 | 79,342 | 3,026.2 |
| O81 Single delivery by forceps and vacuum extractor | 0 | 31,004 | .. |
| O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium | 34,047 | 6,839 | –79.9 |
| O70 Perineal laceration during delivery | 45,899 | 5,384 | –88.3 |

Source: National Hospital Morbidity Database.

The distribution and volume of separations reported as Childbirth-related (Obstetric) AR-DRGs in 2010–11 is consistent with previous years' data and there is no noticeable effect on the time series data reported for:

- the *Childbirth* broad category of service (separations with an AR-DRG of O01A/B, O02A/B or O60Z) in both *Australian hospital statistics* and the *MyHospitals* website and
- Obstetric related AR-DRGs in *Australian hospital statistics*.

Appropriate caveat information has been added to all tables containing information on principal diagnoses, including those presenting information at the ICD-10-AM chapter-level and those presenting the 20 most common principal diagnoses.

Effect on future reporting

In the absence of further changes to the coding standards for obstetrics cases, it is expected that:

- for public hospitals, reporting for the 2011–12 reference period will be largely consistent with that reported for 2010–11.
- for private hospitals, there will be a notable increase in the volume of separations reporting principal diagnoses of O80 to O84 in 2011–12, and that future years' reporting will be largely consistent with the 2011–12 numbers.

Addition of procedure codes to ACS 0042 Procedures not normally coded

ACS 0042 Procedures not normally coded lists procedures that are routine in nature, performed for most patients and/or can occur multiple times during an episode. These procedures are usually part of the standard treatment of care and are unnecessary to code, unless required by another ACS or they are the principal reason for admission in a same-day episode of care. For ICD-10-AM 7th edition (reported from 1 July 2010), the addition of imaging services to this list meant common procedures such as ultrasounds and computerised tomography should no longer be routinely coded.

Effect on reporting

Between 2006–07 and 2009–10, the numbers of procedures reported for *Imaging services* was relatively stable. Numbers of *Imaging services* procedures reported decreased by over 88% overall between 2009–10 and 2010–11 (Table A2.9). Decreases were relatively lower for *Ultrasound scans* (Blocks 1940 to 1950, which includes *Trans-oesophageal echocardiogram* Block 1942), and for *Angiography* (Blocks 1989 to 1991) and *Digital subtraction angiography* (Blocks 1992 to 1998).

Some *Imaging services* procedures blocks were previously reported in the '20 most common' procedures for both same-day and overnight acute separations (see Tables S8.12, S8.13, S9.12, S9.13). For example, reporting of the procedure *Computerised tomography of the brain* decreased from almost 215,000 procedures in 2009–10 to less than 5,000 procedures in 2010–11.

Table A2.9: Change in reporting of imaging services procedures by ACHI chapter , sub-chapter and procedure block, all hospitals, 2009–10 to 2010–11

| | 2009–10 | 2010–11 | Change (per cent) |
|----------------------------------------------------------------------------------------|----------------|----------------|----------------------|
| Ultrasound scan (1940–1950) | 85,172 | 44,794 | –47.4 |
| Computerised tomography scan (1952–1966) | 612,435 | 12,540 | –98.0 |
| Radiography (1967–1988) | 4,523 | 4,263 | –5.7 |
| Angiography (1989–1991) | 19,029 | 9,852 | –48.2 |
| Digital subtraction angiography (1992–1998) | 23,730 | 17,508 | –26.2 |
| Fluoroscopy (1999) | 15,391 | 1,866 | –87.9 |
| Nuclear medicine imaging (2000–2014) | 45,651 | 2,273 | –95.0 |
| Magnetic resonance imaging (2015) | 79,863 | 11,150 | –86.0 |
| All imaging services (1940–2016) | 885,794 | 104,246 | –88.2 |
| Counts for the 5 most common <i>Imaging services</i> blocks reported in 2009–10 | | | |
| Computerised tomography of brain (1952) | 214,808 | 4,300 | –98.0 |
| Computerised tomography of abdomen and pelvis(1963) | 116,965 | 1,787 | –98.5 |
| Spiral angiography by computerised tomography (1966) | 81,402 | 2,006 | –97.5 |
| Magnetic resonance imaging (2015) | 79,863 | 11,150 | –86.0 |
| Computerised tomography of spine (1959) | 50,997 | 1,121 | –97.8 |

Source: National Hospital Morbidity Database.

Revised instructional notes in ACS 0401 *Diabetes mellitus and Impaired glucose regulation*

The Australian Coding Standard for *Diabetes mellitus and Impaired glucose regulation* (ACS 0401) has undergone many changes in the last few ICD-10-AM editions. The numbers separations reporting any diagnosis for diabetes (E10–E14) between 2006–07 and 2010–11 are presented in Table A2.10.

For ICD-10-AM 5th edition (used 1 July 2006 to 30 June 2008), ACS 0401 instructed coders to fully describe all complications of diabetes mellitus.

The coding practice for classifying diabetes under ICD-10-AM 6th edition (used 1 July 2008 to 30 June 2010) was largely consistent with previous editions of ICD-10-AM. However, clarification of how the coding standard for additional diagnoses (ACS 0002) should be applied under ICD-10-AM 6th edition meant that conditions would only be coded as an additional diagnosis if they were 'significant in terms of treatment required, investigations

needed and resources used in each episode of care'. While this clarification resulted in a decrease in the number of conditions being coded as additional diagnoses for all separations, it had a particularly significant impact on the reporting of diabetes as an additional diagnosis for separations that involved a patient with diabetes.

Effect on reporting

Between 2007–08 and 2008–09, the numbers of diagnoses reported for diabetes and impaired glucose regulation (E09–E14) decreased by 38%, from 902,627 diagnoses in 2007–08 to 558,763 diagnoses in 2008–09 (Table A2.10).

The coding practice for classifying diabetes under ICD-10-AM 7th edition (from 1 July 2010) changed as a result of changes made to the ACS specialty standard for *Diabetes Mellitus and impaired glucose regulation* (ACS 0401). The ACS changes resulted in a further decrease between 2009–10 and 2010–11 in the reporting of diabetes-related conditions, due to the condition not meeting the criteria for being assigned as either a principal (ACS 0001) or additional diagnosis (ACS 0002).

Between 2009–10 and 2010–11, the numbers of diagnoses reported for diabetes and impaired glucose regulation (E09–E14) decreased by 38% from 532,995 diagnoses in 2009–10 to 329,747 diagnoses in 2010–11 (Table A2.10). In particular over this period, there was a 43% decrease in the reporting of *Type 2 diabetes mellitus with kidney complication* (E11.2) and a 44% decrease in the reporting of *Type 2 diabetes mellitus with multiple complications* (E11.7).

From 1 July 2012, further changes to ACS 0401 will result in more changes in the coding practice for classifying diabetes under ICD-10-AM 7th edition. The future changes are likely to result in an increase in diabetes being assigned as both principal and additional diagnoses.

Table A2.10: Diabetes mellitus and impaired glucose regulation, reporting 2006–07 to 2010–11

| Diagnosis | 2006–07 | 2007–08 | 2008–09 | 2009–10 | 2010–11 | Change (per cent) | |
|------------------------------------------------------------------|----------------|----------------|----------------|----------------|----------------|--------------------|--------------------|
| | | | | | | 2007–08 to 2008–09 | 2009–10 to 2010–11 |
| E09 Impaired glucose regulation | 3,998 | 4,241 | 2,471 | 2,184 | 1,393 | -41.7 | -36.2 |
| E10 Type 1 diabetes mellitus | 64,433 | 63,642 | 46,862 | 47,822 | 38,030 | -26.4 | -20.5 |
| E11 Type 2 diabetes mellitus | 761,914 | 825,041 | 502,947 | 476,856 | 285,870 | -39.0 | -40.1 |
| E11.0 Type 2 diabetes mellitus with hyperosmolarity | 469 | 860 | 884 | 900 | 1,021 | 2.8 | 13.4 |
| E11.1 Type 2 diabetes mellitus with acidosis | 1,220 | 1,433 | 1,720 | 1,950 | 1,799 | 20.0 | -7.7 |
| E11.2 Type 2 diabetes mellitus with kidney complication | 103,360 | 112,413 | 77,596 | 72,813 | 41,522 | -31.0 | -43.0 |
| E11.3 Type 2 diabetes mellitus with ophthalmic complication | 25,119 | 26,321 | 20,661 | 19,081 | 4,472 | -21.5 | -76.6 |
| E11.4 Type 2 diabetes mellitus with neurological complication | 10,435 | 10,991 | 8,244 | 7,873 | 4,815 | -25.0 | -38.8 |
| E11.5 Type 2 diabetes mellitus with circulatory complication | 26,965 | 29,051 | 17,163 | 15,216 | 7,548 | -40.9 | -50.4 |
| E11.6 Type 2 diabetes mellitus with other specified complication | 39,747 | 42,237 | 46,017 | 48,421 | 51,199 | 8.9 | 5.7 |
| E11.7 Type 2 diabetes mellitus with multiple complications | 288,803 | 314,844 | 182,787 | 173,298 | 96,726 | -41.9 | -44.2 |
| E11.9 Type 2 diabetes mellitus without complication | 73,311 | 68,945 | 19,318 | 13,932 | 11,918 | -72.0 | -14.5 |
| E13 Other specified diabetes mellitus | 5,399 | 5,469 | 4,268 | 4,173 | 3,389 | -22.0 | -18.8 |
| E14 Unspecified diabetes mellitus | 3,919 | 4,234 | 2,215 | 1,960 | 1,065 | -47.7 | -45.7 |
| E09–E14 Impaired glucose regulation and diabetes mellitus | 835,665 | 898,386 | 556,292 | 530,811 | 328,354 | -38.1 | -38.1 |

Source: National Hospital Morbidity Database.

Quality of coded data

The comparability of the coded diagnosis, procedure and external cause data can be affected by variations in the quality of the coding, the numbers of diagnoses/procedures reported and can also be influenced by state-specific coding standards.

The quality of coded diagnosis, procedure and external cause data can be assessed using coding audits in which, in general terms, selected records are independently recoded and the resulting codes compared with the codes originally assigned for the separation. There are no national standards for this auditing, so it is not possible to use information on coding audits to make quantitative assessments of data quality on a national basis.

The quality and comparability of the coded data can, however, be gauged by information provided by the states and territories on the quality of the data and by assessment of apparent variation in the reporting of additional diagnoses.

State-specific coding standards

The Australian Coding Standards were developed for use in both public and private hospitals with the aim of satisfying sound coding convention according to the ICD-10-AM/ACHI. Although all states and territories instruct their coders to follow the

Australian Coding Standards, some jurisdictions also apply state-specific coding standards to deal with state-specific reporting requirements. These standards may be in addition to or instead of the relevant Australian Coding Standard, and may affect the comparability of ICD-10-AM coded data.

For example, there are variations in coding standards between jurisdictions with regard to the reporting of external cause codes and place of occurrence codes. The Australian Coding Standard requires a place of occurrence code to be reported if an external cause code in the range V00–Y89 has been reported, and requires an activity when injured code to be recorded if the external cause code is in the range V00–Y34. The Western Australian coding standard requires the mandatory recording of a place of occurrence and activity when injured code for all records with a diagnosis code in the range S00–T98, regardless of the external cause code reported. The Victorian coding standard does not require the recording of external cause, place of occurrence or activity when injured for separations where the care type is *Rehabilitation care*.

State and territory comments on the quality of the data

The following information has been provided by the states and territories to provide some insight into the quality of the coded data in the NHMD.

New South Wales

For New South Wales, hospitals perform formal audits on ICD-10-AM coded data at a local level. Data edits are monitored regularly and consistent errors are identified and rectified by individual hospitals.

All NSW public hospitals coded data is routinely processed, monitored and validated using Performance Indicators for Coding Quality (PICQ™) tool by the Ministry of Health and disseminated back to the Local Health Districts and individual hospitals.

Victoria

As part of a comprehensive health data integrity audit program, the Victorian Department of Health continues to conduct state-wide external audits of admitted patient data across public sites. These audits review the ICD-10-AM/ACHI coding and the application of Australian Coding Standards along with some key demographic data. A total of 10,000–13,000 case records are audited within each audit cycle. The rate of AR-DRG change in records subject to audit is consistently under 10%, indicating a high quality of coding. Coded data is also validated using Performance Indicators for Coding Quality (PICQ™) with published state-wide results for both public and private hospitals.

Queensland

Hospitals in Queensland conduct their own coding quality audits, and ICD-10-AM validations are automatically executed as part of the general processing of morbidity data in the corporate data collection. Results from a corporate audit program run between 2006–07 and 2010–11 financial years show a change in AR-DRGs of less than 10%.

Western Australia

The Western Australian Department of Health conducts in-house data quality activities and regular comprehensive external audits of hospital medical records and inpatient data reporting processes. The Edit Protocol for Hospital Morbidity Data System and the Clinical Information Audit Program aims to provide assurances of data quality and integrity,

promoting confidence in the use of health information by hospitals and throughout the system.

South Australia

The South Australian Department of Health recently completed a major audit of coding practices. The rate of AR-DRG change for metropolitan hospitals was marginally above 10%. A result of under 10% is generally regarded as an indication of high quality coding.

The Department conducts a number of other coding improvement activities, aimed at improving compliance with national and state coding standards. For example, desktop audits of coded data are regularly run. Individual hospitals are followed-up as required and results are reported to all coders in quarterly newsletters. A coding educator has been appointed to assist hospitals in further developing their coding knowledge.

Tasmania

In Tasmania, hospitals continue to conduct coding quality improvement activities using the Australian Coding Benchmark Audit tool and PICQ™. Validation of ICD-10-AM data also occurs routinely as the data are processed from the hospitals. A state-wide coding auditor/educator has been appointed and that position will assume the responsibility of managing state-wide coding audits and education in relation to findings from them. Also the position will manage changes/updates to coding classifications and grouping systems.

Australian Capital Territory

The Australian Capital Territory conducts regular coding data quality improvement and integrity activities including analysis using the PICQ™ tool to ensure a high standard of coding quality. Validations are automatically undertaken as part of the processing data flow in the hospital level and corporate level data collections and further education and training supports these quality improvement activities.

Northern Territory

The Northern Territory is committed to the continual improvement of clinical coding across the Northern Territory Hospitals Network, but has experienced challenges in recruiting suitably experienced staff, and maintaining timely coding at all locations. Off-site coding has been used to improve timeliness, but there are ongoing challenges with quality and consistency. New software will be implemented in 2012 and is expected to improve the outcome on both these issues.

Apparent variation in reporting of additional diagnoses

A measure of apparent variation among Australian states and territories in the reporting and coding of additional diagnoses is the proportion of separations in the lowest resource split for adjacent AR-DRGs, standardised to the national distribution of adjacent AR-DRGs to take into account differing casemixes (Coory & Cornes 2005).

Table A2.11 shows that there is variation among jurisdictions, and by sector, in the proportion of separations grouped to the lowest resource split for adjacent AR-DRGs.

Method

An adjacent AR-DRG is a set of AR-DRGs that is split on a basis supplementary to the principal diagnoses and procedures that are used to define the adjacent AR-DRG grouping.

For many adjacent AR-DRGs, this split is based on the inclusion of significant additional diagnoses, also known as complications or comorbidities (CCs). Adjacent AR-DRGs are signified in the AR-DRG classification by having the first three characters in common. The allocation of a fourth character code is hierarchical, with the highest resource use level being assigned an A and the lowest resource use level being assigned the lowest letter in the sequence.

Table A2.11: Standardised proportion in lowest resource level AR-DRG^(a) for selected adjacent AR-DRGs version 6.0, public and private hospitals, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|-------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|--------|--------|--------|-----------|
| All adjacent AR-DRGs split by complications only | | | | | | | | | |
| Public hospitals | | | | | | | | | |
| Separations | 611,199 | 514,264 | 361,334 | 186,830 | 148,599 | 37,650 | 30,732 | 28,342 | 1,918,950 |
| Standardised proportion in lowest resource level | 0.78 | 0.76 | 0.79 | 0.81 | 0.78 | 0.81 | 0.79 | 0.75 | 0.78 |
| Private hospitals | | | | | | | | | |
| Separations | 197,567 | 195,738 | 194,756 | 84,448 | 65,667 | 17,614 | 9,919 | 3,095 | 768,804 |
| Standardised proportion in lowest resource level | 0.82 | 0.81 | 0.81 | 0.83 | 0.82 | 0.83 | 0.78 | 0.89 | 0.82 |
| Adjacent AR-DRGs with 'without complication' as the lowest resource level AR-DRG | | | | | | | | | |
| Public hospitals | | | | | | | | | |
| Separations | 157,965 | 137,876 | 96,150 | 50,709 | 38,334 | 9,900 | 9,471 | 8,236 | 508,641 |
| Standardised proportion in lowest resource level | 0.74 | 0.72 | 0.75 | 0.76 | 0.72 | 0.75 | 0.74 | 0.66 | 0.74 |
| Private hospitals | | | | | | | | | |
| Separations | 64,523 | 62,176 | 60,077 | 30,340 | 21,109 | 5,379 | 3,355 | 1,067 | 248,021 |
| Standardised proportion in lowest resource level | 0.78 | 0.76 | 0.77 | 0.80 | 0.79 | 0.78 | 0.72 | 0.83 | 0.77 |
| Adjacent DRGs with 'without catastrophic or severe complication' as the lowest resource level AR-DRG | | | | | | | | | |
| Public hospitals | | | | | | | | | |
| Separations | 453,234 | 376,388 | 265,184 | 136,121 | 110,265 | 27,750 | 21,261 | 20,106 | 1,410,309 |
| Standardised proportion in lowest resource level | 0.80 | 0.78 | 0.81 | 0.83 | 0.80 | 0.83 | 0.81 | 0.79 | 0.80 |
| Private hospitals | | | | | | | | | |
| Separations | 133,044 | 133,562 | 134,679 | 54,108 | 44,558 | 12,235 | 6,564 | 2,028 | 520,783 |
| Standardised proportion in lowest resource level | 0.84 | 0.83 | 0.83 | 0.84 | 0.84 | 0.84 | 0.80 | 0.92 | 0.84 |

(a) Separations for which the care type was reported as *Acute*, or *Newborn* with qualified days, or was not reported.

Abbreviations: AR-DRG—Australian Refined Diagnosis Related Group; n.p.—not published.

The underlying assumption of this analysis is that variation in the proportions of separations assigned to individual AR-DRGs within an adjacent AR-DRG is caused by variation in the reporting and coding of additional diagnoses that are relevant to the split of the adjacent AR-DRG. A corollary of this assumption is that any variation seen was not caused by age, diagnosis, socioeconomic status or other factors. This assumption is less likely to be valid when comparing hospital sectors which have differing casemixes, or the smaller jurisdictions because of differing population profiles and the limitations of the standardisation method.

The data were directly standardised by scaling the distribution of adjacent AR-DRGs in each jurisdiction/sector to the same distribution as the national total. The resulting proportions of separations in the lowest resource AR-DRG within the adjacent AR-DRG are comparable.

This analysis concentrates on differences in the reporting of additional diagnoses that are significant in AR-DRG assignment within the adjacent AR-DRG groupings. The analysis covers three groups of adjacent AR-DRGs:

1. all applicable adjacent AR-DRGs (that is, excluding adjacent AR-DRGs with other factors affecting partitioning)
2. adjacent AR-DRGs where the lowest split was without complications or comorbidities
3. adjacent AR-DRGs where the lowest split was without catastrophic or severe complications or comorbidities.

Categories 2 and 3 are subsets of category 1.

See Table A2.12 (accompanying this report online) for additional detail on this analysis and the list of AR-DRGs included.

Condition onset flag data

The data element 'Episode of admitted patient care – condition onset flag' was mandated for national collection for the first time for the 2008–09 reporting period.

The condition onset flag is a means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. It is reported for each ICD-10-AM diagnosis, external cause, place of occurrence, and activity when injured code.

A better understanding of those conditions arising during the episode of care may inform prevention strategies particularly in relation to complications of medical care.

Conditions which arise during the episode of care can include:

- conditions resulting from misadventure during medical or surgical care during the episode of admitted patient care
- abnormal reactions to, or later complication of, surgical or medical care arising during the episode of admitted patient care
- conditions arising during the episode of admitted patient care that may not be related to surgical or medical care (for example, pneumonia).

Quality of the Condition onset flag data for 2010–11

Overall, the provision of Condition onset flag for 2010–11 was very similar to that provided for 2008–09 and 2009–10, in terms of the proportion by sector, by diagnosis chapter, by Urgency of admission and by Same-day/overnight status.

The quality of the Condition onset flag data for 2010–11 was not considered to be sufficient for analytical purposes and presentation in the body of this report. This was for three main reasons:

- The data were not provided for all separations, with major gaps for public hospitals for New South Wales, and for private hospitals for New South Wales and the Northern Territory.
- There was variation in the proportion of separations for which there was a report of a condition with onset during the episode of care, among states and territories for both the public and private sectors. Although some variation could be expected, it was considered that further investigation of the data quality was warranted at this stage.

- There were unexpected reports of condition with onset during the episode of care, such as for congenital conditions and conditions such as cancer. Although the numbers of these reports were small, it was considered that further investigation of the data quality was warranted at this stage.

Coverage

Incomplete coverage of the COF data continues to limit its application for national reporting.

The coverage of Condition onset flag increased for public hospitals, from 77% in 2009–10 to 88% in 2010–11. (Table A2.13). For private hospitals, coverage increased from 69% in 2009–10 to 77% in 2010–11.

Table A2.13: Proportion of separations^(a) with Condition onset flag reported^(b) (%), public and private hospitals, states and territories, 2010–11

| | Public sector | Private sector |
|------------------------------|------------------------------------------|------------------------------------------|
| | Separations with onset flag reported (%) | Separations with onset flag reported (%) |
| New South Wales | 58.6 | 21.5 |
| Victoria | 100.0 | 100.0 |
| Queensland | 100.0 | 100.0 |
| Western Australia | 100.0 | 100.0 |
| South Australia | 100.0 | 100.0 |
| Tasmania | 98.6 | 94.7 |
| Australian Capital Territory | 100.0 | 99.9 |
| Northern Territory | 100.0 | 0.0 |
| Total | 87.5 | 77.3 |

(a) Separations for which the care type was reported as *Newborn* (without qualified days), and records for *Hospital boarders* and Posthumous organ procurement have been excluded.

(b) The proportion of separations for which Condition onset flag was reported may include records where the flag was provided for some diagnoses and not for others.

Proportion of separations for which there was a report of a condition with onset during the episode of care

The proportions of separations for which there was a report of a condition with onset during the episode of care were calculated using records for which condition onset flag was not missing.

About 8.2% of public hospital separations for which Condition onset flag was provided reported at least one condition that arose during the episode of care (for separations for which a condition onset flag of 1 or 2 was provided for at least one diagnosis) (Table A2.14). About 7.5% of diagnoses reported for public hospital separations were for conditions reported as arising during the episode of care (Table A2.16).

About 5.2% of private hospital separations for which Condition onset flag was provided reported at least one condition that arose during the episode of care (Table A2.15). About 4.1% of diagnoses reported for private hospital separations were for conditions reported as arising during the episode of care (Table A2.16).

Public hospitals

About 8% of public hospital separations reported at least one condition that arose during the episode of care (Table A2.14). There was marked variation between states and territories, with the overall proportion ranging from 4.9% to 10.5%. Differences in casemix between states and territories may account for some of this variation. However, this variation may indicate that there are differences in the allocation of Condition onset flags.

The proportion of same-day separations that recorded a condition with onset during the episode was 0.8%, with state/territory proportions ranging from 0.5% to 1.8% (Table A2.14).

About 16% of public hospital overnight separations recorded a diagnosis with onset during the episode of care. There was variation by jurisdiction, ranging from 8.4% to 22.8%. For overnight separations with an *Elective* urgency of admission, the proportion reported with a condition with onset during the episode ranged from 8.5% to 23.7%.

Table A2.14: Proportion of separations^(a) with condition onset during episode of care, by same-day/overnight status and Urgency of admission, public hospitals, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Same-day separations | | | | | | | | | |
| Emergency | 0.8 | 0.9 | 1.5 | 0.6 | 2.0 | 0.8 | 1.8 | 0.5 | 1.0 |
| Elective | 0.3 | 0.7 | 2.1 | 0.6 | 2.9 | 0.6 | 0.9 | 0.7 | 0.8 |
| Other | 1.8 | 4.0 | 0.7 | 0.3 | 0.4 | 0.6 | 0.3 | 0.5 | 0.6 |
| <i>Total</i> | <i>0.5</i> | <i>0.8</i> | <i>1.3</i> | <i>0.4</i> | <i>1.8</i> | <i>0.6</i> | <i>0.8</i> | <i>0.6</i> | <i>0.8</i> |
| Overnight separations | | | | | | | | | |
| Emergency | 5.7 | 17.8 | 13.8 | 9.9 | 14.0 | 16.3 | 14.3 | 9.4 | 11.5 |
| Elective | 8.5 | 23.7 | 19.2 | 16.6 | 18.8 | 21.1 | 19.2 | 13.5 | 17.7 |
| Other | 18.4 | 44.3 | 38.7 | 41.7 | 37.4 | 23.3 | 29.2 | 33.2 | 31.2 |
| <i>Total</i> | <i>8.4</i> | <i>22.8</i> | <i>18.8</i> | <i>15.1</i> | <i>17.9</i> | <i>18.8</i> | <i>18.1</i> | <i>14.9</i> | <i>15.8</i> |
| Total | 4.9 | 10.3 | 9.9 | 7.3 | 10.5 | 9.7 | 8.9 | 5.8 | 8.2 |

(a) Proportion of separations is calculated for separations for which the Condition onset flag was reported only.

Private hospitals

For private hospitals, data were not available for New South Wales and Northern Territory.

Over 5% of private hospital separations reported at least one condition that arose during the episode of care (Table A2.15). There was marked variation between states and territories, with the overall proportion ranging from 3.7% to 6.5%. As for public hospitals, this variation may indicate that there are differences in the allocation of Condition onset flags.

The proportion of same-day separations that recorded a condition with onset during the episode was 0.4%, with state/territory proportions ranging from 0.2% to 1.1% (Table A2.15).

About 15% of private hospital overnight separations recorded a diagnosis with onset during the episode of care.

Diagnoses reported with onset during the episode of care

Table A2.16 presents information on the number and proportion of additional diagnoses that were reported as arising during the episode of care, by ICD-10-AM disease chapter for public and private hospitals. These data are included only for records for which the Condition onset

flag was reported. It should be noted that some diseases or conditions are coded using more than one code, so the count of additional diagnosis codes is not a count of conditions.

For public hospitals, the disease chapters with the highest proportion of additional diagnoses that arose during the episode of care were *Pregnancy, childbirth and the puerperium* (24%) and *Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism* (18%).

Table A2.15: Proportion of separations^(a) with condition onset during episode of care, by same-day/overnight status and urgency of admission, private hospitals, reporting states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Same-day separations | | | | | | | | | |
| Emergency | n.a. | 1.7 | 1.2 | 0.9 | 0.8 | 0.0 | 0.0 | n.a. | 1.1 |
| Elective | n.a. | 0.4 | 0.3 | 0.2 | 1.3 | 0.3 | 0.3 | n.a. | 0.4 |
| Other | n.a. | 0.8 | 0.2 | 0.1 | 0.4 | 0.4 | 0.0 | n.a. | 0.2 |
| <i>Total</i> | <i>n.a.</i> | <i>0.4</i> | <i>0.3</i> | <i>0.2</i> | <i>1.1</i> | <i>0.3</i> | <i>0.3</i> | <i>n.a.</i> | <i>0.4</i> |
| Overnight separations | | | | | | | | | |
| Emergency | n.a. | 19.9 | 10.7 | 13.7 | 16.0 | 6.5 | 8.1 | n.a. | 14.4 |
| Elective | n.a. | 16.4 | 9.6 | 10.8 | 16.0 | 10.4 | 14.1 | n.a. | 13.1 |
| Other | n.a. | 34.7 | 22.4 | 42.6 | 41.9 | 16.0 | 32.2 | n.a. | 32.3 |
| <i>Total</i> | <i>n.a.</i> | <i>18.5</i> | <i>10.7</i> | <i>14.7</i> | <i>17.4</i> | <i>10.8</i> | <i>15.2</i> | <i>n.a.</i> | <i>14.9</i> |
| Total | n.a. | 6.5 | 3.7 | 4.7 | 6.4 | 4.0 | 6.5 | n.a. | 5.2 |

(a) Proportion of separations is calculated for separations for which the Condition onset flag was reported only.

Abbreviation: n.a. —not available.

For private hospitals, the disease chapters with the highest proportions of additional diagnoses that arose during the episode of care were *Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified* (17%) and *Certain infectious and parasitic diseases* (17%).

Some diseases or disorders are not expected to arise during the episode of care, such as diseases or disorders in the chapters *Neoplasms* and *Congenital malformations, deformations and chromosomal abnormalities*. However, there were some diagnoses in these chapters that were reported as having onset during the episode of care. These may indicate data quality issues that the AIHW will consider with states and territories before publication of future condition onset data.

High-volume diagnoses with onset during the episode of care

Table A2.17 presents the 20 most common diagnoses (at the 3-character level of the ICD-10-AM classification) reported as having onset during the episode of care, for public and private hospitals. This table provides some evidence that the Condition onset flag data were reported as would be expected and that the data have potential to be useful for analysis purposes in the future.

Six of the top 20 diagnoses were related to childbirth episodes, including perineal lacerations and postpartum haemorrhage. Five were categorised as signs or symptoms, such as nausea and vomiting, retention of urine, pain, headache and fever. One was for an infectious disease and one for complications of medical or surgical care.

Table A2.16: Conditions (additional diagnoses) with onset during the episode of care, by ICD-10-AM disease chapter, public and private hospitals, selected states and territories^(a), 2010–11

| Diagnosis chapter | | Public hospitals | | | Private hospitals | | |
|-------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|-----------------------------|-------------------------------------|------------------|-----------------------------|
| | | Condition with onset during episode | All diagnoses | % with onset during episode | Condition with onset during episode | All diagnoses | % with onset during episode |
| A00–B99 | Certain infectious and parasitic diseases | 30,744 | 231,748 | 13.3 | 7,806 | 47,449 | 16.5 |
| C00–D48 | Neoplasms | 756 | 779,455 | 0.1 | 635 | 740,129 | 0.1 |
| D50–D89 | Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism | 40,101 | 225,965 | 17.7 | 9,896 | 70,399 | 14.1 |
| E00–E90 | Endocrine, nutritional and metabolic diseases | 97,150 | 688,838 | 14.1 | 16,990 | 152,857 | 11.1 |
| F00–F99 | Mental and behavioural disorders | 17,388 | 510,241 | 3.4 | 3,359 | 175,170 | 1.9 |
| G00–G99 | Diseases of the nervous system | 8,194 | 255,585 | 3.2 | 2,261 | 122,782 | 1.8 |
| H00–H59 | Diseases of the eye and adnexa | 3,387 | 101,918 | 3.3 | 637 | 137,596 | 0.5 |
| H60–H95 | Diseases of the ear and mastoid process | 988 | 43,423 | 2.3 | 258 | 25,573 | 1.0 |
| I00–I99 | Diseases of the circulatory system | 57,113 | 926,030 | 6.2 | 17,687 | 360,134 | 4.9 |
| J00–J99 | Diseases of the respiratory system | 26,816 | 435,169 | 6.2 | 5,433 | 115,656 | 4.7 |
| K00–K93 | Diseases of the digestive system | 42,424 | 691,286 | 6.1 | 13,303 | 686,486 | 1.9 |
| L00–L99 | Diseases of the skin and subcutaneous tissue | 30,615 | 218,183 | 14.0 | 7,371 | 64,892 | 11.4 |
| M00–M99 | Diseases of the musculoskeletal system and connective tissue | 15,825 | 340,976 | 4.6 | 6,176 | 390,435 | 1.6 |
| N00–N99 | Diseases of the genitourinary system | 40,739 | 621,802 | 6.6 | 10,047 | 281,274 | 3.6 |
| O00–O99 | Pregnancy, childbirth and the puerperium | 159,421 | 679,341 | 23.5 | 31,734 | 242,723 | 13.1 |
| P00–P96 | Certain conditions originating in the perinatal period | 16,747 | 105,479 | 15.9 | 1,542 | 19,745 | 7.8 |
| Q00–Q99 | Congenital malformations, deformations and chromosomal abnormalities | 286 | 48,412 | 0.6 | 43 | 13,347 | 0.3 |
| R00–R99 | Symptoms, signs and abnormal clinical and laboratory findings, n.e.c. | 181,500 | 1,139,587 | 15.9 | 67,626 | 391,508 | 17.3 |
| S00–T98 | Injury, poisoning and certain other consequences of external causes | 85,723 | 953,851 | 9.0 | 26,301 | 169,484 | 15.5 |
| Z00–Z99 | Factors influencing health status and contact with health services | 35,802 | 2,964,188 | 1.2 | 5,375 | 1,472,483 | 0.4 |
| Total | | 891,719 | 11,961,477 | 7.5 | 234,480 | 5,680,122 | 4.1 |

(a) For public hospitals, data are included for all states and territories. For private hospitals, data are included for the six jurisdictions that provided Condition onset flag information.

Table A2.17: The 20 most common conditions (diagnoses) with onset during the episode of care, selected states and territories^(a), public and private hospitals, 2010–11

| | | Public hospitals | Private hospitals | Total |
|--------------|----------------------------------------------------------------------------------------------------------|------------------|-------------------|------------------|
| E87 | Other disorders of fluid, electrolyte and acid-base balance | 52,397 | 9,699 | 62,096 |
| I95 | Hypotension | 39,456 | 12,583 | 52,039 |
| O70 | Perineal laceration during delivery | 41,281 | 8,364 | 49,645 |
| T81 | Complications of procedures, not elsewhere classified | 28,025 | 11,540 | 39,565 |
| R11 | Nausea and vomiting | 20,544 | 12,851 | 33,395 |
| K59 | Other functional intestinal disorders | 21,709 | 7,058 | 28,767 |
| N39 | Other disorders of urinary system | 20,524 | 5,551 | 26,075 |
| B96 | Other bacterial agents as the cause of diseases classified to other chapters | 18,919 | 5,327 | 24,246 |
| O68 | Labour and delivery complicated by fetal stress [distress] | 19,496 | 4,318 | 23,814 |
| D64 | Other anaemias | 17,222 | 5,984 | 23,206 |
| R00 | Abnormalities of heart beat | 15,824 | 4,003 | 19,827 |
| O99 | Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium | 16,041 | 3,399 | 19,440 |
| O92 | Other disorders of breast and lactation associated with childbirth | 13,093 | 5,966 | 19,059 |
| O72 | Postpartum haemorrhage | 16,980 | 2,022 | 19,002 |
| I48 | Atrial fibrillation and flutter | 12,798 | 4,986 | 17,784 |
| R33 | Retention of urine | 12,664 | 4,527 | 17,191 |
| R07 | Pain in throat and chest | 12,541 | 3,918 | 16,459 |
| E86 | Volume depletion | 14,495 | 1,844 | 16,339 |
| O62 | Abnormalities of forces of labour | 13,070 | 2,372 | 15,442 |
| R50 | Fever of other and unknown origin | 11,360 | 3,932 | 15,292 |
| | Other | 473,280 | 114,236 | 587,516 |
| Total | | 891,719 | 234,480 | 1,126,199 |

(a) For public hospitals, data are included for all states and territories. For private hospitals, excludes data for New South Wales and the Northern Territory.

Australian Refined Diagnosis Related Groups (AR-DRGs)

Australian Refined Diagnosis Related Groups (AR-DRGs) is an Australian admitted patient classification system which provides a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources expected to be used by the hospital. This system categorises acute admitted patient episodes of care into groups with similar conditions and similar expected use of hospital resources, based on information in the hospital morbidity record such as the diagnoses, procedures and demographic characteristics of the patient. This report uses AR-DRG version 6.0 (DoHA 2008) to classify separations, and the most recent cost weights based on version 5.2 (Round 13, 2008–09 DOHA 2010).

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical*, *Medical* and *Other* partitions, and then into 698 individual AR-DRGs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. In general, episodes are assigned to MDCs on the basis of the principal diagnosis. Some episodes involving procedures that are particularly resource intensive may be assigned to the Pre-MDC category (AR-DRGs A01Z–A41B), irrespective of

the principal diagnosis (including most organ and bone marrow transplants). Episodes that contain clinically atypical or invalid information are assigned *Error DRGs* (AR-DRGs 801A–801C and 960Z–963Z), even if they were assigned to an MDC (*Error DRGs* are included within *Other DRG* in the Surgical/Medical/Other DRG partition).

Episodes are assigned to AR-DRGs within MDCs, mainly on the basis of the procedure codes (in the *Surgical DRG* partition) or the diagnosis codes (in the *Medical DRG* partition). Additional variables including the patient’s age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation are also used for AR-DRG assignment.

Following receipt of the data from states and territories, the AIHW regrouped the data to ensure that the same grouping method was used for all data. The AR-DRGs that resulted from this regrouping are reported here, and may differ slightly from the AR-DRGs derived by the states and territories.

The information in chapters 7, 8, 9 and 10 is presented using different methods of grouping the AR-DRG classification:

- Separations have been categorised as *Childbirth, Medical, Surgical* or *Other* based on the AR-DRG recorded for the separation
- MDCs – these 23 groups are used to provide information at a high level of aggregation
- AR-DRGs – detailed information is presented for the 20 AR-DRGs having the largest number of separations.

AR-DRG versions

For 2010–11, each separation in the NHMD was classified to AR-DRG version 6.0 (DoHA 2008) on the basis of demographic and clinical characteristics of the patient. AR-DRG version 5.2 has been used throughout this report for cost weights, as cost weights for AR-DRG version 6.0 are designated as interim and are not available for both public and private hospitals.

At the time of writing, 2010–11 cost weights and average costs were not available. In addition, cost weights are not available for AR-DRG version 6.0, which has been used for the majority of tables that present data for MDCs and AR-DRGs. Therefore, the cost by volume information was not available. After this report is published, the website will include updates for the tables that use AR-DRG cost weight and/or average cost /cost by volume information.

Each AR-DRG version is based on a specific edition of the ICD-10-AM/ACHI (Table A2.18). However, AR-DRGs can be mapped from other ICD-10-AM/ACHI editions.

Table A2.18: ICD-10-AM and AR-DRG versions, 2006–07 to 2010–11

| Year | ICD-10-AM edition | Relevant AR-DRG version | AR-DRG version reported in Australian hospital statistics |
|------------------------|-------------------|-------------------------|-----------------------------------------------------------|
| 2006–07 | Fifth edition | Version 5.2 | Version 5.1 |
| 2007–08 | Fifth edition | Version 5.2 | Version 5.1 |
| 2008–09 | Sixth edition | Version 6.0 | Version 5.2 |
| 2009–10 | Sixth edition | Version 6.0 | Version 5.2 |
| 2010–11 ^(a) | Seventh edition | Version 6.0 | Version 6.0 |

(a) For analyses where cost weights were required, AR-DRG version 5.2 Round 13 cost weights (2008–09) were applied to AR-DRG version 5.2.

For AR-DRG-based time series comparisons, AR-DRG version 5.1 was used for the years 2006–07 to 2007–08 and AR-DRG version 5.2 was used for 2008–09 to 2009–10. For the purpose of these analyses, the coded clinical data for 2006–07 to 2009–10 were grouped to AR-DRG versions 5.1 and 5.2 using the mapping facility in the DRGroup™ software. Similarly, the coded clinical data for 2010–11 were grouped to AR-DRG version 6.0. Due to the mapping necessary to generate the AR-DRG versions, the data presented in these tables may not be comparable to those reported by the states and territories for a small number of AR-DRGs.

Similarly, the AIHW's AR-DRG online data cubes (<www.aihw.gov.au/hospitals/>) present AR-DRG versions 4.0, 4.1 and 4.2 based on the relevant AR-DRG versions for 1997–98 to 2001–02 and, for the years 2002–03 to 2004–05, the supplied third and fourth edition ICD-10-AM codes were mapped backwards to second edition codes to group the data for those years to AR-DRG version 4.2. Similarly, for the AR-DRG version 5.0/5.1/5.2 cube, which covers the years 1998–99 to 2009–10, the data for 1998–99 to 2001–02 based on earlier editions of the ICD-10-AM were mapped forwards to the third edition codes and then grouped to AR-DRG version 5.0.

AR-DRG cost weights and cost estimates

Cost weights and cost estimates are prepared by the Australian Government Department of Health and Ageing through the National Hospital Cost Data Collection (NHCDC) (DoHA 2010). The NHCDC estimates the average cost of each AR-DRG and the cost weight is the average cost for that AR-DRG divided by the average cost across all AR-DRGs. They were \$4,133 for the public sector, and \$3,047 for the private sector in 2008–09. Separate cost weights are usually estimated for the public and private sectors because of the differences in the range of costs recorded in public and private hospitals.

The latest available cost weights (at the time of publication of this report) were for version 5.2 AR-DRGs for 2008–09 (DoHA 2010). When the NHCDC 2010–11 results become available, updated information using those data will be provided in the tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Average cost weight

Average cost weight information provides a guide to the expected resource use for separations, with a value of 1.00 representing the average cost for all separations.

The average cost weight for a hospital (or group of hospitals) is calculated as the sum of the average cost weights for each separation, divided by the total number of separations for the hospital. It represents in a single number the overall relative expected use of resources by a hospital. For example, a hospital with an average cost weight of 1.08 has an 8% more costly casemix than the national average (equal to 1.00).

Analysis methods

Cost per casemix-adjusted separation analysis

The cost per casemix-adjusted separation (Chapter 3) is an indicator of the efficiency of public acute care hospitals. It is a measure of the average recurrent expenditure for each admitted patient, adjusted using AR-DRG cost weights for the resources expected to be used for the separation. A synopsis of the methods used in this analysis is presented below, and more detail is available in *Australian hospital statistics 2000–01* (AIHW 2002).

Definition

The formula used to calculate the cost per casemix-adjusted separation is:

$$\frac{\text{Recurrent expenditure} \times \text{IFRAC}}{\text{Total separations} \times \text{Average cost weight}}$$

where:

- recurrent expenditure is as defined by the recurrent expenditure data elements in the *National health data dictionary* (HDSC 2008)
- IFRAC (admitted patient cost proportion) is the estimated proportion of total hospital expenditure that relates to admitted patients
- total separations excludes *Newborns* (without qualified days) and records that do not relate to admitted patients (*Hospital boarders* and *Posthumous organ procurement*)
- average cost weight is a single number representing the relative expected resource use for the separations (see above).

Matters affecting the interpretation of cost per casemix-adjusted separation

The inclusion of non-acute care

The formula used to calculate the cost per casemix-adjusted separation includes all admitted patient separations and their associated costs. It is appropriate to include the acute care separations, which comprise almost 98% of the total for the hospitals included in the analysis (see Table A2.19, accompanying this report online), as cost weights are available for acute care. However, the 2% of separations that are not acute care are also included and, as there are no cost weights for these separations, the average cost weight for the acute separations for each hospital is used. This method may affect the estimates of cost-weighted separations (see below) for each state and territory, depending on the proportion of non-acute separations for the state or territory. Non-acute separations (including rehabilitation care) generally have higher costs per separation than acute care separations because, although their daily costs are lower, these episodes typically involve longer lengths of stay.

For 2010–11, estimates of expenditure for acute care for admitted patients (acute care IFRACs) were available for some jurisdictions, and the effect of limiting the analysis to acute care is presented below.

The inclusion of psychiatric care

The validity of comparisons of average cost weights is also limited by differences in the extent to which each jurisdiction's psychiatric care services are integrated into its public hospital system. For example, in Victoria, almost all public psychiatric hospitals are mainstreamed into acute hospital services, and psychiatric patient data are therefore included in the acute hospital reports. Cost weights are not as useful as measures of resource requirements for acute psychiatric care because the relevant AR-DRGs are less homogeneous than for other acute care.

Cost per acute care casemix-adjusted separation and cost per non-psychiatric acute care casemix-adjusted separation

As cost weights are available only for acute care separations, the cost per casemix-adjusted separation analysis applies these cost weights to all separations. A more accurate estimate of

cost could be obtained by restricting the analysis to acute, or acute non-psychiatric separations and expenditure.

New South Wales, Victoria and Western Australia provided estimates of expenditure on acute care for admitted patients, so estimates of the cost per casemix-adjusted acute care separation are presented for these jurisdictions (Table A2.20). Separations were included only if their care type was *Acute, Newborn* (with qualified days) or for which the care type was not reported.

Hospitals were excluded from the analysis if the estimated cost per day was more than \$1,000 (as this would be considered unreasonably high for non-acute care types) or if the same IFRACs were reported for acute care (and non-psychiatric acute care) as for all care types (where they reported more than 1,000 patient days for non-acute separations).

Using these criteria, the 2010–11 analysis excluded 1 benchmarking hospital for Victoria and 2 benchmarking hospitals for Western Australia.

The estimated cost per acute care casemix-adjusted separation (excluding depreciation) for the selected hospitals was:

- \$4,730 in New South Wales, 3.6% less than the cost per casemix-adjusted separation for all separations
- \$3,936 in Victoria, 12.6% less than for all separations
- \$4,739 in Western Australia, 4.8% less than for all separations (Figure A2.1 and Table A2.20).

The estimated cost per non-psychiatric acute care casemix-adjusted separation (excluding depreciation) for the selected hospitals was:

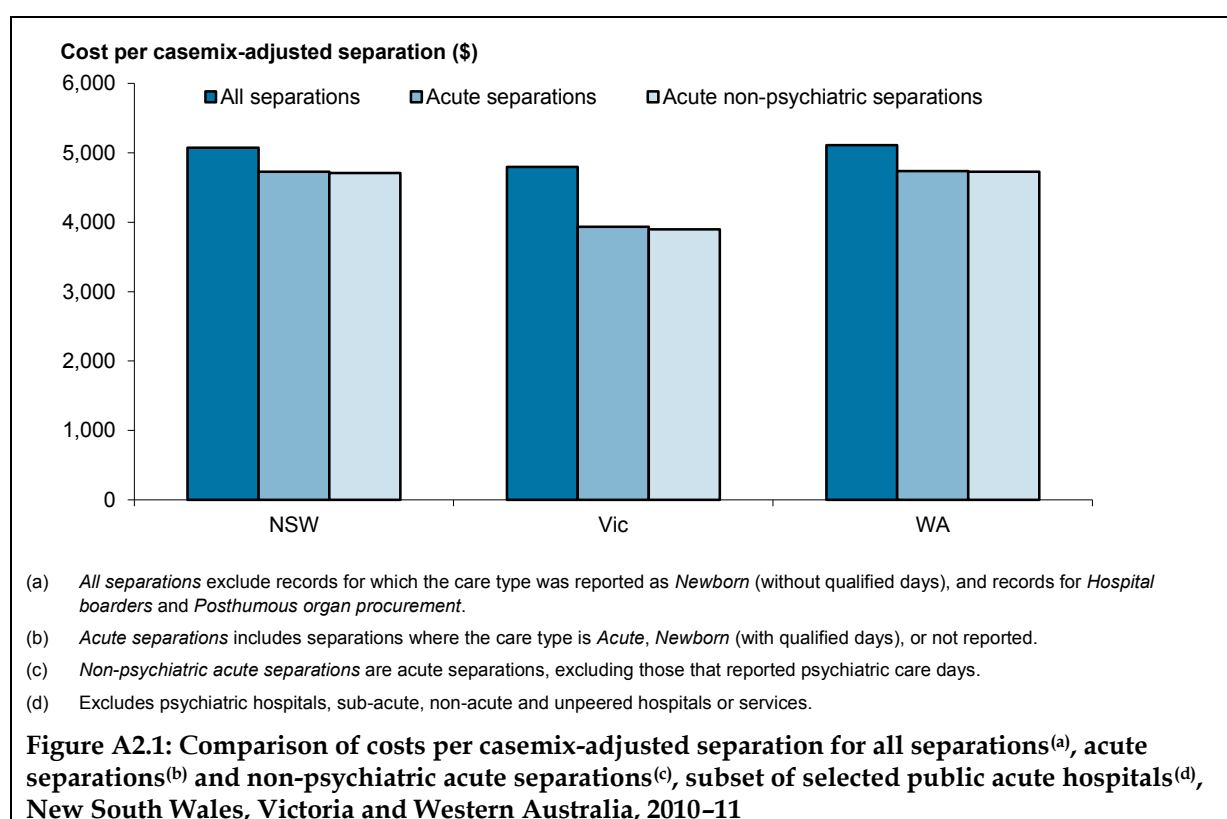
- \$4,708 in New South Wales, 4.0% less than the cost per casemix-adjusted separation for all separations
- \$3,897 in Victoria, 13.5% less than for all separations
- \$4,729 in Western Australia, 4.9% less than for all separations.

The estimated cost per acute care casemix-adjusted separation, including depreciation and cost per non-psychiatric acute casemix-adjusted separation, including depreciation is available in Table A2.21 accompanying this report online.

Table A2.20: Cost per casemix-adjusted separation (\$) for acute and non-psychiatric acute separations, subset of selected public acute hospitals^(a), New South Wales, Victoria and Western Australia, 2010–11

| | NSW | Vic | WA |
|---------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|
| Cost per casemix-adjusted separation excluding depreciation | 4,904 | 4,506 | 4,972 |
| Cost per casemix-adjusted acute separation excluding depreciation ^(f) | 4,730 | 3,936 | 4,739 |
| Percentage this exceeds cost per casemix-adjusted separation for subset hospitals | –3.6% | –12.6% | –4.7% |
| Cost per casemix-adjusted acute non-psychiatric separation excluding depreciation ^(f) | 4,708 | 3,897 | 4,729 |
| Percentage this exceeds cost per casemix-adjusted separation for subset hospitals | –4.0% | –13.5% | –4.9% |
| Cost per casemix-adjusted separation including depreciation | 5,074 | 4,800 | 5,111 |
| Cost per casemix-adjusted acute separation including depreciation ^(f) | 4,893 | 4,194 | 4,871 |
| Percentage this exceeds cost per casemix-adjusted separation for subset hospitals | –3.6% | –12.6% | –4.7% |
| Cost per casemix-adjusted acute non-psychiatric separation including depreciation ^(h) | 4,870 | 4,152 | 4,861 |
| Percentage this exceeds cost per casemix-adjusted separation for subset hospitals | –4.0% | –13.5% | –4.9% |

- (a) Excludes psychiatric hospitals, sub-acute, non-acute and unpeered hospitals or services. This subset excludes hospitals where the admitted patient cost proportion (IFRAC) was equal to the acute IFRAC and more than 1,000 non-acute patient days were recorded. Also excludes hospitals where the apparent cost of non-acute patients exceeded \$1,000 per day and more than \$1,000,000 of expenditure on non-acute patient days was reported.
- (b) Separations where the care type is *Acute*, *Newborn* (with qualified days), or not reported. Details of acute and non-acute separations and patient days are presented in Table A2.20.
- (c) Separations where the care type is *Acute*, *Newborn* (with qualified days), or not reported, and excludes records for which psychiatric care days were reported. Psychiatric separations are those with specialised psychiatric care days.



Cost per casemix-adjusted separation, including capital

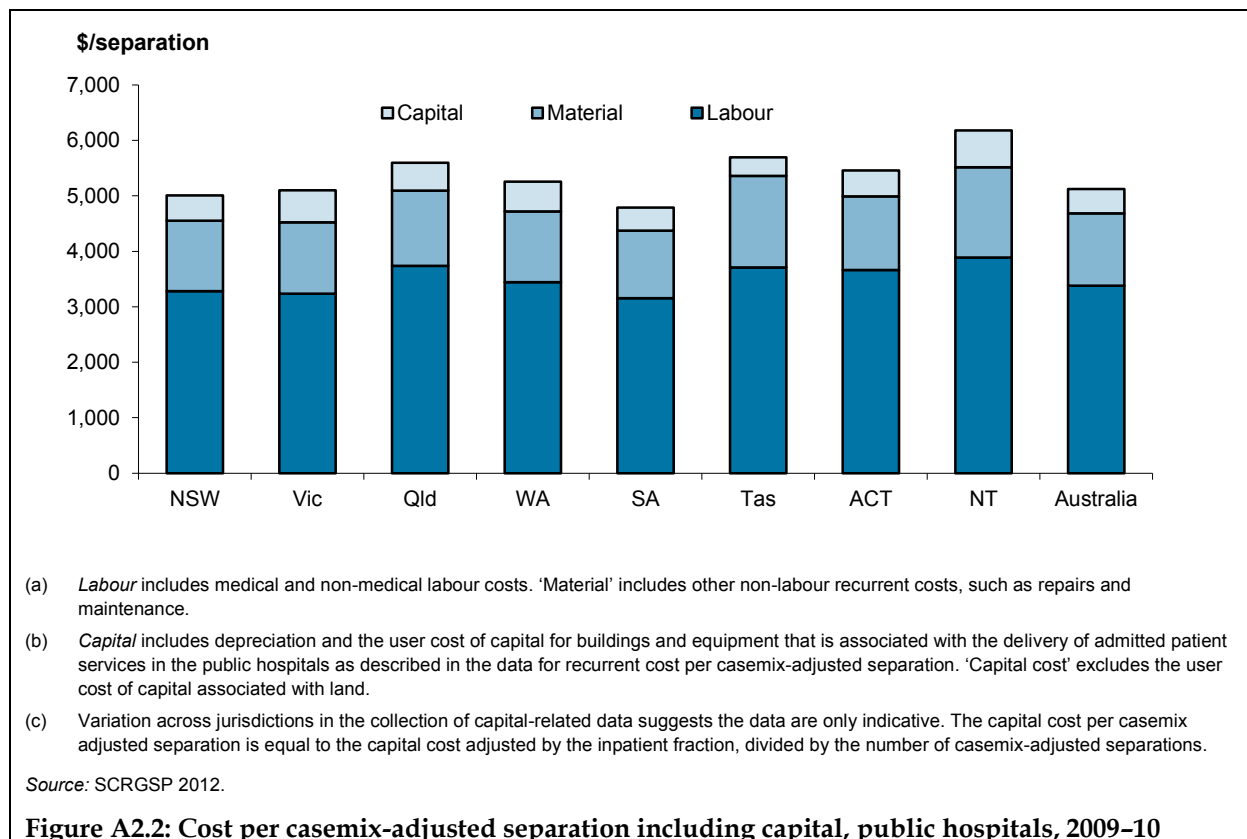
The cost per casemix-adjusted separation analysis includes recurrent expenditure and depreciation for those states that reported it (see Chapter 3).

The Steering Committee for the Review of Government Service Provision (SCRGSP) reported 'total costs per casemix-adjusted separation' by state and territory for 2009–10 (SCRGSP 2012). It was defined as the recurrent cost per casemix-adjusted separation plus the capital costs (depreciation and the user cost of capital of buildings and equipment) per casemix adjusted separation.

'Depreciation is defined as the cost of consuming an asset's services. It is measured by the reduction in value of an asset over the financial year. The user cost of capital is the opportunity cost of the capital invested in an asset, and is equivalent to the return foregone from not using the funds to deliver other government services or to retire debt. Interest payments represent a user cost of capital, so are deducted from capital costs in all jurisdictions to avoid double counting' (SCRGSP 2012).

Excluding the user cost of capital for land, the total cost per casemix-adjusted separation ranged from \$4,789 in South Australia to \$6,179 in the Northern Territory (SCRGSP 2012) (Figure A2.2).

Further details about the SCRGSP calculation of total cost per casemix-adjusted separation are available in the *Report on government services, 2012* (SCRGSP 2012).



Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Chapter 3. They are calculated as the number of 'observed patient days' for separations in selected AR-DRGs, divided by the number of 'expected patient days', standardised for casemix (based on national figures). An RSI greater than 1.0 indicates that an average patient's length of stay is higher than expected given the casemix for the group of separations of interest. An RSI of less than 1.0 indicates that the length of stay was less than expected.

The standardisation for casemix (based on AR-DRG version 6.0 and the age of the patient for each separation) allows comparisons to be made that take into account variation in types of services provided; however, it does not take into account other influences on length of stay, such as Indigenous status.

The RSI method includes acute care separations only, and excludes separations for patients who died or were transferred within 2 days of admission, or with a length of stay greater than 120 days. Excluded from the analysis were:

- AR-DRGs for rehabilitation (such as Z60A *Rehabilitation with catastrophic/severe complications or comorbidities*)
- predominantly same-day AR-DRGs (such as R63Z *Chemotherapy* and L61Z *Admit for renal dialysis*)
- AR-DRGs with a length of stay component in the definition (see Table A2.22 accompanying this report online)
- Error AR-DRGs.

Comparisons with RSIs presented in *Australian hospital statistics 2003–04* (AIHW 2005) and earlier reports should be made with caution, because the indexes for earlier years were calculated using AR-DRG version 4 and, for reports from 2004–05 to 2009–10, the RSIs were calculated using AR-DRG versions 5.0/5.1/5.2.

RSI standardisation methods—direct and indirect relative stay indexes

The two methods for standardisation of the length of stay data used in this report are analogous to direct and indirect age-standardisation methods.

Indirect relative stay index

The indirect relative stay index method applies the national average length of stay (ALOS) for each AR-DRG to the relevant population of interest (number of separations for each AR-DRG in the hospital group) to derive the expected number of patient days. This method is generally used when rate information (ALOS for each AR-DRG in this analysis) for the population of interest is unknown or subject to fluctuation because of small population sizes. It provides a measure of efficiency for a hospital, or group of hospitals, based on their actual activity.

However, an indirectly standardised rate compares a group with a 'standard population rate' so, using this method, rates for different groups are not strictly comparable because each group has a different casemix to which the national ALOS data have been applied. Therefore, the indirectly standardised data for hospital groups should be compared with the national average of 1.00.

Direct relative stay index

For the direct relative stay index method, the ALOS of each AR-DRG for the group of interest is multiplied by the national population (total number of separations in each AR-DRG) to derive the expected number of patient days. This method provides a measure of efficiency for a hospital, or group of hospitals, and is suitable if all or most AR-DRGs are represented in a hospital group.

Direct standardisation methods are generally used where the populations and their characteristics are stable and reasonably similar, for example for total separations for New South Wales and Victoria. Groups can be compared using the directly standardised rates as the activity of each group is weighted using the same set of weights, namely the national casemix.

However, the ALOS data for AR-DRGs which are not represented in a group need to be estimated. The method in this report uses the assumption that the missing AR-DRGs for the hospital group had a relative length of stay that was the same as that for the reported AR-DRGs for the hospital group, weighted by the national distribution of the reported AR-DRGs in the group. Also, this method can scale up AR-DRGs to have an impact that does not reflect their relative volume in a hospital group, which can be particularly problematic if the low-volume AR-DRGs are atypical.

Due to the issues with the direct relative stay index detailed above, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented in Chapter 3. This allows comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented. Data for the direct standardised method in the public sector in the Northern Territory are suppressed in Table 3.18, because of problems with using the direct standardisation for hospital groups that reported a limited range of AR-DRGs. For public hospitals in the Northern Territory, less than 500 of the 676 DRGs used in the national RSI analysis are represented, so results are likely to have been affected by estimation of the missing ALOS data.

Table A2.23, accompanying this report online, shows the number of AR-DRGs represented in each cell in Table 3.18, so that the number of AR-DRGs for which ALOS was estimated can be derived.

For those jurisdictions and sectors for which RSI statistics are presented in Table 3.17, there were between 494 and 675 AR-DRGs represented, meaning that ALOS data was estimated for up to 182 AR-DRGs.

Appendix 3: National Hospital Cost Data Collection

The National Hospital Cost Data Collection (NHCDC) was established to produce annual updates of Australian Refined Diagnosis Related Group (AR-DRG) cost weights and estimated average costs, as incorporated into tables in chapters 3, 4, 7, 8 and 9. This report uses the cost data for acute admitted patients only. Unless otherwise specified, the cost weight data in this report applies cost weight data for AR-DRG version 5.2 (DoHA 2010) to the AR-DRGs reported in version 5.2.

The NHCDC comprises a voluntary collection of hospital cost and activity data covering the financial year before the collection period, and is coordinated by the Department of Health and Ageing. Both public and private hospital data are included, with the results separately reported for the two sectors. The latest data available at the time of publication of this report were for the 2008–09 financial year (Round 13) for public hospitals and private hospitals (DoHA 2010).

For 2008–09, the NHCDC involved arrangements whereby the hospital data were collected by the individual hospitals, and checked and validated by state/territory/private sector coordinators before being passed on to the Department of Health and Ageing. The production and publication of the final cost weights and associated tables followed extensive quality assurance procedures undertaken by the department and endorsement of the results by the states and territories.

The participating hospitals included both patient costing and cost modelling sites. Cost modelling refers to a process where estimates of costs are produced at the level of each AR-DRG. Cost modelling is a ‘top-down’ approach, where costs from the hospitals’ general ledgers are allocated to acute admitted patients using a series of allocation statistics. Patient costing is a ‘bottom-up’ approach, where the costs of each service provided to an individual patient are measured or estimated to obtain the total cost of treating individual patients.

In 2008–09, 262 public hospitals and 110 private hospitals were included in the collection. Although the coverage of public hospitals was approximately 52% of all public hospitals, the total number of separations was approximately 91% of total acute separations within the year. The coverage of private hospitals was approximately 49% of all private hospitals and the total number of acute separations was approximately 71% (DoHA 2010). The average cost per separation was estimated at \$4,133 for public hospitals and \$3,047 for private hospitals for 2008–09. The public hospitals’ estimate includes an estimate for depreciation.

Further information is provided in the NHCDC report for 2008–09 (DoHA 2010). Cost weights and associated tables for each round of the NHCDC can be obtained from the Casemix pages of the Department of Health and Ageing website at <www.health.gov.au>.

Appendix 4: Service Related Groups

Introduction

The Service Related Group (SRG) classification is based on Australian Refined Diagnosis Related Group (AR-DRG) aggregations and categorises admitted patient episodes into groups representing clinical divisions of hospital activity. SRGs are used to assist in planning services, analysing and comparing hospital activity, examining patterns of service needs and access, and projecting potential trends in services.

The AR-DRG system was not considered appropriate for this purpose as it contains too many classes. Both the Major Diagnostic Categories (MDC) and the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) were also considered unsuitable as they generally relate to body systems rather than services.

An example illustrating the assignment of selected procedures to SRGs is shown below. These examples illustrate the differences between categorising procedures on the basis of ICD-10-AM chapters, MDCs and SRGs.

| Procedure | ICD-10-AM chapter | MDC | SRG |
|-------------------------------------------------------|----------------------------------|-----------------------------|--------------------|
| Extraction of wisdom teeth | Diseases of the digestive system | MDC 3: Ear, nose and throat | Dentistry |
| Endoscopic retrograde cholangiopancreatography (ERCP) | Diseases of the digestive system | MDC 6: Digestive system | Gastroenterology |
| Excision of haemorrhoids | Diseases of the digestive system | MDC 6: Digestive system | Colorectal surgery |

For the *Australian hospital statistics* 2001–02 to 2004–05 reports, this analysis used a method based on AR-DRG version 4.2, originally developed by the New South Wales Department of Health and the Australian Government Department of Health and Ageing.

A different methodology was used in *Australian hospital statistics* from 2005–06 to 2009–10, which assigned SRGs based on AR-DRG versions 5.0, 5.1 and 5.2 and was developed by the New South Wales Department of Health (unpublished).

The SRG version used for this report assigns service related group based mostly on AR-DRGs version 6.0, also developed by the New South Wales Ministry of Health. For more information on the methodology used to assign SRGs, see Table A4.6 (which accompanies this report online).

SRGs were allocated using the data in the National Hospital Morbidity Database. The method largely involves aggregations of AR-DRG information. However, the assignment of some separations to SRGs is based on other information, such as procedures, diagnoses and care types. Separations with non-acute care are allocated to separate SRG categories according to the type of care, because the main service type of these separations cannot be ascertained from their diagnoses or procedures.

For public hospitals, separations may also have been assigned to certain specialist SRGs depending on whether or not the hospital had a specialist neurosurgery, perinatology (neonatal intensive care unit) or cardiothoracic unit, as appropriate, as reported to the

National Public Hospital Establishments Database (see Chapter 4). An 'unallocated' SRG is assigned for separations with an *Error DRG*.

The classification also incorporates non-specialist SRGs, which are used for smaller hospitals that do not have the specialist services or specialist equipment. There are 46 SRGs, and the 20 most common were presented in Chapter 4.

State and territory overview

Tables A4.1 to A4.5 (which accompany this report online) present more detailed SRG information by state and territory.

Table A4.1 contains the number of establishments with more than 50 separations, and the number of establishments with more than 360 patient days in each SRG by state and territory and by remoteness area for public hospitals only. This has been included as an indicative measure of the number of specialty units. The best indicative measure of the number of units varies between SRGs and between uses of the measure. For example, for *Maintenance* (SRG 87), 91 hospitals provided more than 50 separations a year and 257 hospitals provided more than 360 patient days, while for *Gastroenterology* (SRG 15) these measures were 453 and 272 hospitals respectively. *Cardiothoracic surgery* (SRG 42) showed very little difference between the two different measures, with 67 hospitals providing more than 50 separations a year and 70 hospitals providing more than 360 patient days.

Non subspecialty – medicine (SRG 27) and *Respiratory medicine* (SRG 24) had the greatest number of establishments, with more than 50 separations at 494 and 463 hospitals respectively and also had the greatest number of establishments with more than 360 patient days a year, with 431 and 376 hospitals respectively.

Tables A4.2 and A4.3 contain the number of separations in each SRG category by state and territory for all public and private hospitals respectively. *Renal dialysis* (SRG 23) had the largest number of separations in public hospitals with over 970,000. This was followed by *Obstetrics* (SRG 72) with almost 311,000 (Tables A4.2). In the private sector, *Diagnostic gastrointestinal endoscopy* (SRG 16) recorded the highest number of separations with over 412,000, followed by *Orthopaedics* (SRG 49) with 309,000 (Table A4.3).

Tables A4.4 and A4.5 summarise the number of patient days in each sector by SRG and state and territory. In the public sector, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 1,800,000, followed by *Psychiatry – acute* (SRG 82) with 1,670,000 (Table A4.4). For private hospitals, *Rehabilitation* (SRG 84) recorded the highest number of patient days with 966,000, followed by *Orthopaedics* (SRG 49) with 850,000 (Table A4.5).

Appendix 5: Potentially preventable hospitalisations

The selected potentially preventable hospitalisations (PPHs) are those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care had been provided. Separation rates for PPHs therefore have potential as indicators of the quality or effectiveness of non-hospital care. A high rate of PPHs may indicate an increased prevalence of the conditions in the community or poorer functioning of the non-hospital care system. On the other hand, a high rate of PPHs may indicate an appropriate use of the hospital system to respond to greater need. It is important to note that the list of PPHs is not comprehensive – there are other hospital admissions which may be preventable. The ICD-10-AM code specifications and the categories included for PPHs may therefore be subject to change in future reports.

The three broad categories of PPHs that have been used in this report include *Vaccine-preventable*, *Acute* and *Chronic* (see Chapter 7 for descriptions of these categories). PPH categories have been sourced from the *Victorian ambulatory care sensitive conditions study* (DHS 2002). A full description of all conditions presented in these tables, including ICD-10-AM codes, can be found in Table A2.5, which accompanies this report online.

Tables A5.1, A5.2 and A5.3 (which accompany this report online) present a range of statistics for PPHs by the:

- state or territory of residence (Table A5.1)
- remoteness area of usual residence of the patient (Table A5.2)
- socioeconomic status group (Table A5.3; see Appendix 2 for information on geographical data).

These tables include separation rates and the standardised separation rate ratio (SRR) against the national total. Statistics are presented for the total PPH rate, the rates for each of the three broad PPH categories as well as rates for individual conditions.

There were about 646,000 selected PPHs in Australia in 2010–11 (Table A5.1), 7.3% of all separations, which translates to a rate of 28 per 1,000 population. The rates ranged from 20 per 1,000 population in the Australian Capital Territory to 47 per 1,000 population in the Northern Territory. The separation rate for *Vaccine-preventable* PPHs in the Northern Territory was 4 times the national rate and the separation rate for Tasmania was half the national rate.

Table A5.2 highlights that separation rates were higher for more remote areas for most PPHs. For example, the rate for *Ear, nose and throat infections* per 1,000 separations was 1.6 in *Major cities*, 1.9 in *Inner regional*, 2.1 in *Outer regional* areas and 3.6 and 4.0 for *Remote* and *Very remote* areas, respectively.

Table A5.3 presents these data by socioeconomic status (SES) group (see Appendix 2). Overall, total PPHs had higher separation rates for patients living in areas classified as being in the lowest SES group, with a rate 23% higher than the national rate, and patients living in areas classified as being in the highest SES group had a rate 20% lower than the national rate.

Appendix 6: Additional national performance indicators

The performance indicators presented in this appendix are listed in Table A6.1. These performance indicators, specified under the National Healthcare Agreement, have been designated as either ‘interim’ or ‘proxy’ measures, and require data development to ensure that the analyses are better suited to the intent of the indicators. The hospital-related indicators are presented against the dimensions of the National Health Performance Framework (NHPF). See *Chapter 3* for more information on the NHPF.

Table A6.1: Performance indicators presented in this appendix

| Indicator | NHA | Comments |
|------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Falls resulting in patient harm in hospitals | ✓ | Safety: interim measure. Related to the NHA outcome area of <i>Hospital and related care</i> . Data development is required to identify the place of occurrence of the fall, to identify falls within the hospital, as distinct from the current place of occurrence code of <i>Health service area</i> . |
| Intentional self-harm in hospitals | ✓ | Safety: interim measure. Related to the NHA outcome area of <i>Hospital and related care</i> . Data development is required to identify the place of occurrence of the intentional self-harm, to identify that this occurred within the hospital, as distinct from the current place of occurrence code of <i>Health service area</i> . |
| Rates of services: outpatient occasions of service | ✓ | Accessibility: interim measure. Related to the NHA outcome area of <i>Hospital and related care</i> . Data development is required to improve the consistency of collection, the coverage of private outpatient services and to collect patient-level data to report breakdowns by Indigenous status, remoteness area and socioeconomic area of residence. |
| Hospital patient days used by those eligible and waiting for residential aged care | ✓ | Proxy measure. Related to the NHA outcome area of <i>Aged care</i> . Data development is required to identify when the patient received an aged care assessment and was deemed eligible for residential aged care. |

Abbreviation: NHA—National Healthcare Agreement.

Hospital and related care

Safety

The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.

Performance indicator: falls resulting in patient harm in hospitals

This indicator is intended to report hospital separations where a fall occurred in hospitals, resulting in patient harm. The rates presented here may underestimate falls occurring in hospitals as the place of occurrence was not reported for about 24% of separations with an external cause of injury of falls. It is also possible that these rates may overestimate falls as it

is not currently possible to identify falls specifically in hospitals – the current data identifies falls occurring in any health service area. However, separations with an injury or poisoning principal diagnosis are excluded to minimise the inclusion of falls occurring prior to admission.

Table A6.2 presents the number of separations that reported a fall in a health service area per 1,000 population. More falls were reported by public hospitals than by private hospitals and there were large variations in the rates reported among states and territories.

Table A6.2: Separations for falls resulting in patient harm in health service areas, per 1,000 separations, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total | |
|----------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|------------|---------------|
| | | | | | | | | | Rate | Number |
| Hospital sector | | | | | | | | | | |
| Private | 1.3 | 1.2 | 1.5 | 1.2 | 1.6 | 1.6 | 2.3 | 0.3 | 1.3 | 4,761 |
| Public | 4.2 | 2.8 | 3.0 | 2.8 | 3.4 | n.p. | n.p. | n.p. | 3.3 | 17,448 |
| Indigenous status^(a) | | | | | | | | | | |
| Indigenous | 1.1 | 1.0 | 1.1 | 0.8 | 0.7 | 2.7 | 0.9 | 0.6 | 0.9 | 300 |
| Other Australians | 3.1 | 2.2 | 2.3 | 2.2 | 2.7 | 2.7 | 2.0 | 1.8 | 2.6 | 20,971 |
| Remoteness of residence^(b) | | | | | | | | | | |
| Major cities | 3.1 | 2.0 | 2.2 | 2.1 | 2.8 | 0.0 | 2.7 | 0.9 | 2.5 | 14,730 |
| Inner regional | 3.0 | 2.9 | 2.4 | 2.5 | 2.4 | 3.8 | 1.7 | 0.0 | 2.8 | 4,964 |
| Outer regional | 2.7 | 3.1 | 2.4 | 2.2 | 2.2 | 2.9 | 3.6 | 1.5 | 2.5 | 2,068 |
| Remote and Very remote | 1.6 | 2.1 | 2.1 | 1.4 | 2.1 | 2.0 | 7.8 | 0.8 | 1.5 | 351 |
| Socioeconomic status of area of residence^(c) | | | | | | | | | | |
| 1—Lowest | 3.4 | 2.6 | 2.6 | 2.3 | 2.6 | 3.2 | 2.8 | 0.8 | 2.8 | 5,147 |
| 2 | 3.2 | 2.3 | 2.4 | 2.0 | 3.0 | 4.0 | 2.5 | 1.8 | 2.7 | 4,876 |
| 3 | 3.5 | 2.3 | 2.5 | 2.1 | 2.7 | 3.9 | 4.3 | 1.4 | 2.6 | 4,705 |
| 4 | 2.6 | 2.0 | 2.0 | 1.7 | 2.5 | 3.4 | 1.7 | 1.9 | 2.1 | 3,566 |
| 5—Highest | 2.6 | 2.1 | 1.6 | 2.3 | 2.4 | 0.0 | 3.1 | 0.6 | 2.3 | 3,817 |
| Total^(d) | 3.1 | 2.2 | 2.3 | 2.1 | 2.7 | n.p. | n.p. | n.p. | 2.5 | 22,209 |

(a) Other Australians includes separations for which the Indigenous status was not reported. The Australian totals for Indigenous/other Australians do not include data for the Australian Capital Territory or Tasmania.

(b) Separations are reported by remoteness area of usual residence, not remoteness of hospital. Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

(c) Socioeconomic status for area of residence is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

(d) Total includes separations for which place of residence was not known or not stated.

Abbreviations: n.p.—not published.

Performance indicator: intentional self-harm in hospitals

This indicator is intended to report hospital separations in which a patient self-harmed during the episode of care. The rates presented here may underestimate intentional self-harm as the place of occurrence was not reported for about 35% separations with an external cause of intentional self-harm. It is also possible that these rates may overestimate as it is not currently possible to identify intentional self-harm specifically in hospitals – the current data identifies self-harm occurring in a health service area. However, separations

with an injury or poisoning principal diagnosis are excluded to minimise the inclusion of falls occurring prior to admission.

Table A6.3 presents the number of separations that reported intentional self-harm in a health service area per 1,000 population. Overall, intentional self-harm was reported for about 2 out of every 10,000 separations.

Table A6.3: Separations for intentional self-harm in a health service area, per 1,000 separations, states and territories, 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total | |
|----------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|------------|--------------|
| | | | | | | | | | Rate | Number |
| Hospital sector | | | | | | | | | | |
| Private | 0.1 | 0.2 | 0.1 | 0.3 | <0.1 | 0.0 | 0.1 | 0.0 | 0.1 | 505 |
| Public | 0.2 | 0.1 | 0.2 | 0.4 | 0.2 | n.p. | n.p. | n.p. | 0.2 | 960 |
| Indigenous status^(a) | | | | | | | | | | |
| Indigenous | 0.2 | 0.2 | 0.1 | 0.1 | <0.1 | 0.0 | 0.4 | <0.1 | 0.1 | 36 |
| Other Australians | 0.1 | 0.1 | 0.2 | 0.4 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 1,386 |
| Remoteness of residence^(b) | | | | | | | | | | |
| Major cities | 0.1 | 0.1 | 0.2 | 0.4 | 0.1 | .. | 0.2 | .. | 0.2 | 1,072 |
| Inner regional | 0.1 | 0.1 | 0.1 | 0.3 | 0.1 | 0.2 | .. | .. | 0.1 | 241 |
| Outer regional | 0.1 | 0.1 | 0.1 | 0.3 | 0.1 | <0.1 | .. | 0.1 | 0.1 | 107 |
| Remote | 0.0 | 0.3 | 0.1 | 0.3 | <0.1 | 0.0 | .. | 0.0 | 0.1 | 27 |
| Socioeconomic status of area of residence^(c) | | | | | | | | | | 0 |
| 1—Lowest | 0.1 | 0.1 | 0.2 | 0.2 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 | 210 |
| 2 | 0.1 | 0.1 | 0.2 | 0.3 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 256 |
| 3 | 0.2 | 0.2 | 0.2 | 0.3 | 0.2 | 0.2 | 0.0 | <0.1 | 0.2 | 333 |
| 4 | 0.1 | 0.1 | 0.2 | 0.5 | 0.1 | 0.5 | 0.1 | 0.0 | 0.2 | 305 |
| 5—Highest | 0.2 | 0.2 | 0.2 | 0.5 | <0.1 | .. | 0.1 | 0.0 | 0.2 | 343 |
| Total^(d) | 0.1 | 0.1 | 0.2 | 0.4 | 0.1 | n.p. | n.p. | n.p. | 0.2 | 1,465 |

(a) Other Australians includes separations for which the Indigenous status was not reported. The Australian totals for Indigenous/other Australians do not include data for the Australian Capital Territory or Tasmania.

(b) Separations are reported by remoteness area of usual residence, not remoteness of hospital. Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

(c) Socioeconomic status for area of residence is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory. Separations are reported by jurisdiction of hospitalisation, regardless of the jurisdiction of usual residence.

(d) Total includes separations for which place of residence was not known or not stated.

Abbreviations: ..—not applicable; n.p.—not published.

Accessibility

People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Performance indicator: rates of services—outpatient occasions of service

This indicator is intended to report the rates of outpatient occasions of service. However, classification of certain services varies considerably across jurisdictions and comparability of the data is affected by differences in counting and admission practices and the use of

outpatient clinics by interstate patients (particularly in the Australian Capital Territory). In addition, as these data are not currently provided at a patient-level, the rates are not age-standardised to account for the different age profiles in different jurisdictions and they cannot be presented by Indigenous status, remoteness area and socioeconomic status of area of usual residence.

Table A6.4 presents the number of public hospital outpatient services per 1,000 population for selected types of service. There were large variations in the rates between states and territories, indicating that there may be variation in the way these services are provided, for example, either as admitted patient services or in a non-hospital setting.

Table A6.4: Outpatient occasions of service per 1,000 population^(a), public hospitals, states and territories^(b), 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total | |
|------------------------------------------------------|---------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|--------------|-------------------|
| | | | | | | | | | Rate | Number |
| Per 1,000 population | | | | | | | | | | |
| Allied health | 91.2 | 204.9 | 132.3 | 511.4 | 107.8 | 295.2 | 89.4 | 54.3 | 176.3 | 3,937,475 |
| Dental | 55.8 | 83.4 | 0.0 | 5.3 | 4.8 | 0.0 | 0.0 | 0.0 | 39.7 | 886,157 |
| Dialysis | 3.2 | 0.0 | .. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 23,235 |
| Drug and alcohol | 188.4 | 17.4 | 14.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 68.2 | 1,523,305 |
| Endoscopy | 3.2 | 0.0 | 2.8 | 0.0 | 15.0 | .. | 8.3 | 0.0 | 2.8 | 63,404 |
| Mental health | 129.5 | 136.9 | 15.4 | 34.5 | 9.5 | 6.0 | 2.9 | 0.0 | 83.5 | 1,863,695 |
| Other medical/ surgical/obstetric | 679.3 | 312.9 | 587.0 | 364.7 | 566.9 | 666.1 | 1008.2 | 586.4 | 533.0 | 11,901,445 |
| Total outpatient care^{(c)(d)(e)} | 1150.5 | 755.5 | 751.8 | 915.9 | 704.0 | 967.4 | 1108.9 | 640.8 | 904.6 | 20,198,716 |

(a) Crude rate based on the ABS Estimated Resident Population at 30 June 2010.

(b) Public psychiatric hospitals are excluded.

(c) Total outpatient care presented in this table includes occasions of service for *Drug and alcohol* and *Mental health*, that are not included in total Outpatient occasions of service in Table 6.1.

(d) It is possible that a single occasion of service may have more than one outpatient type recorded if a person attends multiple clinics in a single 'session', meaning that the total could be less than the sum of the components.

(e) Total excludes *Accident and emergency*, *Pharmacy*, *Community health*, *District nursing*, *Pathology*, *Radiology and organ imaging* and *Other outreach*.

Abbreviation: .. not applicable.

Aged care

Performance indicator: number of hospital patient days used by those eligible and waiting for residential aged care

This indicator is related to the NHA outcome area of 'Aged care'.

This indicator is intended to report the number of hospital patient days taken up by Australians waiting for a residential aged care place. However, the current data collected do not identify whether an aged care assessment has been made and there may also be variations in the use of the care type *Maintenance* between jurisdictions.

Table A6.5 presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and a diagnosis for *Person awaiting admission to residential aged care service*. There were large variations in the rates between states and territories, which may in part reflect variation in the use of the care type *Maintenance*.

There was also variation in the rates according to remoteness area of the patient and socioeconomic status, with the highest rates of patient days reported for persons residing in *Remote* areas, and those in the lowest socioeconomic group.

Table A6.5: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care^(a), 2010–11

| | NSW | Vic | Qld | WA | SA | Tas | ACT | NT | Total |
|----------------------------------------------------------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Indigenous status^(b) | | | | | | | | | |
| Indigenous | 11.1 | 1.3 | 44.9 | 2.2 | 11.8 | <0.1 | .. | 17.8 | 18.9 |
| Other Australians | 7.2 | 2.3 | 23.7 | 11.1 | 28.6 | 12.3 | 10.5 | 18.1 | 11.5 |
| Remoteness of residence^(c) | | | | | | | | | |
| Major cities | 5.2 | 0.1 | 16.2 | 4.8 | 24.6 | .. | 12.0 | .. | 7.4 |
| Inner regional | 8.2 | 4.9 | 16.7 | 7.5 | 7.6 | 13.9 | 0.8 | .. | 9.5 |
| Outer regional | 17.7 | 19.5 | 58.7 | 42.4 | 35.4 | 9.8 | .. | 20.3 | 33.9 |
| Remote | 115.2 | n.p. | 91.2 | 45.8 | n.p. | n.p. | .. | 24.4 | 72.2 |
| Very remote | n.p. | .. | 56.3 | 1.5 | n.p. | n.p. | .. | 12.1 | 26.5 |
| Socioeconomic status of area of residence^(d) | | | | | | | | | |
| 1—Lowest | 12.6 | 4.9 | 27.7 | 15.2 | 23.1 | 14.5 | .. | 12.1 | 16.2 |
| 2 | 7.0 | 4.0 | 34.6 | 19.0 | 48.0 | 12.1 | 3.1 | 16.2 | 15.5 |
| 3 | 7.5 | 1.5 | 25.1 | 6.8 | 29.7 | 8.9 | 16.6 | 36.3 | 11.0 |
| 4 | 4.4 | 1.4 | 17.5 | 8.7 | 15.5 | 9.0 | 11.8 | 17.1 | 8.3 |
| 5—Highest | 3.9 | 0.2 | 17.2 | 7.4 | 17.6 | .. | 10.4 | 8.7 | 6.2 |
| Total | 7.3 | 2.3 | 24.6 | 10.5 | 28.0 | 12.1 | 10.3 | 17.9 | 11.7 |

(a) Includes patient days for overnight separations with a care type of *Maintenance*, for which the separation mode was not *Other* (was not discharged to their place of usual residence) and had a diagnosis of Z75.11 *Person awaiting admission to residential aged care service*.

(b) Other Australians includes separations for which the Indigenous status was not reported. The Australian totals for Indigenous/other Australians do not include data for the Australian Capital Territory or Tasmania.

(c) Not all remoteness areas are represented in each state or territory. However, interstate visitors residing in these remoteness areas may be treated in those states and territories.

(d) Socioeconomic status of area is based on the ABS Index of Relative Socio-Economic Disadvantage (IRSD). Disaggregation by socioeconomic status of area is by usual residence, not socioeconomic status of area of hospital 'site'. The socioeconomic groups represent approximately 20% of the national population, but do not necessarily represent 20% of the population in each state or territory.

Abbreviation: ..—not applicable; n.p.—not published.

Glossary

Definitions in the *Glossary* contain an identification number from the Metadata Online Registry (METeOR). METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics and specifications for related national minimum data sets (NMDs), such as the NMDs which form the basis of this report. METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

For further information on the terms used in this report, refer to the definitions in the *National health data dictionary version 14* (HDSC 2008).

| | |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activity when injured | The type of activity being undertaken by a person at the time of injury. METeOR identifier: 391320 |
| Acute | Having a short and relatively severe course. |
| Acute care | See <i>Care type</i> . |
| Acute care hospital | See <i>Establishment type</i> . |
| Additional diagnosis | Conditions or complaints either coexisting with the principal diagnosis or arising during the episode of care. METeOR identifier: 391322 |
| Adjustment | A summarising procedure for a statistical measure in which the effects of differences in composition of the populations being compared have been minimised by statistical methods. |
| Administrative and clerical staff | Staff engaged in administrative and clerical duties. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded. Civil engineers and computing staff are included in this category. METeOR identifier: 270496 See <i>Full-time equivalent staff</i> . |
| Administrative expenditure | All expenditure incurred by establishments (but not central administrations) of a management expense/administrative support nature, such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers compensation). METeOR identifier: 270107 |

| | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admitted patient | <p>A patient who undergoes a hospital's formal admission process to receive treatment and/or care. This treatment and/or care is provided over a period of time and can occur in hospital and/or in the person's home (for hospital-in-the-home patients).</p> <p>METeOR identifier: 268957</p> |
| Admitted patient cost proportion | <p>The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or <i>IFRAC</i>.</p> |
| Adverse event | <p>An incident in which harm resulted to a person receiving health care.</p> |
| Age standardisation | <p>A set of techniques used to remove, as far as possible, the effects of differences in age when comparing two or more populations.</p> |
| Alcohol and drug treatment centre | <p>See <i>Establishment type</i>.</p> |
| Arrival mode – transport | <p>The mode of transport by which the person arrives at the emergency department.</p> <p>METeOR identifier: 270000</p> |
| Australian Classification of Health Interventions (ACHI) | <p>ACHI was developed by the National Centre for Classification in Health (NCCH). The 6th edition was used for the 2008–09 procedures data for admitted patients in Australian hospitals.</p> |
| Australian Refined Diagnosis Related Groups (AR-DRGs) | <p>An Australian system of diagnosis related groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.</p> |
| Available beds | <p>The average number of beds which are immediately available for use by an admitted patient within the establishment.</p> <p>METeOR identifier: 374151</p> <p>From 1 July 2009, superseded by:</p> <p><i>Average available beds for same-day patients and</i></p> <p><i>Average available beds for overnight-stay patients</i></p> |
| Average available beds for overnight-stay patients | <p>Average available beds for overnight-stay patients are the number of beds available to provide overnight accommodation for patients (other than neonatal cots (non-special-care) and beds occupied by hospital-in-the-home patients), averaged over the counting period.</p> <p>METeOR identifier: 374151</p> |

| | |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Average available beds for same-day patients | <p>The number of beds, chairs or trolleys available to provide accommodation for same-day patients, averaged over the counting period.</p> <p>METeOR identifier: 373966</p> |
| Average length of stay | <p>The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of 1 day.</p> |
| Capital expenditure | <p>Expenditure on large-scale fixed assets (for example, new buildings and equipment with a useful life extending over a number of years).</p> <p>METeOR identifier: 270516</p> |
| Care type | <p>The care type defines the overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (other care).</p> <p>Admitted patient care consists of the following categories:</p> <ul style="list-style-type: none"> • <i>Acute care</i> • <i>Rehabilitation care</i> • <i>Palliative care</i> • <i>Geriatric evaluation and management</i> • <i>Psychogeriatric care</i> • <i>Maintenance care</i> • <i>Newborn care</i> • <i>Other admitted patient care</i> – this is where the principal clinical intent does not meet the criteria for any of the above. <p>Other services include:</p> <ul style="list-style-type: none"> • <i>Posthumous organ procurement</i> • <i>Hospital boarder.</i> <p>METeOR identifier: 270174</p> |
| Casemix | <p>The range and types of patients (the mix of cases) treated by a hospital or other health service. Casemix classifications (such as AR-DRGs) provide a way of describing and comparing hospitals and other services for management purposes.</p> |
| Chronic | <p>Persistent and long-lasting.</p> |
| Clinical urgency | <p>A clinical assessment of the urgency with which a patient requires elective hospital care.</p> <p>METeOR identifier: 270008</p> |

| | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Compensable patient | <p>An individual who is entitled to receive or has received a compensation payment with respect to an injury or disease.</p> <p>METeOR identifier: 270100</p> |
| Condition onset flag | <p>A means of differentiating those conditions which arise during, or arose before, an admitted patient episode of care. Having this information can provide an insight into the kinds of conditions patients already have when entering hospital and what arises during the episode of care. A better understanding of those conditions arising during the episode of care may inform prevention strategies, particularly in relation to complications of medical care.</p> <p>METeOR identifier: 354816</p> |
| Cost weight | <p>The costliness of an AR-DRG relative to all other AR-DRGs such that the average cost weight for all separations is 1.00. A separation for an AR-DRG with a cost weight of 5.0, therefore, on average costs 10 times as much as a separation with a cost weight of 0.5.</p> <p>There are separate cost weights for AR-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. In this report, average cost weights using public cost weights are based on AR-DRG version 5.2 2008–09 public sector estimated cost weights (DoHA 2010). These were applied to AR-DRG version 5.1/5.2 DRGs for 2006–07 to 2010–11 reference years.</p> |
| Department of Veterans' Affairs patient | <p>A person whose charges for the hospital admission are met by the Department of Veterans' Affairs (DVA). These patients include eligible veterans and war widows/widowers. The data are supplied by the states and territories and the eligibility to receive hospital treatment as a DVA patient may not necessarily have been confirmed by the DVA.</p> <p>METeOR identifier: 270092</p> |
| Diagnosis related group (DRG) | <p>A widely used casemix classification system used to classify admissions into groups with similar clinical conditions (related diagnoses) and similar resource usage. This allows the activity and performance of hospitals to be compared on a common basis. In Australian acute hospitals, <i>Australian Refined DRGs</i> are used.</p> <p>METeOR identifier: 391295</p> |

| | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and allied health professionals | <p>Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff).</p> <p>METeOR identifier: 270495</p> <p>See <i>Full-time equivalent staff</i>.</p> |
| Domestic and other staff | <p>Domestic staff are staff engaged in the provision of food and cleaning services including those primarily engaged in administrative duties such as food services manager. Dieticians are excluded. This category also includes all staff not elsewhere included (primarily maintenance staff, trades people and gardening staff).</p> <p>METeOR identifier: 270498</p> <p>See <i>Full-time equivalent staff</i>.</p> |
| Domestic services expenditure | <p>The cost of all domestic services, including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses, but not including salaries and wages, food costs or equipment replacement and repair costs.</p> <p>METeOR identifier: 270283</p> |
| Drug supplies expenditure | <p>The cost of all drugs, including the cost of containers.</p> <p>METeOR identifier: 270282</p> |
| Elective care | <p>Care that, in the opinion of the treating clinician, is necessary and for which admission can be delayed for at least 24 hours.</p> <p>METeOR identifier: 335036</p> |
| Elective surgery | <p>Elective care in which the procedures required by patients are listed in the surgical operations section of the Medicare Benefits Schedule, with the exclusion of specific procedures frequently done by non-surgical clinicians and some procedures for which the associated waiting time is strongly influenced by factors other than the supply of services.</p> <p>METeOR identifier: 335048</p> |
| Elective surgical separation | <p>Separation for which the urgency of admission was reported as <i>Elective</i> (admission could be delayed by at least 24 hours) and where the assigned Australian Refined Diagnosis Related Group was <i>Surgical</i> (excluding childbirth-related AR-DRGs), and the principal diagnosis was not Z41 (<i>Cosmetic surgery</i>).</p> |

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| Emergency department waiting time to service delivery | <p>The time elapsed for each patient from presentation to the emergency department to commencement of service by a treating medical officer or nurse. It is calculated by deducting the date and time the patient presents from the date and time of the service event.</p> <p>METeOR identifier: 390412</p> |
| Emergency occasion of service | <p>A non-admitted patient occasion of service reported to the National Public Hospital Establishments Database with a <i>Type of non-admitted patient occasion of service</i> type of <i>Emergency services</i>.</p> |
| Enrolled nurses | <p>Enrolled nurses are division 2 nurses who are registered with Australian Health Practitioner Regulation Agency – Nursing and Midwifery board of Australia.</p> <p>Includes general enrolled nurse and specialist enrolled nurse (for example, mothercraft nurses in some states).</p> <p>METeOR identifier: 270497</p> <p>See <i>Full-time equivalent staff</i>.</p> |
| Episode end status | <p>The status of the patient at the end of the non-admitted patient emergency department occasion of service.</p> <p>METeOR identifier: 322641</p> |
| Episode of care | <p>The period of admitted patient care between a formal or statistical admission and a formal or statistical separation, characterised by only one care type (see <i>Care type</i> and <i>Separation</i>).</p> <p>METeOR identifier: 270174 (<i>Care type</i>)</p> <p>METeOR identifier: 268956 (<i>Episode of admitted patient care</i>)</p> |
| Error DRGs | <p>AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.</p> |
| Establishment type | <p>Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Establishment types include:</p> <ul style="list-style-type: none"> • <i>Acute care hospitals</i> • <i>Psychiatric hospitals</i> • <i>Alcohol and drug treatment centres</i> • <i>Hospices</i>. <p>METeOR identifier: 269971</p> |
| External cause | <p>The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect.</p> <p>METeOR identifier: 361926</p> |

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| Full-time equivalent staff | <p>Full-time equivalent staff units are the on-job hours paid for (including overtime) and hours of paid leave of any type for a staff member (or contract employee, where applicable) divided by the number of ordinary time hours normally paid for a full-time staff member when on the job (or contract employee, where applicable) under the relevant award or agreement for the staff member (or contract employee occupation, where applicable). For more detailed information see the glossary entries for the staffing categories:</p> <ul style="list-style-type: none"> • <i>Salaried medical officers</i> • <i>Registered nurses</i> • <i>Enrolled nurses</i> • <i>Student nurses</i> • <i>Other personal care staff</i> • <i>Diagnostic and allied health professionals</i> • <i>Administrative and clerical staff</i> • <i>Domestic and other staff.</i> <p>METeOR identifier: 270543</p> |
| Funding source for hospital patient | <p>The principal source of funds for an admitted patient episode or non-admitted patient service event, as represented by a code.</p> <p>METeOR identifier: 339080</p> |
| Geriatric evaluation and management | <p>See <i>Care type</i>.</p> |
| Group session | <p>The number of non-admitted group session occasions of service provided by an establishment.</p> <p>METeOR identifier: 269674</p> |
| HASAC (Health and Allied Services Advisory Council) ratio | <p>For hospitals where the IFRAC is not available or is clearly inconsistent with the data, admitted patient costs are estimated by the HASAC ratio (see Appendix 2).</p> |
| Hospice | <p>See <i>Establishment type</i>.</p> |
| Hospital | <p>A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.</p> <p>METeOR identifier: 268971</p> |
| Hospital boarder | <p>See <i>Care type</i>.</p> |

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| Hospital-in-the-home care | <p>Provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary.</p> <p>METeOR identifier: 270305</p> |
| IFRAC (inpatient fraction) | <p>A measure used to calculate the cost per casemix-adjusted separation. It is the ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion ratio (see Appendix 2).</p> |
| Indicator procedure | <p>A procedure which is of high volume, and is often associated with long waiting periods. Elective surgery waiting time statistics for indicator procedures give a specific indication of waiting time for these in particular areas of elective care provision.</p> <p>METeOR identifier: 334976</p> |
| Indigenous status | <p>A measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Commonwealth definition below:</p> <p style="padding-left: 40px;">An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.</p> <p>METeOR identifier: 291036</p> |
| Inpatient | <p>See <i>Admitted patient</i>.</p> <p>METeOR identifier: 268957</p> |
| Interactive data cubes | <p>A multidimensional representation of data which provides fast retrieval from multiple layers of information.</p> |
| International Classification of Diseases (ICD) | <p>The World Health Organization's internationally accepted classification of diseases and related health conditions. The 10th revision, Australian modification (ICD-10-AM) is currently in use in Australian hospitals for admitted patients.</p> |
| Inter-hospital contracted care | <p>An episode of care for an admitted patient whose treatment and/or care is provided under an arrangement (either written or verbal) between a hospital purchaser (contracting hospital) and a provider of an admitted service (contracted hospital) and for which the activity is recorded by both hospitals.</p> <p>METeOR identifier: 270409</p> |

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| Length of stay | <p>The length of stay of an overnight patient is calculated by subtracting the date the patient is admitted from the date of separation and deducting days the patient was on leave. A same-day patient is allocated a length of stay of 1 day.</p> <p>METeOR identifier: 269982</p> |
| Licensed bed | <p>A bed in a private hospital, licensed by the relevant state or territory health authority.</p> |
| Maintenance care | <p>See <i>Care type</i>.</p> |
| Major Diagnostic Categories (MDCs) | <p>A high level of groupings of patients used in the AR-DRG classification. They correspond generally to the major organ systems of the body.</p> <p>METeOR identifier: 391298</p> |
| Medical and surgical supplies expenditure | <p>The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.</p> <p>METeOR identifier: 270358</p> |
| Mode of admission | <p>The mechanism by which a person begins an episode of admitted patient care.</p> <p>METeOR identifier: 269976</p> |
| Mode of separation | <p>Status at separation of person (discharge/transfer/death) and place to which person is released (where applicable).</p> <p>METeOR identifier: 270094</p> |
| National health data dictionary (NHDD) | <p>A publication that contains a core set of uniform definitions relating to the full range of health services and a range of population parameters.</p> |
| Newborn care | <p>See <i>Care type</i>.</p> |
| Non-admitted patient | <p>A patient who receives care from a recognised non-admitted patient service/clinic of a hospital.</p> <p>METeOR identifier: 268973</p> |
| Non-admitted patient occasion of service | <p>Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service.</p> <p>METeOR identifier: 270506</p> |

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| Number of days of hospital-in-the-home care | The number of hospital-in-the-home days occurring within an episode of care for an admitted patient. METeOR identifier: 270305 |
| Occasion of service | Non-admitted patient occasion of service. |
| Other care | See <i>Care type</i> . |
| Other personal care staff | Includes attendants, assistants or home assistance, home companions, family aides, ward helpers, warders, orderlies, ward assistants and nursing assistants engaged primarily in the provision of personal care to patients or residents; they are not formally qualified or undergoing training in nursing or allied health professions. METeOR identifier: 270171 See <i>Full-time equivalent staff</i> . |
| Other recurrent expenditure | Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories. METeOR identifier: 270126 |
| Other revenue | All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from state or territory governments). This includes revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors. METeOR identifier: 364799 |
| Outpatient | See <i>Non-admitted patient</i> . METeOR identifier: 268973 |
| Outpatient clinic service | An examination, consultation, treatment or other service provided to non-admitted non-emergency patients in a specialty unit or under an organisational arrangement administered by a hospital. METeOR identifier: 336980 |
| Outpatient clinic type | The nature of services which are provided by <i>Outpatient clinic services</i> . METeOR identifier: 291073 |
| Overnight-stay patient | A patient who, following a clinical decision, receives hospital treatment for a minimum of 1 night (that is, who is admitted to and separated from the hospital on different dates). |

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| Palliative care | See <i>Care type</i> . |
| Patient days | The total number of days for patients who were admitted for an episode of care and who separated during a specified reference period. A patient who is admitted and separated on the same day is allocated 1 patient day. METeOR identifier: 270045 |
| Patient election status | Accommodation chargeable status elected by patient on admission. The categories are: <i>Public:</i> A patient admitted to a hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared accommodation. This means the patient is not charged. <i>Private:</i> A patient admitted to a hospital who decides to choose the doctor(s) who will treat them and/or to have private ward accommodation. They are charged for medical services, food and accommodation. METeOR identifier: 326619 |
| Patient presentation at emergency department | The presentation of a patient at an emergency department occurs following the arrival of the patient at the emergency department. It is the earliest occasion of being registered clerically or triaged. METeOR identifier: 270393 |
| Patient revenue | Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges. METeOR identifier: 364797 |
| Patient transport | The direct cost of transporting patients, excluding salaries and wages of transport staff. METeOR identifier: 270048 |
| Payments to visiting medical officers | All payments made to visiting medical officers for medical services provided to hospital (public) patients on a sessionally paid or fee-for-service basis. METeOR identifier: 270049 |
| Peer group | Groupings of hospitals into broadly similar groups in terms of their volume of admitted patient activity and their geographical location. |
| Percentile | Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency. |

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| Performance indicator | A statistic or other unit of information that reflects, directly or indirectly, the extent to which an expected outcome is achieved or the quality of processes leading to that outcome. |
| Place of occurrence of external cause | The place where the external cause of injury, poisoning or adverse effect occurred. METeOR identifier: 391334 |
| Posthumous organ procurement | See <i>Care type</i> . |
| Potentially preventable hospitalisation (selected) | Those conditions where hospitalisation is thought to be avoidable if timely and adequate non-hospital care is provided. |
| Pre-MDC (Pre-Major Diagnostic Category) | Seventeen AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extracorporeal membrane oxygenation without cardiac surgery). |
| Principal diagnosis | The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care. METeOR identifier: 391326 |
| Private hospital | A privately owned and operated institution, catering for patients who are treated by a doctor of their own choice. Patients are charged fees for accommodation and other services provided by the hospital and relevant medical and paramedical practitioners. Acute care and psychiatric hospitals are included, as are private free-standing day hospital facilities. See also <i>Establishment type</i> . |
| Procedure | 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 the acute care setting. METeOR identifier: 391349 |
| Psychiatric hospital | See <i>Establishment type</i> . |
| Psychogeriatric care | See <i>Care type</i> . |

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| Public hospital | A hospital controlled by a state or territory health authority. Public hospitals offer free diagnostic services, treatment, care and accommodation to all eligible patients. See also <i>Establishment type</i> . |
| Public patient | includes separations for Medicare eligible patients who elected to be treated as a public patient and separations with a funding source of <i>Reciprocal health care agreements, Other hospital or public authority</i> (with a public patient election status) and <i>No charge raised</i> (in public hospitals). |
| Qualified days | <p>The number of qualified days within newborn episodes of care. Days within newborn episodes of care are either qualified or unqualified. This definition includes all babies who are 9 days old or less. A newborn day is qualified (acute) when a newborn meets at least one of the following criteria:</p> <ul style="list-style-type: none"> • is the second or subsequent live born infant of a multiple birth, whose mother is currently an admitted patient • is admitted to an intensive care facility in a hospital, being a facility approved by the Australian Government Health Minister for the purpose of the provision of special care • remains in hospital without its mother • is admitted to the hospital without its mother. <p>METeOR identifier: 268957 (<i>Admitted patient</i>) METeOR identifier: 270033 (<i>Newborn qualification status</i>)</p> |
| Recoveries | <p>All revenue received that is in the nature of a recovery of expenditure incurred. This includes income from provision of meals and accommodation to hospital staff, income from the use of hospital facilities for private practice and some recoveries relating to inter-hospital services.</p> <p>METeOR identifier: 364805</p> |
| Recurrent expenditure | <p>Expenditure on goods and services which are used up during the year, for example, salaries and wages expenditure and non-salary expenditure such as payments to visiting medical officers.</p> <p>METeOR identifier: 269132</p> |

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| Registered nurses | <p>Registered nurses must be registered as division 1 nurses with the Australian Health Practitioner Regulation Agency – Nursing and Midwifery board of Australia.</p> <p>This is a comprehensive category and includes community mental health, general nurse, intellectual disability nurse, midwife (including pupil midwife), psychiatric nurse, senior nurse, charge nurse (now unit manager), supervisory nurse and nurse educator. This category also includes nurses engaged in administrative duties no matter what the extent of their engagement, for example, directors of nursing and assistant directors of nursing.</p> <p>METeOR identifier: 270500</p> <p>See <i>Full-time equivalent staff</i>.</p> |
| Rehabilitation care | <p>See <i>Care type</i>.</p> |
| Relative stay index (RSI) | <p>The actual number of patient days for acute care separations in selected AR-DRGs divided by the expected number of patient days adjusted for casemix. An RSI greater than 1 indicates that an average patient's length of stay is higher than would be expected given the jurisdiction's casemix distribution. An RSI of less than 1 indicates that the number of patient days used was less than would have been expected. See Appendix 2 for further information.</p> |
| Remoteness area | <p>A classification of the remoteness of a location using the Australian Standard Geographical Classification Remoteness Structure (2006), based on the Accessibility / Remoteness Index of Australia (ARIA) which measures the remoteness of a point based on the physical road distance to the nearest urban centre. The categories are:</p> <ul style="list-style-type: none"> • <i>Major cities</i> • <i>Inner regional</i> • <i>Outer regional</i> • <i>Remote</i> • <i>Very remote</i> • <i>Migratory</i>. |

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| Removal from waiting list | <p>The reason a patient is removed from an elective surgery waiting list. The reason-for-removal categories are:</p> <ul style="list-style-type: none"> • <i>Admitted as an elective patient for awaited procedure in this hospital or another hospital</i> • <i>Admitted as an emergency patient for awaited procedure in this hospital or another hospital</i> • <i>Could not be contacted</i> (includes patients who have died while waiting whether or not the cause of death was related to the condition requiring treatment) • <i>Treated elsewhere for awaited procedure, but not as a patient of this hospital's waiting list</i> • <i>Surgery not required or declined</i> • <i>Transferred to another hospital's waiting list</i> • <i>Not known.</i> <p>METeOR identifier: 269959</p> |
| Repairs and maintenance expenditure | <p>The costs incurred in maintaining, repairing, replacing and providing additional equipment; maintaining and renovating buildings and minor additional works.</p> <p>METeOR identifier: 269970</p> |
| Salaried medical officers | <p>Medical officers employed by the hospital on a full-time or part-time salaried basis. This excludes visiting medical officers engaged on an honorary, sessional or fee-for-service basis. This category includes salaried medical officers who are engaged in administrative duties regardless of the extent of that engagement (for example, clinical superintendent and medical superintendent).</p> <p>METeOR identifier: 270494</p> <p>See <i>Full-time equivalent staff</i>.</p> |
| Same-day patient | <p>An admitted patient who is admitted and separated on the same date.</p> |
| Separation | <p>An episode of care for an admitted patient, which can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). Separation also means the process by which an admitted patient completes an episode of care either by being discharged, dying, transferring to another hospital or changing type of care.</p> |
| Separation rate | <p>The total number of episodes of care for admitted patients divided by the total number of persons in the population under study.</p> <p>Often presented as a rate per 1,000 or 10,000 members of a population. Rates may be crude or standardised (see Appendix 2).</p> |

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| Separation rate ratio | The separation rate for one population divided by the separation rate of another. |
| Separations | The total number of episodes of care for admitted patients, which can be total hospital stays (from admission to discharge, transfer or death) or portions of hospital stays beginning or ending in a change of type of care (for example, from acute to rehabilitation) that cease during a reference period. METeOR identifier: 270407 |
| Service Related Group (SRG) | A classification based on Australian Refined Diagnostic Related Group (AR-DRG) aggregations for categorising admitted patient episodes into groups representing clinical divisions of hospital activity. |
| Specialised service | A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics, such as an intensive care unit. METeOR identifier: 269612 |
| Student nurses | A person employed by a health establishment who is currently studying in years one to three of a three-year certificate course. This includes any person commencing or undertaking a three-year course of training leading to registration as a nurse by the state or territory registration board. This includes full-time general student nurse and specialist student nurse (such as mental deficiency nurse) but excludes practising nurses enrolled in post-basic training courses. METeOR identifier: 270499 <i>See Full-time equivalent staff.</i> |
| Superannuation employer contributions | Contributions paid on behalf of establishment employees either by the establishment or a central administration such as a state health authority. METeOR identifier: 270371 |
| Surgical procedure | A procedure used to define surgical Australian Refined Diagnosis Related Groups' version 5.2 (DoHA 2006). |
| Surgical specialty | The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146 |
| Trainee nurse | Includes any person commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse by the state/territory registration board (includes all trainee/pupil nurses). METeOR identifier: 270493 |

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| Triage category | Used in the emergency departments of hospitals to indicate the urgency of the patient's need for medical and nursing care. Patients are triaged into one of five categories on the Australasian Triage Scale. The triage category is allocated by an experienced registered nurse or medical practitioner. METeOR identifier: 390392 |
| Type of non-admitted patient occasion of service | A broad classification of services provided to non-admitted patients, including emergency, dialysis, pathology, radiology and organ imaging, endoscopy, other medical/surgical/diagnostic, mental health, drug and alcohol, dental, pharmacy, allied health, community health, district nursing and other outreach. METeOR identifier: 270395, 270502–270514 (<i>Type of non-admitted patient occasion of service</i>) |
| Visiting medical officer | A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients on an honorary, sessionally paid or fee-for-service basis. METeOR identifier: 270049 |
| Waiting time at admission | The time elapsed for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were admitted to hospital for the procedure. METeOR identifier: 269477 |

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Recently the report has undergone substantial revision. Statistics reported in the hard copy are more concise than those presented in the report prior to 2010–11, with smaller tables, and graphs and figures interspersed in the text. More detailed statistics can be found in the supplementary tables at the end of each chapter, or presented as additional tables online. See <www.aihw.gov.au/hospitals/>.

Accompanying the release of *Australian hospital statistics 2010–11* is *Australia's hospitals 2010–11 at a glance*.

The following AIHW publications relating to hospitals, hospital service utilisation and hospital resources might also be of interest:

- AIHW 2011. *Australian hospital statistics 2009–10*. Cat. no. HSE 40. Canberra: AIHW.
- AIHW 2010. *Australian hospital statistics 2008–09*. Cat. no. HSE 84. Canberra: AIHW.
- AIHW 2010. *Australia's hospitals 2008–09 at a glance*. Cat. no. HSE 89. Canberra: AIHW.
- AIHW 2010. *Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times*. Health services series no. 38. Cat. no. HSE 93. Canberra: AIHW.
- AIHW 2009. *Australian hospital statistics 2007–08*. Cat. no. HSE 71. Canberra: AIHW.
- AIHW 2008. *Elective surgery in Australia: new measures of access*. Cat. no. HSE 57. Canberra: AIHW.
- AIHW 2008. *Australian hospital statistics 2006–07*. Cat. no. HSE 55. Canberra: AIHW.
- AIHW 2007. *Australian hospital statistics 2005–06*. Cat. no. HSE 50. Canberra: AIHW.
- AIHW 2007. *Report on the evaluation of the National Minimum Data Set for Public Hospital Establishments*. Cat. no. HSE 45. Canberra: AIHW.

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