



Australian Government

Australian Institute of
Health and Welfare

Admitted patient care 2013–14

Australian hospital statistics



Australian Government

Australian Institute of
Health and Welfare

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

HEALTH SERVICES SERIES
Number 60

Admitted patient care 2013–14

Australian hospital statistics

Australian Institute of Health and Welfare
Canberra

Cat. no. HSE 156

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.

© Australian Institute of Health and Welfare 2015



This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC-BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Digital and Media Communications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

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>.

ISSN 1036-613X

ISBN 978-1-74249-693-1

Suggested citation

Australian Institute of Health and Welfare 2015. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Dr Mukesh C Haikerwal AO

Director

Ms Kerry Flanagan PSM

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

Digital and Media Communications Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

This publication is printed in accordance with ISO 14001 (Environmental Management Systems) and ISO 9001 (Quality Management Systems). The paper is sourced from sustainably managed certified forests.



**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 *Admitted patient care 2013–14: Australian hospital statistics*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about activity in Australia's public and private hospitals.

This report presents information for admitted patient care for both public and private hospitals for the period 1 July 2013 to 30 June 2014. Timely provision of this information by state and territory health authorities has allowed this information to be reported within 9 months of the end of the reference period for the first time.

Reports on care provided for non-admitted patients and hospital resources for 2013–14, and a shorter companion report – *Australia's hospitals 2013–14 at a glance* – previously reported with information on admitted patient care – will be released later in 2015.

The structure of this report differs from previous *Australian hospital statistics* reports, with information presented in short, self-contained sections on specific topics. This should make it easier for readers to find and use the information they are interested in.

For the first time, information is included on some aspects of intensive care – the numbers of hours spent in intensive care units and hours of machine assistance for patient breathing. The addition of this information offers a more comprehensive picture of acute care in Australian hospitals.

The *Australian hospital statistics* reports are based on the AIHW's comprehensive national hospitals databases. These databases are also the source of data for nationally agreed hospital performance indicators reported by the National Health Performance Authority. As well, the Steering Committee for the Review of Government Service Provision uses these data for its *Report on Government Services*.

The Institute is committed to working with stakeholders to improve the national statistical information on hospitals, and its relevance to contemporary public policy debate on hospital service delivery. We look forward to continuing to work with data users and data providers to further improve the timeliness, quality and usefulness of the national data collections and on further enhancing the presentation of information in our *Australian hospital statistics* products.

Kerry Flanagan

Director

March 2015

Contents

Acknowledgments.....	vii
Abbreviations.....	viii
Symbols.....	ix
Summary	x
1 Introduction.....	1
What's in this report?.....	1
What data are reported?.....	3
Where to go for more information.....	8
2 How much activity was there?	9
Key findings.....	9
2.1 Separations.....	10
2.2 Separation rates	19
2.3 Patient days.....	23
2.4 Patient day rates.....	26
2.5 Length of stay	28
2.6 Performance indicator: Average length of stay for selected AR-DRGs.....	32
2.7 Performance indicator: Relative Stay Index	38
2.8 What type of public hospitals provide admitted patient care?	42
2.9 Separations for acute admitted patient care.....	43
3 Who used these services?.....	50
Key findings.....	50
3.1 Age group and sex.....	51
3.2 Aboriginal and Torres Strait Islander people	57
3.3 Remoteness	63
3.4 Socioeconomic status.....	65
4 Why did people receive care?.....	67
Key findings.....	67
4.1 Mode and urgency of admission	68
4.2 Care type	72
4.3 Principal diagnosis.....	77
4.4 How many separations were due to injury and poisoning?.....	86
4.5 Performance indicator: Potentially preventable hospitalisations	89

4.6 Performance indicator: Waiting for residential aged care	95
5 What services were provided?	97
Key findings.....	97
5.1 Broad category of service.....	98
5.2 Diagnosis related groups	104
5.3 Intensive care.....	112
5.4 Rehabilitation care	116
5.5 Palliative care.....	124
5.6 How much hospital care was provided in the patient's home?	131
5.7 How was care completed?	133
6 What procedures were performed?.....	136
Key findings	136
6.1 Overview of procedures.....	137
6.2 How does Australia compare?	145
6.3 Performance indicator: Rates of selected hospital procedures	148
6.4 Emergency surgery	155
6.5 Elective surgery	168
6.6 Elective surgery waiting times	184
7 Costliness and funding.....	190
Key findings	190
7.1 What was the relative costliness of the care?	191
7.2 Who paid for the care?	197
7.3 How much care was contracted between hospitals?	200
8 What was the safety and quality of the care?.....	202
Key findings	203
8.1 Performance indicator: Adverse events.....	204
8.2 Conditions that arose during the hospital stay.....	207
8.3 Hospital acquired conditions	210
8.4 Performance indicator: Unplanned readmissions.....	214
8.5 Performance indicator: Falls in hospital	216
8.6 Patient experience	218
Appendix A: Database quality statement summary	219
National Hospital Morbidity Database.....	219
Appendix B: Technical appendix	232

Definitions and classifications	232
Presentation of data	236
Analysis methods	237
Appendix C: Hospital performance indicators.....	243
National health performance reporting	243
The National Health Performance Framework.....	244
What data are reported?.....	245
Appendix D: Public hospital peer groups	247
Glossary.....	249
References.....	255
List of tables	257
List of figures	265
List of boxes.....	266

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 data, assistance with data validation and the preparation of this report.

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

- Jenny Hargreaves (AIHW) (Chair)
- Andrew Bailey (Australian Capital Territory Health Directorate)
- Sue Cornes (Queensland Department of Health)
- Nick Cugley (South Australian Department for Health and Ageing)
- Bruce Cutting (Independent Hospital Pricing Authority)
- Troy Delbridge (Private Healthcare Australia)
- James Eynstone-Hinkins (Australian Bureau of Statistics)
- Lynette Lee (clinical advisor)
- Martin MacNamara (National Health Performance Authority)
- Peter Mansfield (Tasmanian Department of Health and Human Services)
- Rosangela Merlo (Victorian Department of Health and Human Services)
- Julie Mitchell (Northern Territory Department of Health)
- Lisa Murphy (Australian Commission on Safety and Quality in Health Care)
- George Neale (Australian Private Hospitals Association)
- Elisabeth Sallur (Western Australian Department of Health)
- Cheryl Titheridge (Department of Veterans' Affairs)
- Paul Tridgell (Australian Healthcare and Hospitals Association)
- Allan Went (New South Wales Ministry of Health)
- Kerryn Wilde (Australian Government Department of Health)

Within the AIHW, Katrina Burgess, Robin Guda, Brooke Macpherson, Jane McIntyre, Tony Mole, Nick Thompson and Danling Zhou prepared the report, with expert advice from Jenny Hargreaves and George Bodilsen.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACHI	Australian Classification of Health Interventions
ACS	Australian Coding Standard
Admwt	admission weight
AIHW	Australian Institute of Health and Welfare
ALOS	average length of stay
AMI	acute myocardial infarction
AR-DRG	Australian Refined Diagnosis Related Group
ASGS	Australian Statistical Geography Standard
CC	complications and/or comorbidities
CCC	catastrophic complications and/or comorbidities
CDE	common bile duct exploration
COF	condition onset flag
CSCC	catastrophic or severe complications and/or comorbidities
CVS	continuous ventilatory support
DoHA	Department of Health and Ageing
DRG	Diagnosis Related Group
DVA	Department of Veterans' Affairs
ECMO	extracorporeal membrane oxygenation
ECT	electroconvulsive therapy
g	grams
HITH	hospital-in-the-home
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICU	intensive care unit
IHPA	Independent Hospital Pricing Authority
IRSD	Index of Relative Socioeconomic Disadvantage
ISO	International Organization for Standardization
MDC	Major Diagnostic Category
METeOR	Metadata Online Registry
NCCC	National Casemix and Classification Centre

NESWTDC	National Elective Surgery Waiting Times Data Collection
NHA	National Healthcare Agreement
NHCDC	National Hospital Cost Data Collection
NHDD	National health data dictionary
NHMD	National Hospital Morbidity Database
NHPA	National Health Performance Authority
NHPC	National Health Performance Committee
NHPF	National Health Performance Framework
NMDS	National minimum data set
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
OR	operating room
PICQ	Performance Indicators for Coding Quality
PPH	potentially preventable hospitalisation
Qld	Queensland
RSI	relative stay index
SA	South Australia
SA2	Statistical Area level 2
SCRGSP	Steering Committee for the Review of Government Service Provision
SEIFA	Socio-Economic Indexes for Areas
SES	socioeconomic status
SRR	separation rate ratio
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Symbols

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

Summary

How much admitted patient care was provided?

In 2013–14, there were more than 9.7 million separations from hospitals – 5.7 million in public hospitals and 4.0 million in private hospitals.

Between 2009–10 and 2013–14, the number of separations increased by 3.3% on average each year; by 3.0% for public hospitals and by 3.6% for private hospitals. This was greater than the average increase in population over this period (1.6%).

Almost 27.9 million days of patient care were reported for admitted patients – 18.8 million in public hospitals and 9.1 million in private hospitals. Between 2009–10 and 2013–14, days of patient care increased by about 1% on average each year.

Who used these services?

In 2013–14, 53% of separations were for females and 40% of separations were for people aged 65 and over.

There were about 408,000 separations for Indigenous Australians, who were hospitalised at more than twice the rate for other Australians (896 and 384 per 1,000 population, respectively).

Why did people receive care?

In 2013–14, about 94% of separations were for acute care and 4% for rehabilitation care.

About 6% of hospitalisations were potentially preventable and a further 6% of separations were for injury or poisoning.

The most common single reason for care was dialysis for kidney disease (1.3 million separations). Between 2009–10 and 2013–14, separations for dialysis increased by 3.9% on average each year.

What services were provided?

In 2013–14, about 57% of separations were for medical care, 25% were for surgical care and about 3% each were for childbirth and specialised mental health care. Public hospitals provided the majority of medical separations (73%) and emergency admissions (79%).

Private hospitals accounted for 60% of surgical separations, 58% of specialised mental health separations and 53% of non-emergency admissions.

In 2013–14, about 2% of public hospital separations involved a stay in an intensive care unit. About 9.4 million hours of intensive care were reported for public hospitals.

What procedures were performed?

In 2013–14, about 19.1 million procedures were reported. About 75% of public hospital separations and 95% of private hospital separations involved a procedure.

In 2013–14, there were 305,000 emergency admissions involving surgery. The most common emergency surgery performed was appendicectomy.

Between 2009–10 and 2013–14, elective admissions involving surgery rose by an average of 2.3% per year; by 1.4% for public hospitals and by 2.7% for private hospitals.

What was the safety and quality of the care?

In 2013–14, about 8.8% of separations recorded a condition with onset during the hospital stay. The most commonly reported hospital-acquired conditions included *Hypotension*, *Nausea and vomiting* and *Urinary tract infections*.

1 Introduction

Admitted patient care 2013–14: Australian hospital statistics focuses on care provided by public and private hospitals for admitted patients. It continues the Australian Institute of Health and Welfare's (AIHW) series of *Australian hospital statistics* reports describing the characteristics and activity of Australia's hospitals.

The AIHW has previously published comprehensive reports for the financial years 1993–94 to 2012–13 (AIHW 2014a and earlier).

Reports on some other aspects of Australia's hospitals for 2013–14 have already been published in *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b), *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c) and *Australian hospital statistics 2013–14: Staphylococcus aureus bacteraemia in Australian public hospitals* (AIHW 2014d).

Reports on care provided for non-admitted patients and on hospital resources for 2013–14 will be published later in 2015. A shorter companion report, aimed at a general readership – *Australia's hospitals 2013–14, at a glance* – will also be released, providing a summary of all hospitals-related information for 2013–14.

The AIHW also reports information on hospital funding and expenditure in its *Health expenditure Australia* series (AIHW 2014e and earlier).

This chapter presents information on what's in this report, what data are reported, and where to go for more information.

What's in this report?

Structure of this report

This introduction addresses questions concerning the source data for each chapter, including:

- What data are reported? – outlining the source of information.
- What are the limitations of the data? – providing caveats that should be considered when interpreting the data presented.
- What methods were used? – outlining issues such as inclusions and exclusions of records and calculation methods, with references to more detailed information in the technical appendix.

The Chapters 2 to 8 contain short, self-contained sections on specific topics within the broad chapter topic. The data presented address, where possible, the following questions:

- How has activity changed over time?
- How much activity was there in 2013–14?
- Where to go for more information.

Most chapters contain data for both public and private hospitals, allowing comparisons to be made of the numbers of separations, patient days and separations per 1,000 population.

The chapters address broad topics about admitted patient care:

- Chapter 2—How much activity was there?—presents information on the overall numbers of separations and patient days.
- Chapter 3—Who received care?—presents information on the age, sex and Indigenous status of the patient and the remoteness and socioeconomic status of their area of usual residence.
- Chapter 4—Why did they receive care?—presents information on the patient's mode of arrival, urgency of admission and diagnoses.
- Chapter 5—What services were provided?—presents information on the type of care provided to the patient, including the broad categories of service, diagnosis related groups, intensive care, rehabilitation care and palliative care.
- Chapter 6—What procedures were performed?—presents information on procedures or other interventions performed, with a focus on surgery.
- Chapter 7—Costliness and funding—presents estimates of the relative costliness of care and who paid for the care.
- Chapter 8—What was the safety and quality of the care—presents information on selected aspects of safety and quality.

Appendix A provides summary information on the National Hospital Morbidity Database (NHMD) and issues affecting the quality or comparability of the data.

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

Appendix C presents information on the performance indicators included in this report.

Appendix D presents information on the hospital peer groups used in this report.

The Glossary provides definitions for many of the common terms used in this report.

National hospital performance indicators

Performance measurement is essential to assessing the population's health and the success of health services and the health system more broadly, as well as highlighting where improvements need to be made (AIHW 2014f).

This report presents selected performance indicators specified in the National Health Performance Framework (NHPF) and the National Healthcare Agreement (NHA). Further information on the NHPF and NHA hospital performance indicators is available in Appendix C.

Which hospitals-related performance indicators are included in this report?

This report presents hospital performance indicator information for:

- Average length of stay for selected AR-DRGs—see Chapter 2 'How much activity was there?'
- Relative stay index—see Chapter 2 'How much activity was there?'
- Rates of services: hospital procedures—see Chapter 6 'What procedures were performed?'

- Adverse events treated in hospitals – see Chapter 8 ‘What was the safety and quality of care?’
- Falls resulting in patient harm in hospitals – see Chapter 8 ‘What was the safety and quality of care?’
- Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital) – see Chapter 8 ‘What was the safety and quality of care?’.

Other performance indicators

Information is also presented for the following indicators that are not related to hospital performance, but are based on hospital data:

- Hospitalisations for injury or poisoning – see Chapter 4 ‘Why did people receive care?’
- Selected potentially preventable hospitalisations – see Chapter 4 ‘Why did people receive care?’
- Hospital patient days used by those eligible and waiting for residential aged care – see Chapter 4 ‘Why did people receive care?’.

International hospital performance indicators

This report presents selected international indicators reported by the Organisation for Economic Co-operation and Development (OECD) (OECD 2013) including:

- Length of hospital stay – see Chapter 2 ‘How much activity was there?’
- Hospital discharge rates – see Chapter 2 ‘How much activity was there?’
- Proportion of cataract surgeries that were performed on a same-day basis – see Chapter 6 ‘What procedures were performed?’
- Caesarean sections per 100 live births – see Chapter 6 ‘What procedures were performed?’
- Cardiac procedures per 100,000 population – see Chapter 6 ‘What procedures were performed?’
- Hip and knee replacements per 100,000 population – see Chapter 6 ‘What procedures were performed?’.

What data are reported?

This report draws on data from the National Hospital Morbidity Database (NHMD) to present an overview of admitted patient care in Australia’s hospitals.

The NHMD is based on data provided to the AIHW by state and territory health authorities for the National minimum data set (NMDS) for Admitted patient care. The AIHW has undertaken the collection and reporting of the NHMD under the auspices of the Australian Health Ministers’ Advisory Council, through the National Health Information Agreement. The NHMD contains episode-level records from admitted patient morbidity data collection systems in Australian public and private hospitals. The data in this report include administrative, demographic and clinical data.

Administrative data provide information on:

- how patients were admitted

- how patient care ended
- length of stay in hospital
- the source of funding.

Demographic data provide information about the patient, including their:

- age
- sex
- Indigenous status
- remoteness area of usual residence
- socioeconomic status (SES) of area of usual residence.

Clinical data provide information on:

- why patients required care, including the principal and additional diagnoses, and external causes of injury or poisoning
- the types of care provided, including procedures or interventions performed and the diagnosis-related group for each separation.

Most of the data collected were as specified in the NMDS for Admitted patient care. Terms relevant to admitted patient care data are summarised in Box 1.1. More information about the NHMD is in Appendix A, and in the Data Quality Statement accompanying this report online at <www.aihw.gov.au>.

Box 1.1: 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 (or day of patient care) 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 to and separated from the hospital on the same date. It should be noted that as a separation may be generated by a transfer between hospitals, or a change in the type of care provided. Therefore, same-day separations may include records for patients whose stay in hospital was longer than one day but involved more than one separation.

(continued)

Box 1.1 (continued):

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. An additional diagnosis is reported if the condition affects patient management.

In 2013–14, diagnoses and external causes of injury were recorded using the 8th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM)* (NCCC 2012a).

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.

In 2013–14, procedures were recorded using the 8th edition of the *Australian Classification of Health Interventions* (ACHI) (NCCC 2012a).

Australian Refined Diagnosis Related Groups (AR-DRGs) is a classification system developed to 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.

See Appendix B and the Glossary for more information and more terms relating to admitted patient care.

What are the limitations of the data?

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 queries. Except as noted, the AIHW does not adjust data to account for possible data errors or missing or incorrect values.

Where possible, variations in reporting 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.

Box 1.2: What are the limitations of the data?

Variation in data on hospital services

Although there are national standards for data on hospital services, there are some variations in how hospital services are defined and counted, between public and private hospitals, among the states and territories, and over time.

For example, there is variation in admission practices for some 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.

In addition, some services are provided by hospitals in some jurisdictions, and by non-hospital health services in other jurisdictions. The national data on hospital care does not include care provided by non-hospital providers, such as community health centres.

The comparability of data on admitted patient care activity over time may be affected by changes in coverage and in administrative and reporting arrangements. For example, between 2009–10 and 2013–14, there were changes in coverage, data supply or policy over this period for Victoria, Western Australia and Tasmania that may affect the interpretation of these data. See Appendix A for more information.

Other issues to consider

When interpreting the data presented, the following should be noted:

- Data on state or territory of hospitalisation should be interpreted with caution because of cross-border flows of patients. This is particularly important for the Australian Capital Territory. In 2013–14, about 18% of separations in Australian Capital Territory public hospitals were for patients who lived in New South Wales.
- From 2009–10, the data for Albury Base Hospital (in New South Wales) have been reported by the Victorian Department of Health and Human Services as part of the Albury Wodonga Health Service. Therefore, the information presented for Victoria will include Albury Base Hospital.
- There is apparent variation among jurisdictions in the use of statistical discharges and the assignment of care types (for example when a patient's care type changes from acute care to rehabilitation) which may affect the comparability of the data. However, revised definitions for care types were implemented from 1 July 2013. Therefore, information presented by care type may not be comparable with data presented for earlier periods.
- In 2011–12, it was estimated that 88% of Indigenous patients were correctly identified in Australian public hospitals (AIHW 2013). The overall quality of the data provided for Indigenous status in 2013–14 is considered to be in need of some improvement and varied between states and territories (see Appendix B).

See appendixes A and B for more information.

What methods are used?

This section gives a brief description of methods. For more information, see Appendix B.

Types of hospitals

In some sections of this report, hospital types have been aggregated to hospital sector, where:

- *Public hospitals* include *Public acute* and *Public psychiatric hospitals*

- *Private hospitals* include *Private free-standing day hospital facilities* and *Other private hospitals* (which also include private psychiatric hospitals).

Changes over time

Time series data in this report show average annual changes from 2009–10 to 2013–14, and annual change between 2012–13 and 2013–14.

Annual change rates are not adjusted for any changes in data coverage and/or recategorisation of the hospital as public or private, except where noted in the text.

Indigenous status

In tables presenting information on Indigenous status, *Other Australians* includes separations for which the Indigenous status of the patient was not reported.

Age-standardised rates

Age-standardisation of rates enables valid comparison across years and/or jurisdictions without being affected by the differences in age distributions.

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. See Appendix B for more information.

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).

Suppression of private hospital information

The data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory have been suppressed to preserve commercial confidentiality.

AR-DRG versions used

Information by AR-DRGs is presented using two versions of the AR-DG classification. For counts of separations, AR-DRG version 7.0 was used as this is the version relevant to reporting using the eighth edition of ICD-10-AM/ACHI. For tables presenting information on cost weights, AR-DRG version 6.0x was used as cost weights were not available for AR-DRG version 7.0. See Appendix B for more information.

What is not reported?

Records for newborn episodes that did not have qualified days (see Glossary) do not meet admission criteria for all purposes, and there is variation in the reporting of this activity. Therefore, *Newborns without qualified days* have been excluded from this report, except as noted in Chapter 4 ‘Why did they receive care?’.

For some states and territories, the data provided for the NHMD include records for other hospital activity such as *hospital boarders* (for example, when a child accompanies a parent in hospital, but does not require care) and for *posthumous organ procurement*. These records were provided on an optional basis as they do not represent admitted patient care, and are excluded from counts of separations in this report.

Where to go for more information

This report is available on the AIHW website at <www.aihw.gov.au/hospitals> in PDF format and all tables are available as downloadable Excel spread sheets.

The website also includes additional information in Excel spread sheets on diagnoses, procedures and AR-DRGs for admitted patients. Some of the information presented in this report is presented in more detail online. For example, counts of separations presented in 10-year age groups in this report may be presented in 5-year age groups in the online table.

Interactive data cubes

The website also has interactive cubes of data from the NHMD, 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 2013–14 (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 6.0/6.0x for 2010–11, 2011–12 and 2012–13
 - version 7.0 for 2013–14.

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.

- 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 to 2012–13 (using ACHI 7th edition to classify procedures)
 - 2013–14 (using ACHI 8th edition to classify procedures).

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.

Updates

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

2 How much activity was there?

This chapter presents an overview of admitted patient care provided in Australia's public and private hospitals. The main measure of activity is the number of separations, or episodes of admitted patient care. Because episodes can vary in length from 'same-day' to many days or weeks, another useful measure of activity is patient days, or the total number of days of care provided to patients—it is a measure of activity that is independent of length of stay.

The information in the chapter includes:

- the number of separations in Australian public and private hospitals, and by state and territory, over time and for 2013–14. This information is presented by type of hospital, by same-day/overnight status, by broad type of care and by state of residence. The number of separations per 1,000 population (age-standardised) is also presented—to enable comparisons across years and/or jurisdictions without being affected by the differences in age distributions
- numbers of patient days—for public and private hospitals, and by state and territory, over time and for 2013–14. Patient days per 1,000 population are also presented
- average length of stay (ALOS). ALOS is affected by the proportions of same day separations, so the ALOS for overnight separations is presented separately. Two related performance indicators are also presented: *Average length of stay for selected AR-DRGs* (that compares ALOS for specific types of care), and *Relative stay index* (that compares length of stay overall, taking into account the different casemixes of states and territories and the public and private sectors).

International comparisons are presented using OECD indicators for hospital separation rates and ALOS.

Key findings

Sepations

In 2013–14 there were about 9.7 million separations in Australia's public and private hospitals. About 59% of separations (5.7 million) occurred in public hospitals.

Private hospitals accounted for about 69% of same-day acute separations.

Between 2009–10 and 2013–14, the number of separations increased by 3.3% on average each year; by 3.0% for public hospitals and by 3.6% for private hospitals. This was greater than the average increase in population over this period (1.6%).

In 2013–14 there were 395 separations per 1,000 population, and 164 separations per 1,000 population were for overnight care.

Patient days

Almost 27.9 million days of patient care were reported for admitted patients—18.8 million in public hospitals and 9.1 million in private hospitals. Between 2009–10 and 2013–14, days of patient care increased by about 1% on average each year.

In 2013–14, the average length of stay for an overnight separation was 5.5 days, overall. It was 5.7 days in public hospitals and 5.1 days in private hospitals.

Public hospital peer groups

In 2013–14, about 35% of separations and patient days in public hospitals occurred in *Principal referral* hospitals.

2.1 Separations

This section presents information on the number of separations for admitted patient care in Australia's public and private hospitals by type of hospital and by type of care, over time and in 2013–14.

Counts of separations are presented separately for same-day and overnight separations. 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.

Changes over time

Between 2009–10 and 2013–14, the overall number of hospital separations rose by an average of 3.3% per year from 8.5 million to 9.7 million (Table 2.1). Over this period, the average annual rate of growth in separations was higher for private hospitals (3.6%) than for public hospitals (3.0%).

Private hospitals accounted for 40% to 41% of separations between 2009–10 and 2013–14. 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.

There were changes in coverage or policies between 2009–10 and 2013–14 for Victoria, Western Australia and Tasmania that may affect the interpretation of these data. See Appendix A for more information.

From 2012–13 to 2013–14, separations increased by 3.5%. The increase in separations was higher in private hospitals (3.7%) than in public hospitals (3.3%). However, between 2012–13 and 2013–14, there was a change in emergency department admission policy in Western Australia that resulted in a decrease in admissions, and this should be taken into account when interpreting changes over time for public hospitals. See Appendix A for more information.

Table 2.1: Separations, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Public hospitals							
Public acute hospitals	5,058,076	5,269,011	5,501,713	5,519,941	5,705,480	3.1	3.4
Public psychiatric hospitals	11,212	10,121	9,779	10,255	9,390	-4.3	-8.4
<i>Total public hospitals</i>	<i>5,069,288</i>	<i>5,279,132</i>	<i>5,511,492</i>	<i>5,530,196</i>	<i>5,714,870</i>	<i>3.0</i>	<i>3.3</i>
Private hospitals							
Private free-standing day hospital facilities	783,259	809,158	843,930	854,843	875,529	2.8	2.4
Other private hospitals	2,678,456	2,763,965	2,900,567	2,988,487	3,111,905	3.8	4.1
<i>Total private hospitals</i>	<i>3,461,715</i>	<i>3,573,123</i>	<i>3,744,497</i>	<i>3,843,330</i>	<i>3,987,434</i>	<i>3.6</i>	<i>3.7</i>
All hospitals	8,531,003	8,852,255	9,255,989	9,373,526	9,702,304	3.3	3.5

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

States and territories

Between 2009–10 and 2013–14, the number of public hospital separations increased at a greater rate than the national average (3.0%) in New South Wales, Queensland, Western Australia and the Northern Territory (Table 2.2).

Over the same period, above-average increases in the number of private hospital separations were recorded in Queensland and Western Australia.

Between 2012–13 and 2013–14, public hospital separations decreased in Western Australia. This could have been impacted by a change in emergency department admission policy.

Changes in same-day and overnight separations

Between 2009–10 and 2013–14, the number of same-day separations increased at a greater rate than overnight separations (3.7% and 2.6% average per year, respectively) (Table 2.3), with the rate of increase for same-day separations being higher in private hospitals (4.2%) than in public hospitals (3.3%).

In 2013–14, same-day separations accounted for 59% of all separations, and this proportion had increased over the five-year period. The decrease in the proportion of same-day separations between 2011–12 and 2012–13 mostly reflects a change in Victoria's public hospital emergency department admission policy (AIHW 2014a).

For overnight separations, the average annual rate of increase was higher for public hospitals (2.7%) than for private hospitals (2.3%).

Changes in type of care

This section presents changes in the numbers of separations by type of care over time to provide more information on which types of care are increasing, by hospital sector.

For acute care, the largest increases in separations between 2009–10 and 2013–14 were for same-day other (non-surgical) separations in private hospitals (an average of 4.1% per year) (Table 2.4). Private hospitals also had the largest increase in subacute and non-acute separations (an average of 10.1% per year).

However, it should be noted that revised definitions for care types were implemented from 1 July 2013, with the aim to improve the identification of sub-acute and non-acute services. Therefore, information presented by care type for 2013–14 may not be comparable with data presented for earlier periods.

Table 2.2: Separations for public and private hospitals, states and territories, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales							
Public hospitals	1,542,968	1,582,804	1,660,602	1,716,790	1,771,521	3.5	3.2
Private hospitals	960,706	1,011,887	1,070,140	1,082,499	1,099,811	3.4	1.6
<i>All hospitals</i>	2,503,674	2,594,691	2,730,742	2,799,289	2,871,332	3.5	2.6
Victoria^{(a)(b)}							
Public hospitals	1,424,663	1,496,041	1,543,773	1,429,453	1,509,766	1.5	5.6
Private hospitals	885,776	875,470	917,810	943,381	978,912	2.5	3.8
<i>All hospitals</i>	2,310,439	2,371,511	2,461,583	2,372,834	2,488,678	1.9	4.9
Queensland							
Public hospitals	922,970	964,349	1,001,215	1,044,011	1,087,073	4.2	4.1
Private hospitals	844,953	859,202	901,188	933,661	984,057	3.9	5.4
<i>All hospitals</i>	1,767,923	1,823,551	1,902,403	1,977,672	2,071,130	4.0	4.7
Western Australia^{(a)(c)}							
Public hospitals	505,909	548,272	588,143	606,809	595,884	4.2	-1.8
Private hospitals	381,300	417,466	436,139	451,942	474,515	5.6	5.0
<i>All hospitals</i>	887,209	965,738	1,024,282	1,058,751	1,070,399	4.8	1.1
South Australia							
Public hospitals	383,055	390,154	407,315	413,756	415,778	2.1	0.5
Private hospitals	270,015	283,281	289,980	298,159	309,836	3.5	3.9
<i>All hospitals</i>	653,070	673,435	697,295	711,915	725,614	2.7	1.9
Tasmania^(a)							
Public hospitals	101,673	99,333	99,632	106,358	114,033	2.9	7.2
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory							
Public hospitals	88,356	93,745	97,455	94,712	96,968	2.4	2.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory							
Public hospitals	99,694	104,434	113,357	118,307	123,847	5.6	4.7
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total							
Public hospitals	5,069,288	5,279,132	5,511,492	5,530,196	5,714,870	3.0	3.3
Private hospitals	3,461,715	3,573,123	3,744,497	3,843,330	3,987,434	3.6	3.7
All hospitals	8,531,003	8,852,255	9,255,989	9,373,526	9,702,304	3.3	3.5

- (a) There were changes in coverage or policies between 2009–10 and 2013–14 for Victoria, Western Australia and Tasmania that may affect the interpretation of these data. See Appendix A for more information.
- (b) The large decrease between 2011–12 and 2012–13 in public hospital separations for Victoria reflects a change in Victoria's emergency department admission policy.
- (c) The decrease between 2012–13 and 2013–14 in public hospital separations for Western Australia reflects a change in Western Australia's emergency department admission policy.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 2.3: Same-day and overnight separations ('000), public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Same-day separations							
Public hospitals							
Public acute hospitals	2,573	2,685	2,806	2,783	2,934	3.3	5.4
Public psychiatric hospitals ^(a)	1	1	1	1	1	n.p.	n.p.
<i>Total</i>	2,574	2,685	2,807	2,784	2,934	3.3	5.4
Proportion of total public separations (%)	50.8	50.9	50.9	50.3	51.3	0.3	2.0
Private hospitals							
Private free-standing day hospital facilities	782	808	843	853	874	2.8	2.4
Other private hospitals	1,562	1,627	1,729	1,794	1,890	4.9	5.4
<i>Total</i>	2,344	2,435	2,572	2,647	2,764	4.2	4.4
Proportion of total private separations (%)	67.7	68.1	68.7	68.9	69.3	0.6	0.6
All hospitals	4,918	5,120	5,379	5,431	5,698	3.7	4.9
Proportion of total separations (%)	57.6	57.8	58.1	57.9	58.7	0.5	1.4
Overnight separations							
Public hospitals							
Public acute hospitals	2,485	2,585	2,696	2,737	2,772	2.8	1.3
Public psychiatric hospitals ^(b)	11	9	9	10	9	-4.1	-8.6
<i>Total</i>	2,495	2,594	2,705	2,747	2,781	2.7	1.2
Private hospitals							
Private free-standing day hospital facilities ^(a)	1	1	1	1	2	n.p.	n.p.
Other private hospitals	1,117	1,137	1,171	1,195	1,222	2.3	2.3
<i>Total</i>	1,118	1,138	1,173	1,196	1,224	2.3	2.3
All hospitals	3,613	3,732	3,877	3,943	4,005	2.6	1.6

(a) The average change per year is not shown due to low numbers.

(b) Due to the low and variable numbers of separations for public psychiatric hospitals, caution should be used in interpreting the average rates of change.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 2.4: Separations, by type of care, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Public hospitals							
Acute ^(a)	4,916,330	5,114,373	5,329,166	5,334,794	5,523,256	3.0	3.5
Same-day	2,548,838	2,660,640	2,777,380	2,751,061	2,899,623	3.3	5.4
Surgical ^(b)	365,562	373,252	380,885	384,515	400,038	2.3	4.0
Other ^(c)	2,183,276	2,287,388	2,396,495	2,366,546	2,499,585	3.4	5.6
Overnight	2,367,492	2,453,733	2,551,786	2,583,733	2,623,633	2.6	1.5
Surgical ^(b)	540,062	556,447	569,746	573,039	588,745	2.2	2.7
Other ^(c)	1,827,430	1,897,286	1,982,040	2,010,694	2,034,888	2.7	1.2
Subacute and non-acute ^(d)	152,578	164,499	181,926	195,323	191,536	5.8	-1.9
Total public hospitals^(e)	5,069,288	5,279,132	5,511,492	5,530,196	5,714,870	3.0	3.3
Private hospitals							
Acute ^(a)	3,277,060	3,357,671	3,502,647	3,587,975	3,716,480	3.2	3.6
Same-day	2,216,940	2,282,548	2,398,991	2,463,017	2,566,850	3.7	4.2
Surgical ^(b)	743,928	761,808	805,846	818,006	837,319	3.0	2.4
Other ^(c)	1,473,012	1,520,740	1,593,145	1,645,011	1,729,531	4.1	5.1
Overnight	1,060,120	1,075,123	1,103,656	1,124,958	1,149,630	2.0	2.2
Surgical ^(b)	553,920	565,565	581,538	593,192	613,253	2.6	3.4
Other ^(c)	506,200	509,558	522,118	531,766	536,377	1.5	0.9
Subacute and non-acute ^(d)	184,461	215,393	241,791	255,351	270,949	10.1	6.1
Total private hospitals^(e)	3,461,715	3,573,123	3,744,497	3,843,330	3,987,434	3.6	3.7
All hospitals	8,531,003	8,852,255	9,255,989	9,373,526	9,702,304	3.3	3.5

(a) Acute admitted patient care includes separations for which the care type was reported as *Acute*, *Newborn* (with qualified days) or was not reported.

(b) *Surgical* separations are defined as acute care separations with a surgical procedure reported, based on the procedures used to define 'surgical' DRGs in AR-DRG, version 7.0 (NCCC 2012b).

(c) *Other* separations are those classified as acute care but not involving a surgical (or operating room) procedure. This can include non-operating room procedures such as endoscopy.

(d) *Subacute and non-acute* care includes *Rehabilitation*, *Palliative*, *Geriatric evaluation and management*, *Psychogeriatric* and *Maintenance* care types.

(e) The totals include separations with a care type of *Other* admitted patient care.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

How much activity was there in 2013–14?

In 2013–14, about 59% of separations (5.7 million) occurred in public hospitals (Table 2.5). Public hospitals accounted for about 69% of overnight separations and 51% of same-day separations.

For the 4.0 million separations from private hospitals, about 22% of separations (876,000) occurred in *Private free-standing day hospital facilities* and the remainder were in other private hospitals.

In 2013–14, overnight separations made up almost 49% of separations in public hospitals and 31% in private hospitals.

The proportion of overnight separations that were in public hospitals varied among states and territories, ranging from 64% in Queensland to 76% in New South Wales.

The proportion of separations that were for same-day care varied among states and territories and between public and private hospitals.

For public hospitals, the proportion of same-day separations ranged from 45% in New South Wales to 68% in the Northern Territory.

For private free-standing day hospitals and other private hospitals combined, it ranged from 67% in Victoria to 72% in New South Wales.

Cross-border flows

For 2013–14, about 98% of separations (9.5 million) were for people who were hospitalised in their state or territory of residence (Table 2.6). However, in the Australian Capital Territory, only 81% of hospital separations were for Australian Capital Territory residents, with most of the remainder (18%) being for residents of New South Wales.

Where to go for more information:

More information on separations is available in:

- Section 2.8 ‘What types of public hospitals provide admitted patient care?’
- Section 2.9 ‘Separations for acute admitted patient care’.

Information on data limitations and methods is available in appendixes A and B.

Table 2.5: Separation statistics, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Separations									
Public hospitals									
Public acute hospitals	1,766,334	1,509,348	1,086,658	594,793	414,535	112,997	96,968	123,847	5,705,480
Public psychiatric hospitals	5,187	418	415	1,091	1,243	1,036	..	..	9,390
<i>Public hospitals</i>	1,771,521	1,509,766	1,087,073	595,884	415,778	114,033	96,968	123,847	5,714,870
Private hospitals									
Private free-standing day hospital facilities	212,528	217,195	224,489	133,928	74,154	n.p.	n.p.	n.p.	875,529
Other private hospitals	887,283	761,717	759,568	340,587	235,682	n.p.	n.p.	n.p.	3,111,905
<i>Private hospitals</i>	1,099,811	978,912	984,057	474,515	309,836	n.p.	n.p.	n.p.	3,987,434
<i>Public acute and private hospitals</i>	2,866,145	2,488,260	2,070,715	1,069,308	724,371	n.p.	n.p.	n.p.	9,692,914
All hospitals	2,871,332	2,488,678	2,071,130	1,070,399	725,614	n.p.	n.p.	n.p.	9,702,304
Overnight separations									
Public hospitals									
Public acute hospitals	961,398	641,497	534,403	277,130	219,550	52,953	44,812	40,154	2,771,897
Public psychiatric hospitals	5,050	415	388	1,079	935	1,021	..	..	8,888
<i>Public hospitals</i>	966,448	641,912	534,791	278,209	220,485	53,974	44,812	40,154	2,780,785
Private hospitals									
Private free-standing day hospital facilities	7	22	0	1,584	0	n.p.	n.p.	n.p.	1,614
Other private hospitals	307,352	325,293	307,296	139,923	92,070	n.p.	n.p.	n.p.	1,222,274
<i>Private hospitals</i>	307,359	325,315	307,296	141,507	92,070	n.p.	n.p.	n.p.	1,223,888
<i>Public acute and private hospitals</i>	1,268,757	966,812	841,699	418,637	311,620	n.p.	n.p.	n.p.	3,995,785
All hospitals	1,273,807	967,227	842,087	419,716	312,555	n.p.	n.p.	n.p.	4,004,673

(continued)

Table 2.5 (continued): Separation statistics, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Same-day separations									
Public hospitals									
Public acute hospitals	804,936	867,851	552,255	317,663	194,985	60,044	52,156	83,693	2,933,583
Public psychiatric hospitals	137	3	27	12	308	15	..	..	502
<i>Public hospitals</i>	805,073	867,854	552,282	317,675	195,293	60,059	52,156	83,693	2,934,085
Private hospitals									
Private free-standing day hospital facilities	212,521	217,173	224,489	132,344	74,154	n.p.	n.p.	n.p.	873,915
Other private hospitals	579,931	436,424	452,272	200,664	143,612	n.p.	n.p.	n.p.	1,889,631
<i>Private hospitals</i>	792,452	653,597	676,761	333,008	217,766	n.p.	n.p.	n.p.	2,763,546
<i>Public acute and private hospitals</i>	1,597,388	1,521,448	1,229,016	650,671	412,751	n.p.	n.p.	n.p.	5,697,129
All hospitals	1,597,525	1,521,451	1,229,043	650,683	413,059	n.p.	n.p.	n.p.	5,697,631
Same-day separations as % of total									
Public hospitals									
Public acute hospitals	45.6	57.5	50.8	53.4	47.0	53.1	53.8	67.6	51.4
Public psychiatric hospitals	2.6	0.7	6.5	1.1	24.8	1.4	..	..	5.3
<i>Public hospitals</i>	45.4	57.5	50.8	53.3	47.0	52.7	53.8	67.6	51.3
Private hospitals									
Private free-standing day hospital facilities	100.0	100.0	100.0	98.8	100.0	n.p.	n.p.	n.p.	99.8
Other private hospitals	65.4	57.3	59.5	58.9	60.9	n.p.	n.p.	n.p.	60.7
<i>Private hospitals</i>	72.1	66.8	68.8	70.2	70.3	n.p.	n.p.	n.p.	69.3
<i>Public acute and private hospitals</i>	55.7	61.1	59.4	60.8	57.0	n.p.	n.p.	n.p.	58.8
All hospitals	55.6	61.1	59.3	60.8	56.9	n.p.	n.p.	n.p.	58.7

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 2.6: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2013–14

State or territory of usual residence	State or territory of hospitalisation								Separations per 1,000 population	
	NSW	Vic	Qld	WA	SA	Tas	ACT	NT		
Public hospitals										
New South Wales	1,740,487	28,897	11,210	792	1,625	305	16,335	505	1,800,156	225.5
Victoria	3,918	1,469,769	2,584	750	2,185	326	310	448	1,480,290	242.5
Queensland	12,449	1,603	1,063,671	671	468	258	184	731	1,080,035	226.6
Western Australia	604	564	558	589,340	349	82	52	3,425	594,974	234.3
South Australia	698	2,190	613	326	408,189	72	52	2,988	415,128	225.3
Tasmania	326	1,783	381	85	104	112,572	26	36	115,313	204.5
Australian Capital Territory	3,518	261	232	57	69	99	79,506	22	83,764	226.3
Northern Territory	236	334	571	305	1,824	178	15	115,400	118,863	548.9
Other Australian territories ^(a)	1,475	27	2	200	0	0	0	0	1,704	n.p.
Not elsewhere classified ^(b)	7,810	4,336	7,251	3,289	965	0	31	290	23,972	..
Not reported	0	2	0	69	0	141	457	2	671	..
<i>Total</i>	<i>1,771,521</i>	<i>1,509,766</i>	<i>1,087,073</i>	<i>595,884</i>	<i>415,778</i>	<i>114,033</i>	<i>96,968</i>	<i>123,847</i>	<i>5,714,870</i>	<i>234.4</i>
Private hospitals										
New South Wales	1,079,936	9,896	34,604	251	1,712	n.p.	n.p.	n.p.	1,134,868	140.0
Victoria	9,057	964,053	1,701	240	1,713	n.p.	n.p.	n.p.	976,980	158.4
Queensland	4,269	1,188	945,076	232	263	n.p.	n.p.	n.p.	951,202	195.7
Western Australia	359	475	376	473,018	142	n.p.	n.p.	n.p.	474,501	186.0
South Australia	381	723	354	108	304,426	n.p.	n.p.	n.p.	306,054	157.8
Tasmania	247	1,601	245	43	69	n.p.	n.p.	n.p.	85,831	146.4
Australian Capital Territory	2,192	264	265	28	41	n.p.	n.p.	n.p.	37,074	100.7
Northern Territory	381	483	869	172	1,152	n.p.	n.p.	n.p.	16,258	79.1
Other Australian territories ^(a)	1,852	0	5	58	0	n.p.	n.p.	n.p.	1,915	n.p.
Not elsewhere classified ^(b)	1,137	229	562	74	318	n.p.	n.p.	n.p.	2,343	..
Not reported	0	0	0	291	0	n.p.	n.p.	n.p.	408	..
<i>Total</i>	<i>1,099,811</i>	<i>978,912</i>	<i>984,057</i>	<i>474,515</i>	<i>309,836</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,987,434</i>	<i>160.7</i>
All hospitals	2,871,332	2,488,678	2,071,130	1,070,399	725,614	n.p.	n.p.	n.p.	9,702,304	395.1

(a) Includes Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory.

(b) Includes Resident overseas, At sea and No fixed address.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

2.2 Separation rates

This section presents separation rates for public and private hospitals, over time and for 2013–14.

The separation rates presented in this report (separations per 1,000 population) are age-standardised to eliminate the effect of differences in population age structures over periods of time or across geographic areas.

Changes over time

The number of separations per 1,000 population increased from 379 per 1,000 in 2009–10 to 395 per 1,000 in 2013–14, an average increase of 1.0% per year. The rates increased for most types of hospitals, with the exception of *Public psychiatric hospitals* (Table 2.7). The highest increase in separation rates was for *Other private hospitals* (1.5% on average per year).

The number of overnight separations per 1,000 population fluctuated between 2009–10 and 2013–14.

Table 2.7: Separations per 1,000 population, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Public hospitals							
Public acute hospitals	225.7	230.1	235.7	231.3	234.0	0.9	1.1
Public psychiatric hospitals	0.5	0.5	0.4	0.5	0.4	-5.8	-10.3
<i>Total</i>	226.2	230.6	236.2	231.8	234.4	0.9	1.1
Overnight separations	111.5	113.4	116.1	115.4	114.3	0.6	-1.0
Private hospitals							
Private free-standing day hospital facilities	34.6	35.0	35.7	35.3	35.2	0.4	-0.1
Other private hospitals	118.1	119.1	122.4	123.3	125.5	1.5	1.8
<i>Total</i>	152.7	154.0	158.1	158.5	160.7	1.3	1.4
Overnight separations	49.3	49.0	49.4	49.3	49.3	0.0	0.0
All hospitals	379.0	384.6	394.3	390.3	395.1	1.0	1.2
Overnight separations	160.7	162.4	165.5	164.7	163.6	0.4	-0.7

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Separation rates in 2013–14

In 2013–14, there were about 234 separations per 1,000 population in public hospitals and 161 per 1,000 in private hospitals (Table 2.8).

Rates of separations in public hospitals ranged from 202 per 1,000 population in Tasmania to 571 per 1,000 in the Northern Territory.

For private hospitals, rates of separations ranged from 136 per 1,000 in New South Wales to 202 per 1,000 in Queensland.

Table 2.8: Separations per 1,000 population, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	221.2	247.4	228.0	234.2	225.0	200.0	262.0	571.1	234.0
Public psychiatric hospitals	0.7	0.1	0.1	0.4	0.8	2.0	..	..	0.4
<i>Public hospitals</i>	221.9	247.4	228.1	234.7	225.8	201.9	262.0	571.1	234.4
Private hospitals									
Private free-standing day hospital facilities	26.2	35.3	46.0	52.8	36.8	n.p.	n.p.	n.p.	35.2
Other private hospitals	109.7	123.3	156.4	133.2	123.0	n.p.	n.p.	n.p.	125.5
<i>Private hospitals</i>	135.9	158.7	202.4	186.0	159.7	n.p.	n.p.	n.p.	160.7
<i>Public acute and private hospitals</i>	357.1	406.1	430.4	420.2	384.7	n.p.	n.p.	n.p.	394.7
All hospitals	357.8	406.1	430.5	420.6	385.5	n.p.	n.p.	n.p.	395.1

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Same-day separations

As noted above, the number of same-day separations may not be comparable among the states and territories due to variations in admission practices. Therefore, these data should be interpreted with caution.

In 2013–14, there were about 232 same-day separations per 1,000 population (Table 2.9). Public hospitals accounted for about 120 same-day separations per 1,000 population and private hospitals accounted for 112 per 1,000.

Rates of same-day separations in public hospitals ranged from 101 per 1,000 in New South Wales to 382 per 1,000 in the Northern Territory.

For private hospitals, rates of same-day separations ranged from 98 per 1,000 in New South Wales to 139 per 1,000 in Queensland.

Table 2.9: Same-day separations per 1,000 population, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	100.5	142.1	115.7	125.1	106.0	104.5	142.1	381.6	120.1
Private hospitals	97.6	106.7	139.0	130.5	112.0	n.p.	n.p.	n.p.	111.5
All hospitals	198.2	248.9	254.7	255.6	218.0	n.p.	n.p.	n.p.	231.6

Notes:

1. Caution should be used in interpreting separation rates presented by the state or territory of hospitalisation as the rates will include separations for patients not usually resident in that state or territory (see Table 2.6).
2. See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Overnight separations

In 2013–14, there were about 164 overnight separations per 1,000 population (Table 2.10). Public hospitals accounted for about 114 overnight separations per 1,000 population and private hospitals accounted for about 49 per 1,000.

Rates of overnight separations in public hospitals ranged from 97 per 1,000 in Tasmania to 190 per 1,000 in the Northern Territory.

For private hospitals, rates of overnight separations ranged from 38 per 1,000 in New South Wales to 63 per 1,000 in Queensland.

Table 2.10 : Overnight separations per 1,000 population, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals	121.4	105.3	112.4	109.6	119.8	97.4	120.0	189.5	114.3
Private hospitals	38.2	51.9	63.4	55.4	47.7	n.p.	n.p.	n.p.	49.3
All hospitals	159.6	157.3	175.8	165.0	167.5	n.p.	n.p.	n.p.	163.6

Notes:

1. Caution should be used in interpreting separation rates presented by the state or territory of hospitalisation as the rates will include separations for patients not usually resident in that state or territory (see Table 2.6).
2. See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

How does Australia compare?

OECD indicator: Hospital discharge rates

The number of overnight separations per 1,000 population in Australia for 2013–14 was in the middle of the range reported for other OECD countries in recent years (Figure 2.1) (OECD 2013). The comparability of international separation rates is likely to be affected by differences in definitions of hospitals, collection periods and admission practices.

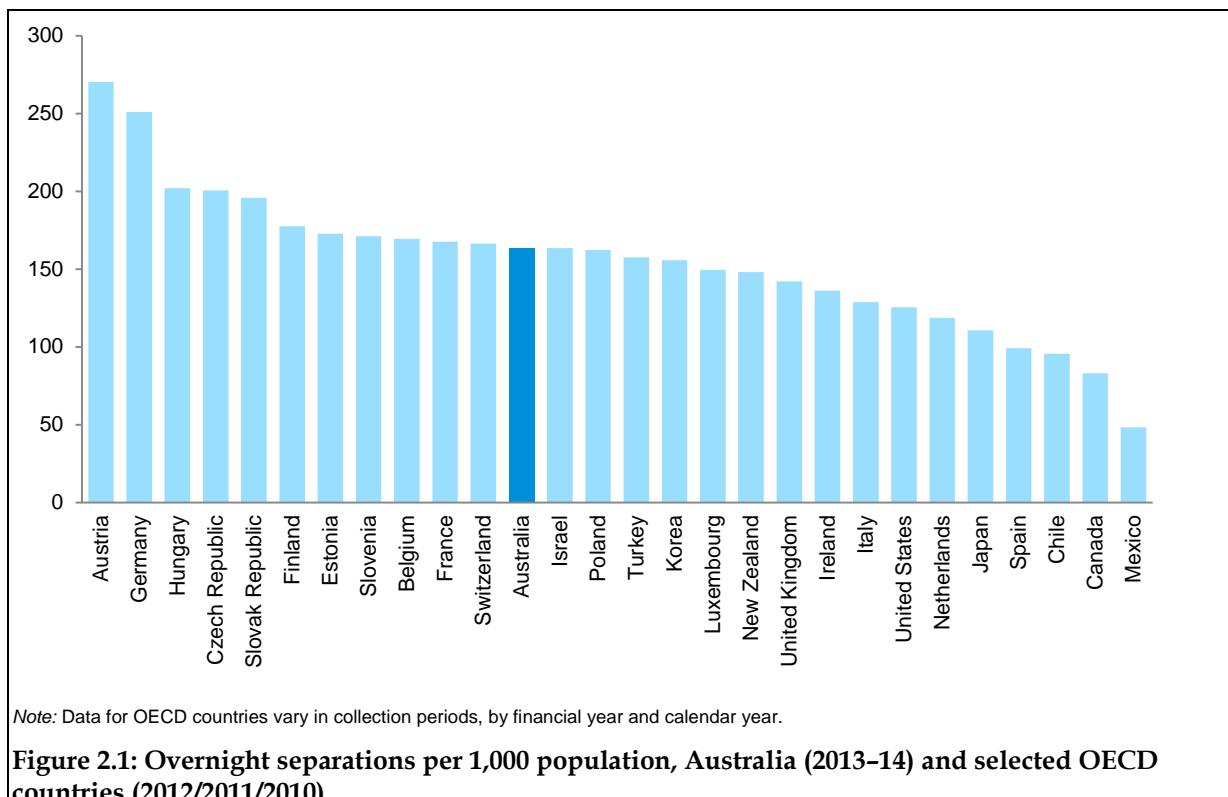


Figure 2.1: Overnight separations per 1,000 population, Australia (2013–14) and selected OECD countries (2012/2011/2010)

Where to go for more information:

More information on separation rates is available in:

- Chapter 3 'Who used these services?' – by Indigenous status, remoteness area of usual residence and socioeconomic status of area of usual residence
- Chapter 4 'Why did people receive care?' – for potentially preventable hospitalisations
- Chapter 5 'What services were provided?' – for Rehabilitation care, Palliative care and selected procedures
- Chapter 6 'What procedures were performed?' – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

2.3 Patient days

This section presents information on the number of days of patient care (patient days) provided to admitted patients in Australia's public and private hospitals, over time and in 2013–14.

Changes over time

Between 2009–10 and 2013–14, the number of patient days increased by 1.4% from 26.4 million to 27.9 million (Table 2.11). Over this period, the number of patient days in private hospitals increased by 2.3%, and the proportion of patient days that were in private hospitals increased from 31.3% to 32.5%.

Table 2.11: Patient days ('000s), public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
						('000s)	
Public hospitals							
Public acute hospitals	17,440	17,894	18,313	18,242	18,267	1.2	0.1
Public psychiatric hospitals ^(a)	663	593	678	581	557	-4.3	-4.1
<i>Total</i>	<i>18,103</i>	<i>18,487</i>	<i>18,991</i>	<i>18,823</i>	<i>18,824</i>	<i>1.0</i>	<i><0.1</i>
Private hospitals							
Private free-standing day hospital facilities	783	809	844	855	876	2.8	2.5
Other private hospitals	7,479	7,598	7,901	8,018	8,186	2.3	2.1
<i>Total</i>	<i>8,262</i>	<i>8,408</i>	<i>8,745</i>	<i>8,873</i>	<i>9,062</i>	<i>2.3</i>	<i>2.1</i>
All hospitals	26,365	26,895	27,736	27,696	27,886	1.4	0.7

(a) Due to the low and variable numbers of separations, which can include some very long stay patients for whom relatively large numbers of patient days are reported, caution should be used in interpreting the average rates of change.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

States and territories

Between 2009–10 and 2013–14, the numbers of public hospital patient days decreased in South Australia and Tasmania (Table 2.12).

For private hospitals, the numbers of patient days increased at a higher rate than the national average for New South Wales, Queensland and Western Australia.

The decrease in patient days for Tasmanian public hospitals between 2009–10 and 2010–11 may, in part, reflect changes in the reporting of psychiatric care in Tasmania.

The decrease in patient days for Victorian public hospitals between 2011–12 and 2012–13 reflects a change in Victoria's emergency department admission policy.

Similarly, the decrease in patient days for Western Australia's public hospitals between 2012–13 and 2013–14 reflects a change in emergency department admission policy.

Patient days in 2013–14

In 2013–14, public hospitals accounted for 59% of separations and 68% of patient days (18.8 million) (Table 2.13).

Table 2.12: Patient days for public and private hospitals, states and territories, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales							
Public hospitals	6,061,168	6,192,497	6,434,979	6,387,047	6,465,446	1.6	1.2
Private hospitals	2,225,185	2,330,294	2,452,877	2,464,339	2,487,934	2.8	1.0
<i>All hospitals</i>	8,286,353	8,522,791	8,887,856	8,851,386	8,953,380	2.0	1.2
Victoria^(a)							
Public hospitals	4,606,599	4,722,672	4,782,281	4,629,716	4,690,977	0.5	1.3
Private hospitals	2,235,086	2,166,659	2,261,615	2,310,738	2,376,811	1.5	2.9
<i>All hospitals</i>	6,841,685	6,889,331	7,043,896	6,940,454	7,067,788	0.8	1.8
Queensland							
Public hospitals	3,128,097	3,206,398	3,262,934	3,295,250	3,308,998	1.4	0.4
Private hospitals	2,062,543	2,093,296	2,177,232	2,219,627	2,282,019	2.6	2.8
<i>All hospitals</i>	5,190,640	5,299,694	5,440,166	5,514,877	5,591,017	1.9	1.4
Western Australia^(a)							
Public hospitals	1,722,439	1,779,052	1,856,812	1,920,265	1,828,364	1.5	-4.8
Private hospitals	829,497	885,708	905,349	910,944	943,718	3.3	3.6
<i>All hospitals</i>	2,551,936	2,664,760	2,762,161	2,831,209	2,772,082	2.1	-2.1
South Australia							
Public hospitals	1,591,333	1,614,514	1,679,153	1,600,110	1,508,854	-1.3	-5.7
Private hospitals	617,179	625,664	634,321	639,419	642,097	1.0	0.4
<i>All hospitals</i>	2,208,512	2,240,178	2,313,474	2,239,529	2,150,951	-0.7	-4.0
Tasmania^(a)							
Public hospitals	423,915	372,761	353,640	359,760	380,908	-2.6	5.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory							
Public hospitals	296,483	311,607	326,778	327,728	332,798	2.9	1.5
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory							
Public hospitals	272,712	287,518	294,459	302,980	307,727	3.1	1.6
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total							
Public hospitals	18,102,746	18,487,019	18,991,036	18,822,856	18,824,072	1.0	<0.1
Private hospitals	8,262,177	8,407,518	8,745,034	8,872,945	9,061,713	2.3	2.1
All hospitals	26,364,923	26,894,537	27,736,070	27,695,801	27,885,785	1.4	0.7

(a) There were changes in coverage or policies over this period for Victoria, Western Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 2.13: Patient days, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	6,224,804	4,637,789	3,153,060	1,782,910	1,471,292	357,107	332,798	307,727	18,267,487
Public psychiatric hospitals	240,642	53,188	155,938	45,454	37,562	23,801	..	..	556,585
<i>Public hospitals</i>	6,465,446	4,690,977	3,308,998	1,828,364	1,508,854	380,908	332,798	307,727	18,824,072
Private hospitals									
Private free-standing day hospital facilities	212,528	217,211	224,489	133,928	74,154	n.p.	n.p.	n.p.	875,545
Other private hospitals	2,275,406	2,159,600	2,057,530	809,790	567,943	n.p.	n.p.	n.p.	8,186,168
<i>Private hospitals</i>	2,487,934	2,376,811	2,282,019	943,718	642,097	n.p.	n.p.	n.p.	9,061,713
<i>Public acute and private hospitals</i>	8,712,738	7,014,600	5,435,079	2,726,628	2,113,389	n.p.	n.p.	n.p.	27,329,200
All hospitals	8,953,380	7,067,788	5,591,017	2,772,082	2,150,951	n.p.	n.p.	n.p.	27,885,785

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on patient days is available in:

- Section 2.8 ‘What types of public hospitals provide admitted patient care?’
- Chapter 5 ‘What services were provided?’ – for Rehabilitation care and Palliative care
- Chapter 6 ‘What procedures were performed?’ – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

2.4 Patient day rates

This section presents patient day rates for public and private hospitals, over time and for 2013–14.

The patient day rates presented in this report (patient days per 1,000 population) are age-standardised to eliminate the effect of differences in population age structures over periods of time or across geographic areas.

Changes over time

Between 2009–10 and 2013–14, overall patient days per 1,000 population fluctuated for *Public acute hospitals* and *Other private hospitals*. Over the same period, patient days per 1,000 population increased by about 0.4% per year for *Private free-standing day hospitals* (Table 2.14).

Patient days for *Public psychiatric hospitals* fluctuated between 2009–10 and 2013–14. However, it should be noted that separation records from public psychiatric hospitals include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and patient day counts can therefore fluctuate markedly for these hospitals.

Table 2.14: Patient days per 1,000 population, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Public hospitals							
Public acute hospitals	766.0	768.2	769.8	749.9	734.4	-1.0	-2.1
Public psychiatric hospitals	30.4	26.7	30.4	25.4	23.7	-6.1	-7.0
<i>Total</i>	<i>796.4</i>	<i>795.0</i>	<i>800.2</i>	<i>775.3</i>	<i>758.1</i>	<i>-1.2</i>	<i>-2.2</i>
Private hospitals							
Private free-standing day hospital facilities	34.6	35.0	35.7	35.3	35.2	0.4	-0.1
Other private hospitals	324.9	321.8	327.1	324.0	323.3	-0.1	-0.2
<i>Total</i>	<i>359.6</i>	<i>356.8</i>	<i>362.8</i>	<i>359.3</i>	<i>358.5</i>	<i>-0.1</i>	<i>-0.2</i>
All hospitals	1,156.0	1,151.8	1,163.0	1,134.6	1,116.6	-0.9	-1.6

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Patient day rates in 2013–14

In 2013–14, there were 1,117 patient days per 1,000 population overall (Table 2.15). The patient day rate varied among states and territories.

For public hospitals, it ranged from 652 days per 1,000 in Tasmania to 1,584 per 1,000 in the Northern Territory.

For private hospitals, it ranged from 301 per 1,000 in New South Wales, to 467 per 1,000 in Queensland.

Table 2.15: Patient days per 1,000 population, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	758.0	742.0	657.4	702.5	756.3	611.5	910.0	1,584.2	734.4
Public psychiatric hospitals	31.8	9.1	33.5	17.9	22.4	40.6	..	..	23.7
<i>Public hospitals</i>	789.9	751.1	690.9	720.4	778.7	652.1	910.0	1,584.2	758.1
Private hospitals									
Private free-standing day hospital facilities	26.2	35.3	46.0	52.8	36.8	n.p.	n.p.	n.p.	35.2
Other private hospitals	274.8	339.3	420.8	317.3	282.1	n.p.	n.p.	n.p.	323.3
<i>Private hospitals</i>	301.0	374.7	466.8	370.1	318.9	n.p.	n.p.	n.p.	358.5
<i>Public acute and private hospitals</i>	1,059.1	1,116.6	1,124.2	1,072.6	1,075.2	n.p.	n.p.	n.p.	1,092.9
All hospitals	1,090.9	1,125.8	1,157.7	1,090.5	1,097.6	n.p.	n.p.	n.p.	1,116.6

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

Information on data limitations and methods is available in appendixes A and B.

2.5 Length of stay

This section presents information on the average length of stay for admitted patient care in Australia's public and private hospitals, over time and in 2013–14.

The average length of stay is calculated as the total number of patient days reported for the hospital (or group of hospitals), divided by the number of separations. This section presents two measures for average length of stay—the average length of stay for all separations and the average length of stay excluding same-day separations.

Changes over time

Between 2009–10 and 2013–14, average lengths of stay for public acute and private hospitals fell slightly (Table 2.16).

For overnight separations, the average length of stay in all hospitals combined fell from 5.9 days to 5.5 days, an average annual decrease of 1.7%.

For public acute hospitals, the average length of stay excluding same-day separations decreased by an average of 1.9% per year.

Table 2.16: Average length of stay, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Average length of stay (days)							
Public hospitals							
Public acute hospitals	3.4	3.4	3.3	3.3	3.2	-1.8	-3.1
Public psychiatric hospitals ^(a)	59.1	58.6	69.3	56.6	59.3	0.1	4.6
Total	3.6	3.5	3.4	3.4	3.3	-2.0	-3.2
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	2.8	2.7	2.7	2.7	2.6	-1.5	-2.0
Total	2.4	2.4	2.3	2.3	2.3	-1.2	-1.6
All hospitals	3.1	3.0	3.0	3.0	2.9	-1.8	-2.7
Average length of stay, excluding same-day separations (days)							
Public hospitals							
Public acute hospitals	6.0	5.9	5.8	5.6	5.5	-1.9	-2.1
Public psychiatric hospitals	63.0	62.5	74.2	59.7	62.6	-0.2	4.8
Total	6.2	6.1	6.0	5.8	5.7	-2.1	-2.2
Private hospitals							
Private free-standing day hospital facilities ^(b)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals	5.3	5.3	5.3	5.2	5.2	-0.7	-1.1
Total	5.3	5.2	5.3	5.2	5.1	-0.7	-1.1
All hospitals	5.9	5.8	5.8	5.6	5.5	-1.7	-1.9

(a) Separations from public psychiatric hospitals include some with very long individual lengths of stay, including some as long as several years. The pattern of these separations from public psychiatric hospitals can vary over time and average length of stay can therefore fluctuate markedly for these hospitals.

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Length of stay in 2013–14

In 2013–14, the overall average length of stay was 2.9 days. The overall average length of stay was longer in public hospitals than in private hospitals (3.3 days and 2.3 days, respectively) (Table 2.17).

The average length of stay for overnight separations was longer in public hospitals (5.7 days) than in private hospitals (5.1 days). The average length of stay for overnight separations varied across states and territories, for public hospitals, it ranged from 5.2 days in Queensland to 6.3 days in the Australian Capital Territory.

How does Australia compare?

OECD indicator: Length of stay

The OECD presents comparative information on the average length of stay for overnight separations as an indicator of efficiency.

The average length of stay for overnight separations in Australia for 2013–14 was 5.5 days, which is comparable with the length of stays reported for other OECD member countries (Figure 2.2) (OECD 2013).

The comparability of international average lengths of stay may be affected by differences in definitions of hospitals, collection periods and admission practices.

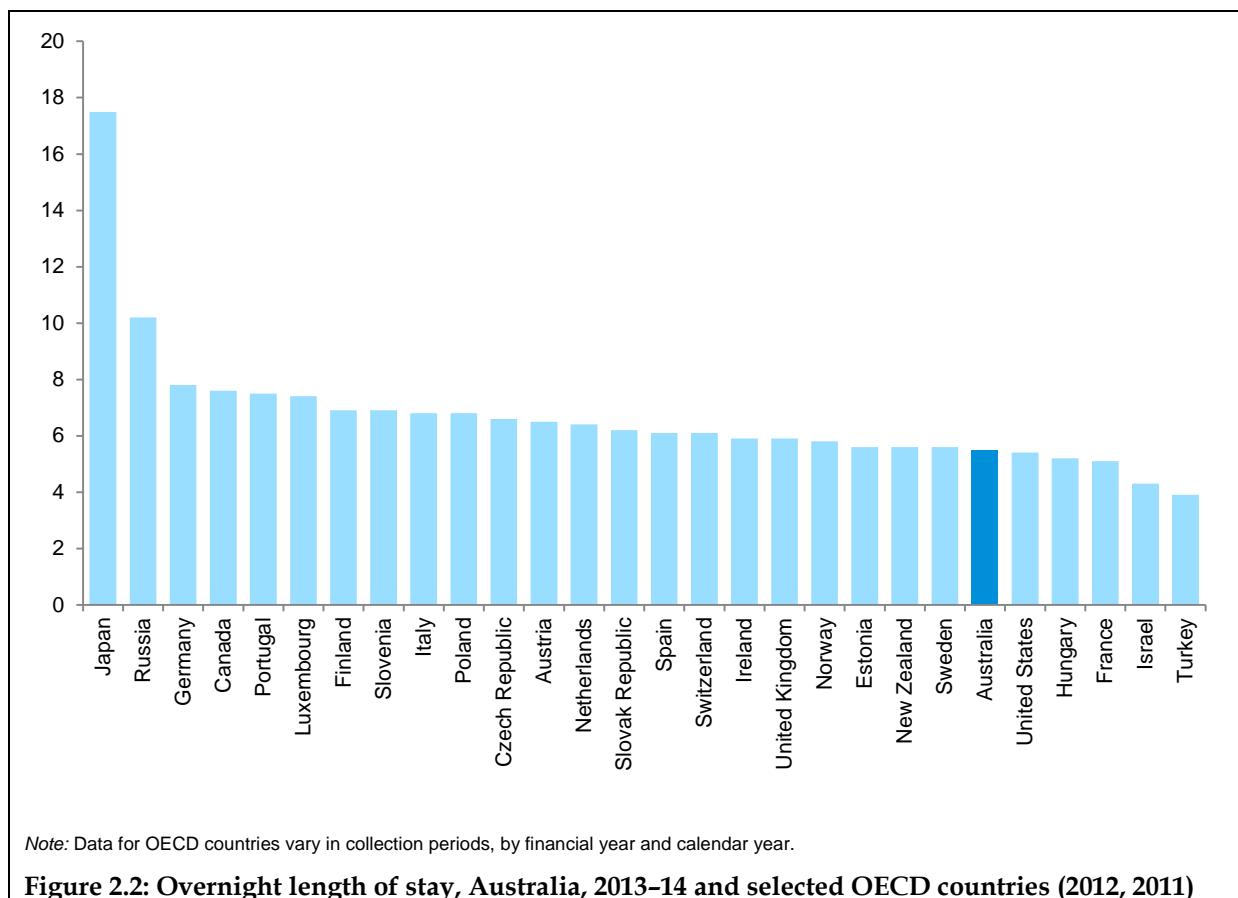


Table 2.17: Average length of stay statistics, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average length of stay (days)									
Public hospitals									
Public acute hospitals	3.5	3.1	2.9	3.0	3.5	3.2	3.4	2.5	3.2
Public psychiatric hospitals ^(a)	46.4	127.2	375.8	41.7	30.2	23.0	..	..	59.3
<i>Public hospitals</i>	3.6	3.1	3.0	3.1	3.6	3.3	3.4	2.5	3.3
Private hospitals									
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	2.6	2.8	2.7	2.4	2.4	n.p.	n.p.	n.p.	2.6
<i>Private hospitals</i>	2.3	2.4	2.3	2.0	2.1	n.p.	n.p.	n.p.	2.3
<i>Public acute and private hospitals</i>	3.0	2.8	2.6	2.5	2.9	n.p.	n.p.	n.p.	2.8
All hospitals	3.1	2.8	2.7	2.6	3.0	n.p.	n.p.	n.p.	2.9
Average length of stay, excluding same-day separations (days)									
Public hospitals									
Public acute hospitals	5.6	5.9	4.9	5.3	5.8	5.6	6.3	5.6	5.5
Public psychiatric hospitals ^(a)	47.6	128.2	401.8	42.1	39.8	23.3	..	..	62.6
<i>Public hospitals</i>	5.9	6.0	5.2	5.4	6.0	5.9	6.3	5.6	5.7
Private hospitals									
Private free-standing day hospital facilities ^(b)	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Other private hospitals	5.5	5.3	5.2	4.4	4.6	n.p.	n.p.	n.p.	5.2
<i>Private hospitals</i>	5.5	5.3	5.2	4.3	4.6	n.p.	n.p.	n.p.	5.1
<i>Public acute and private hospitals</i>	5.6	5.7	5.0	5.0	5.5	n.p.	n.p.	n.p.	5.4
All hospitals	5.8	5.7	5.2	5.1	5.6	n.p.	n.p.	n.p.	5.5

(a) 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.

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on average length of stay is available in:

- Section 2.6 in this chapter – for ‘Average length of stay for selected AR-DRGs’
- Section 2.7 in this chapter ‘Relative stay indexes’
- Section 2.8 in this chapter ‘What types of public hospitals provide admitted patient care?’
- Chapter 4 ‘Why did people receive care?’ – by care type
- Chapter 5 ‘What services were provided?’ – for Rehabilitation care and Palliative care
- Chapter 6 ‘What procedures were performed?’ – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

2.6 Performance indicator: Average length of stay for selected AR-DRGs

'Average length of stay (ALOS) for selected AR-DRGs' is presented as an indicator of *Efficiency and sustainability* under the National Health Performance Framework (NHPF) (see Appendix C).

The selected AR-DRGs (Table 2.18) 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
- 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.

Due to changes in the AR-DRG classification between versions 5.2, 6.0, 6.0x and 7.0, the data presented here are not comparable with the data presented in previous reports. In particular:

- O60C *Vaginal delivery single uncomplicated* was reported for about 32,000 separations in 2012–13 (AR-DRG version 6.0x), and for 150,000 separations in 2013–14 (AR-DRG version 7.0).
- P67D *Neonate, admission weight greater than 2499g without significant operating room procedure, without problem* (AR-DRG version 6.0x) has been replaced by AR-DRG version 7.0 P68D *Neonate, admission weight greater than or equal to 2500g without significant operating room procedure, greater than 37 completed weeks gestation without problem*.
- N06B *Female reproductive system reconstructive procedures without catastrophic or severe complications or comorbidities* (AR-DRG version 6.0x) has been replaced by AR-DRG version 7.0 N06Z *Female reproductive system reconstructive procedures*.

There were notable differences (more than 1 day) in the ALOS between public and private hospitals for 7 of the 20 selected AR-DRGs (Table 2.18). For example, the ALOS for E65B *Chronic obstructive airways disease without catastrophic complications or comorbidities* was 4.1 days for public hospitals and 7.4 days for private hospitals.

There were some notable differences in ALOS among states and territories. For example, for F62B *Heart failure and shock without catastrophic complications or comorbidities*, the ALOS in public hospitals ranged from 3.7 days in Queensland to 5.3 days in Tasmania (Table 2.18). For private hospitals, the ALOS for F62B ranged from 6.7 days in Western Australia to 8.2 days in New South Wales.

Where to go for more information:

Information on data limitations and methods is available in appendixes A and B.

Table 2.18: Average length of stay (days)^(a) for selected AR-DRGs^(b) version 7.0, public and private hospitals, states and territories, 2013–14

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
C03Z	Retinal procedures									
	ALOS (days)	Public	1.5	1.2	1.2	1.2	1.4	1.4	1.1	n.p.
		Private	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.
		<i>Total</i>	1.1	1.0	1.0	1.0	1.1	n.p.	n.p.	1.0
	Separations	Public	2,275	2,475	2,442	1,556	853	206	305	66
		Private	14,681	10,223	11,987	9,778	6,729	n.p.	n.p.	59,474
		<i>Total</i>	16,956	12,698	14,429	11,334	7,582	n.p.	n.p.	69,652
D11Z	Tonsillectomy and/or adenoidectomy									
	ALOS (days)	Public	1.1	1.1	1.1	1.1	1.1	1.1	1.3	1.1
		Private	1.0	1.0	1.0	1.0	1.0	n.p.	n.p.	n.p.
		<i>Total</i>	1.1	1.1	1.0	1.1	1.1	n.p.	n.p.	1.1
	Separations	Public	5,128	6,443	3,225	1,896	1,787	264	252	241
		Private	9,894	5,878	6,690	3,404	2,017	n.p.	n.p.	29,186
		<i>Total</i>	15,022	12,321	9,915	5,300	3,804	n.p.	n.p.	48,422
E62C	Respiratory infections/inflammations without CC									
	ALOS (days)	Public	3.0	2.4	2.1	2.6	2.9	2.6	2.8	2.6
		Private	5.2	4.8	4.4	4.4	4.4	n.p.	n.p.	4.6
		<i>Total</i>	3.1	2.8	2.5	2.8	3.2	n.p.	n.p.	2.9
	Separations	Public	8,742	5,168	5,892	2,710	2,008	422	418	383
		Private	395	1,167	1,422	362	410	n.p.	n.p.	3,918
		<i>Total</i>	9,137	6,335	7,314	3,072	2,418	n.p.	n.p.	29,661
E65B	Chronic obstructive airways disease without catastrophic CC									
	ALOS (days)	Public	4.5	3.9	3.3	4.0	4.3	4.5	5.0	4.0
		Private	8.9	7.3	7.4	7.0	5.8	n.p.	n.p.	7.4
		<i>Total</i>	4.7	4.7	4.2	4.4	4.5	n.p.	n.p.	4.5
	Separations	Public	15,244	7,559	8,566	3,549	3,494	1,095	485	907
		Private	765	2,145	2,424	565	547	n.p.	n.p.	6,666
		<i>Total</i>	16,009	9,704	10,990	4,114	4,041	n.p.	n.p.	47,565

(continued)

Table 2.18 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 7.0, public and private hospitals, states and territories, 2013–14

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
E69B	Bronchitis and asthma without CC										
	ALOS (days)	Public	1.7	1.3	1.3	1.7	1.6	1.4	1.6	1.7	1.5
		Private	3.6	3.2	2.8	4.1	4.1	n.p.	n.p.	n.p.	3.2
		<i>Total</i>	1.7	1.5	1.5	1.9	1.8	n.p.	n.p.	n.p.	1.6
	Separations	Public	11,359	7,899	5,779	2,189	2,388	560	437	292	30,903
		Private	208	787	925	172	170	n.p.	n.p.	n.p.	2,306
		<i>Total</i>	11,567	8,686	6,704	2,361	2,558	n.p.	n.p.	n.p.	33,209
F62B	Heart failure and shock without catastrophic CC										
	ALOS (days)	Public	4.8	4.2	3.7	4.1	5.1	5.3	4.6	4.5	4.5
		Private	8.2	6.8	6.8	6.7	6.9	n.p.	n.p.	n.p.	7.1
		<i>Total</i>	5.2	5.1	4.7	4.7	5.6	n.p.	n.p.	n.p.	5.1
	Separations	Public	7,992	4,302	4,061	2,141	1,792	527	242	246	21,303
		Private	903	1,988	1,971	583	648	n.p.	n.p.	n.p.	6,335
		<i>Total</i>	8,895	6,290	6,032	2,724	2,440	n.p.	n.p.	n.p.	27,638
F76B	Arrhythmia, cardiac arrest and conduction disorders without catastrophic or severe CC										
	ALOS (days)	Public	2.5	2.3	2.1	2.1	2.5	2.3	2.5	2.9	2.3
		Private	3.0	2.7	2.8	2.3	2.5	n.p.	n.p.	n.p.	2.7
		<i>Total</i>	2.5	2.5	2.3	2.2	2.5	n.p.	n.p.	n.p.	2.4
	Separations	Public	10,030	4,321	5,466	1,931	1,968	435	347	240	24,738
		Private	1,002	1,995	2,865	749	815	n.p.	n.p.	n.p.	7,661
		<i>Total</i>	11,032	6,316	8,331	2,680	2,783	n.p.	n.p.	n.p.	32,399
G07B	Appendicectomy without malignancy or peritonitis without catastrophic or severe CC										
	ALOS (days)	Public	2.3	1.9	1.9	2.0	2.1	2.1	2.1	2.3	2.0
		Private	1.8	2.0	1.7	1.8	2.1	n.p.	n.p.	n.p.	1.9
		<i>Total</i>	2.2	1.9	1.8	2.0	2.1	n.p.	n.p.	n.p.	2.0
	Separations	Public	6,556	4,276	4,016	2,241	1,317	421	500	200	19,527
		Private	586	982	1,608	538	261	n.p.	n.p.	n.p.	4,182
		<i>Total</i>	7,142	5,258	5,624	2,779	1,578	n.p.	n.p.	n.p.	23,709

(continued)

Table 2.18 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 7.0, public and private hospitals, states and territories, 2013–14

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
G10B	Hernia procedures without CC									
	ALOS (days)	Public	1.3	1.3	1.2	1.3	1.3	1.3	1.4	1.3
		Private	1.3	1.3	1.2	1.2	1.3	n.p.	n.p.	1.3
		<i>Total</i>	1.3	1.3	1.2	1.3	1.3	n.p.	n.p.	1.3
	Separations	Public	9,532	7,386	5,076	2,955	2,120	616	390	234
		Private	10,967	8,364	8,661	4,131	2,343	n.p.	n.p.	36,436
		<i>Total</i>	20,499	15,750	13,737	7,086	4,463	n.p.	n.p.	64,745
I03B	Hip replacement without catastrophic CC									
	ALOS (days)	Public	6.1	5.0	5.5	5.7	6.1	5.9	6.5	5.7
		Private	5.7	5.9	5.5	5.4	6.4	n.p.	n.p.	5.7
		<i>Total</i>	5.9	5.6	5.5	5.6	6.3	n.p.	n.p.	5.7
	Separations	Public	3,882	2,760	1,766	1,366	850	281	205	55
		Private	5,484	5,432	3,612	2,068	1,888	n.p.	n.p.	19,698
		<i>Total</i>	9,366	8,192	5,378	3,434	2,738	n.p.	n.p.	30,863
I04B	Knee replacement without catastrophic or severe CC									
	ALOS (days)	Public	5.1	4.6	4.8	5.6	5.1	5.3	5.0	5.0
		Private	5.7	5.7	5.1	5.6	5.8	n.p.	n.p.	5.5
		<i>Total</i>	5.5	5.3	5.0	5.6	5.6	n.p.	n.p.	5.4
	Separations	Public	4,156	2,203	2,019	1,217	826	191	153	38
		Private	7,061	4,935	5,730	2,919	2,535	n.p.	n.p.	24,296
		<i>Total</i>	11,217	7,138	7,749	4,136	3,361	n.p.	n.p.	35,099
I16Z	Other shoulder procedures									
	ALOS (days)	Public	1.4	1.3	1.3	1.2	1.3	n.p.	n.p.	1.3
		Private	1.3	1.2	1.2	1.2	1.3	n.p.	n.p.	1.2
		<i>Total</i>	1.3	1.3	1.2	1.2	1.3	n.p.	n.p.	1.2
	Separations	Public	2,108	1,601	1,268	1,405	618	99	99	62
		Private	8,800	8,123	7,874	6,341	3,318	n.p.	n.p.	35,751
		<i>Total</i>	10,908	9,724	9,142	7,746	3,936	n.p.	n.p.	43,011

(continued)

Table 2.18 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 7.0, public and private hospitals, states and territories, 2013–14

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
L63B	Kidney and urinary tract infections without catastrophic or severe CC										
	ALOS (days)	Public	2.7	2.1	1.9	2.5	2.8	2.6	2.3	2.6	2.4
		Private	4.8	4.2	4.2	4.2	4.6	n.p.	n.p.	n.p.	4.3
		<i>Total</i>	2.9	2.5	2.4	2.7	3.0	n.p.	n.p.	n.p.	2.6
	Separations	Public	12,800	7,705	10,101	4,375	2,763	572	656	492	39,464
		Private	900	1,808	2,427	613	486	n.p.	n.p.	n.p.	6,440
		<i>Total</i>	13,700	9,513	12,528	4,988	3,249	n.p.	n.p.	n.p.	45,904
M02B	Transurethral prostatectomy without catastrophic or severe CC										
	ALOS (days)	Public	2.6	2.4	2.3	2.4	2.8	n.p.	n.p.	n.p.	2.5
		Private	2.5	2.5	2.3	2.2	2.9	n.p.	n.p.	n.p.	2.5
		<i>Total</i>	2.5	2.5	2.3	2.3	2.9	n.p.	n.p.	n.p.	2.5
	Separations	Public	1,709	1,389	913	500	390	65	41	17	5,024
		Private	3,045	2,913	2,512	993	794	n.p.	n.p.	n.p.	10,751
		<i>Total</i>	4,754	4,302	3,425	1,493	1,184	n.p.	n.p.	n.p.	15,775
N04B	Hysterectomy for non-malignancy without catastrophic or severe CC										
	ALOS (days)	Public	2.8	2.8	2.6	2.7	2.9	2.8	3.0	n.p.	2.8
		Private	3.3	3.5	2.8	2.9	3.5	n.p.	n.p.	n.p.	3.2
		<i>Total</i>	3.1	3.2	2.7	2.8	3.2	n.p.	n.p.	n.p.	3.0
	Separations	Public	2,795	2,407	1,821	957	835	188	134	55	9,192
		Private	3,882	3,061	3,508	1,719	966	n.p.	n.p.	n.p.	13,816
		<i>Total</i>	6,677	5,468	5,329	2,676	1,801	n.p.	n.p.	n.p.	23,008
N06Z	Female reproductive system reconstructive procedures										
	ALOS (days)	Public	2.3	2.2	1.9	2.2	2.1	2.3	n.p.	n.p.	2.2
		Private	2.7	2.6	2.1	2.5	2.6	n.p.	n.p.	n.p.	2.5
		<i>Total</i>	2.5	2.4	2.1	2.4	2.4	n.p.	n.p.	n.p.	2.4
	Separations	Public	2,081	1,843	1,180	565	640	184	71	29	6,593
		Private	3,527	2,568	2,432	1,141	912	n.p.	n.p.	n.p.	11,170
		<i>Total</i>	5,608	4,411	3,612	1,706	1,552	n.p.	n.p.	n.p.	17,763

(continued)

Table 2.18 (continued): Average length of stay (days)^(a) for selected AR-DRGs^(b) version 7.0, public and private hospitals, states and territories, 2013–14

AR-DRG	Hospital sector	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total	
O01C	Caesarean delivery without catastrophic or severe CC										
	ALOS (days)	Public	3.6	3.5	3.2	3.5	3.7	3.6	3.5	4.2	3.5
		Private	5.1	4.9	4.5	4.8	5.2	n.p.	n.p.	n.p.	4.9
		<i>Total</i>	4.2	4.0	3.8	4.1	4.1	n.p.	n.p.	n.p.	4.0
	Separations	Public	15,047	12,047	8,960	4,650	3,553	834	969	623	46,683
		Private	8,085	6,944	6,902	4,086	1,548	n.p.	n.p.	n.p.	28,893
		<i>Total</i>	23,132	18,991	15,862	8,736	5,101	n.p.	n.p.	n.p.	75,576
O60C	Vaginal delivery single uncomplicated										
	ALOS (days)	Public	2.3	2.2	1.9	2.2	2.1	2.3	1.8	2.8	2.2
		Private	4.1	4.1	3.7	3.6	4.1	n.p.	n.p.	n.p.	3.9
		<i>Total</i>	2.6	2.6	2.3	2.5	2.5	n.p.	n.p.	n.p.	2.5
	Separations	Public	40,082	29,299	25,341	11,916	7,890	2,103	2,510	1,786	120,927
		Private	8,898	6,990	6,539	3,316	1,915	n.p.	n.p.	n.p.	29,258
		<i>Total</i>	48,980	36,289	31,880	15,232	9,805	n.p.	n.p.	n.p.	150,185
P68D	Neonate, admission weight >=2500g without significant OR procedure >=37 completed weeks gestation										
	ALOS (days)	Public	2.0	2.7	1.7	2.1	2.0	2.4	2.4	2.5	2.1
		Private	4.3	1.9	2.7	3.2	2.1	n.p.	n.p.	n.p.	3.7
		<i>Total</i>	2.4	2.4	1.9	2.4	2.0	n.p.	n.p.	n.p.	2.4
	Separations	Public	24,034	2,600	3,133	1,622	1,029	637	396	274	33,725
		Private	5,089	1,119	614	484	203	n.p.	n.p.	n.p.	7,634
		<i>Total</i>	29,123	3,719	3,747	2,106	1,232	n.p.	n.p.	n.p.	41,359
R61B	Lymphoma and non-acute leukaemia without catastrophic CC										
	ALOS (days)	Public	4.9	4.2	4.5	4.7	5.1	4.0	7.0	n.p.	4.6
		Private	4.7	3.9	6.0	3.4	4.3	n.p.	n.p.	n.p.	4.5
		<i>Total</i>	4.8	4.0	5.4	4.0	4.8	n.p.	n.p.	n.p.	4.6
	Separations	Public	2,476	2,033	979	666	844	186	105	53	7,342
		Private	473	1,994	1,441	893	426	n.p.	n.p.	n.p.	5,354
		<i>Total</i>	2,949	4,027	2,420	1,559	1,270	n.p.	n.p.	n.p.	12,696

CC—complications and comorbidities; OR—operating room; >=—greater than or equal to.

(a) Includes 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 100 separations were reported.

(b) For more information on the selected AR-DRGs, see Appendix B and tables accompanying this report online.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

2.7 Performance indicator: Relative stay index

'Relative stay index' is presented as an indicator of Efficiency and sustainability under the NHPF (see Appendix C).

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, standardised for casemix (based on national figures). The adjustment for casemix allows variation in the types of services provided to be taken into account. However, it does not take into account other influences on length of stay, such as Indigenous status or the remoteness area of the patient's residence or of the hospital.

An 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.

The directly standardised RSI is comparable between cells and is therefore more appropriate to use when comparing between groups and over time. The indirectly standardised RSI is not technically comparable between cells but provides a comparison of the hospital group with the 5-year average based on the casemix of that group.

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

Changes over time

The directly standardised RSI for public hospitals was consistently lower than that for private hospitals between 2009–10 and 2013–14 (Table 2.19).

When interpreting RSI information, it should be noted that patient day counts can fluctuate markedly for public psychiatric hospitals.

Relative stay indexes in 2013–14

Overall, the directly standardised RSI for private hospitals was 1.17, compared with 0.98 for public hospitals, indicating relatively shorter lengths of stay in the public sector compared with the private sector (Table 2.20).

There were relatively shorter lengths of stay for *Medical* separations in public hospitals, and for *Surgical* and *Other* separations in private hospitals (Table 2.20).

Separations for which the funding source was reported as *Department of Veterans' Affairs* had relatively lower lengths of stay than expected in public hospitals (0.94) and relatively higher lengths of stay than expected in private hospitals (1.24) (Table 2.21).

Table 2.19: Relative stay index, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Indirectly standardised relative stay index^(a)							
Public hospitals							
Public acute hospitals	1.03	1.01	0.98	0.95	0.91	..	..
Public psychiatric hospitals	1.30	1.33	1.34	1.35	1.29	..	..
<i>Total public</i>	1.03	1.02	0.99	0.95	0.92	..	..
Private hospitals							
Private free-standing day hospital facilities	0.81	0.81	0.81	0.82	0.79	..	..
Other private hospitals	1.10	1.09	1.09	1.06	1.04	..	..
<i>Total private</i>	1.08	1.07	1.06	1.04	1.02	..	..
All hospitals	1.04	1.03	1.01	0.98	0.95	..	..
Directly standardised relative stay index^(b)							
Public hospitals							
Public acute hospitals	1.05	1.03	1.00	0.96	0.93	-2.8	-3.2
Public psychiatric hospitals	3.84	1.89	2.48	4.78	2.14	-13.6	-55.3
<i>Total public</i>	1.05	1.04	1.00	0.97	0.93	-2.9	-3.2
Private hospitals							
Private free-standing day hospital facilities	0.46	0.45	0.45	0.43	0.43	-1.3	0.6
Other private hospitals	1.17	1.17	1.16	1.13	1.11	-1.3	-1.8
<i>Total private</i>	1.16	1.15	1.15	1.12	1.10	-1.3	-1.9
All hospitals	1.05	1.04	1.01	0.98	0.95	-2.5	-3.2

(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. AR-DRG version 6.0x used for all years

(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. AR-DRG version 6.0x used for all years

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

See Appendix B for detail on methods used in calculating RSI.

Table 2.20: Relative stay index by medical/surgical/other type of AR-DRG^(a), public and private hospitals, states and territories, 2013–14

Type of hospital	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indirectly standardised relative stay index^(a)									
Public hospitals	1.03	0.92	0.86	0.97	1.05	0.99	1.08	1.14	0.97
Medical	1.00	0.91	0.82	0.94	1.03	0.98	1.06	1.07	0.94
Surgical	1.10	0.92	0.96	1.04	1.08	1.01	1.10	1.33	1.02
Other	1.14	0.94	0.95	0.98	1.09	0.97	1.17	1.27	1.03
Private hospitals	1.11	1.08	1.10	1.02	1.01	n.p.	n.p.	n.p.	1.08
Medical	1.35	1.22	1.24	1.14	1.03	n.p.	n.p.	n.p.	1.24
Surgical	0.99	0.98	0.98	0.95	0.99	n.p.	n.p.	n.p.	0.98
Other	0.87	0.95	0.99	0.99	0.96	n.p.	n.p.	n.p.	0.95
All hospitals	1.05	0.97	0.94	0.99	1.03	n.p.	n.p.	n.p.	1.00
Medical	1.05	0.98	0.93	0.98	1.03	n.p.	n.p.	n.p.	1.00
Surgical	1.05	0.95	0.97	0.99	1.04	n.p.	n.p.	n.p.	1.00
Other	1.06	0.94	0.97	0.98	1.04	n.p.	n.p.	n.p.	1.00
Directly standardised relative stay index^(b)									
Public hospitals	1.05	0.93	0.88	0.99	1.05	0.98	1.10	1.20	0.98
Medical	1.01	0.92	0.81	0.95	1.03	0.96	1.08	1.05	0.94
Surgical	1.11	0.95	0.99	1.06	1.08	1.02	1.13	1.45	1.03
Other	1.16	0.97	0.98	1.01	1.10	1.00	1.15	1.28	1.05
Private hospitals	1.27	1.17	1.17	1.12	1.14	n.p.	n.p.	n.p.	1.17
Medical	1.44	1.27	1.27	1.23	1.22	n.p.	n.p.	n.p.	1.28
Surgical	1.00	1.00	1.00	0.94	1.02	n.p.	n.p.	n.p.	0.99
Other	1.01	1.04	1.04	1.07	1.02	n.p.	n.p.	n.p.	1.03
All hospitals	1.05	0.98	0.95	0.99	1.04	n.p.	n.p.	n.p.	1.00
Medical	1.05	0.99	0.93	0.99	1.04	n.p.	n.p.	n.p.	1.00
Surgical	1.05	0.96	0.97	1.00	1.05	n.p.	n.p.	n.p.	1.00
Other	1.06	0.94	0.97	0.99	1.05	n.p.	n.p.	n.p.	1.00

(a) 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, using AR-DRG version 7.0.

(b) The directly standardised relative stay index is comparable between cells. Based on AR-DRG version 7.0.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 2.21: Relative stay index (indirectly standardised)^(a), by funding source, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patient ^(b)	1.02	0.92	0.85	0.96	1.03	0.97	1.07	1.14	0.96
Private health insurance	1.04	0.93	0.89	1.04	1.16	1.06	1.19	1.11	1.00
Self-funded	0.96	0.92	0.86	0.90	0.90	1.01	0.93	1.18	0.94
Workers compensation	1.04	1.02	1.05	1.21	1.23	0.99	1.20	1.42	1.07
Motor vehicle third party personal claim	1.20	0.87	1.02	1.12	1.25	1.18	1.34	1.47	1.07
Department of Veterans Affairs	0.96	0.91	0.78	0.86	1.11	1.08	0.97	0.92	0.94
Other ^(c)	1.71	0.89	0.87	1.06	1.06	0.98	1.03	1.07	1.09
<i>Total public hospitals</i>	<i>1.03</i>	<i>0.92</i>	<i>0.86</i>	<i>0.97</i>	<i>1.05</i>	<i>0.99</i>	<i>1.08</i>	<i>1.14</i>	<i>0.97</i>
Private hospitals									
Public patient ^(b)	1.07	1.37	1.08	1.14	0.75	n.p.	n.p.	n.p.	1.10
Private health insurance	1.11	1.08	1.09	1.02	1.00	n.p.	n.p.	n.p.	1.08
Self-funded	1.02	0.98	0.87	0.87	0.83	n.p.	n.p.	n.p.	0.96
Workers compensation	1.05	1.01	0.98	0.85	0.91	n.p.	n.p.	n.p.	0.99
Motor vehicle third party personal claim	1.03	0.98	1.02	0.95	0.97	n.p.	n.p.	n.p.	0.99
Department of Veterans Affairs	1.32	1.17	1.27	1.20	1.17	n.p.	n.p.	n.p.	1.24
Other ^(c)	0.99	1.15	1.11	0.97	0.83	n.p.	n.p.	n.p.	1.02
<i>Total private hospitals</i>	<i>1.11</i>	<i>1.08</i>	<i>1.10</i>	<i>1.02</i>	<i>1.01</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.08</i>
All hospitals									
Public patient ^(b)	1.02	0.92	0.85	0.96	1.03	n.p.	n.p.	n.p.	0.96
Private health insurance	1.08	1.04	1.05	1.03	1.04	n.p.	n.p.	n.p.	1.06
Self-funded	1.00	0.97	0.87	0.87	0.84	n.p.	n.p.	n.p.	0.95
Workers compensation	1.05	1.01	1.01	0.94	0.97	n.p.	n.p.	n.p.	1.02
Motor vehicle third party personal claim	1.19	0.89	1.02	1.11	1.24	n.p.	n.p.	n.p.	1.06
Department of Veterans Affairs	1.09	1.06	1.16	1.06	1.14	n.p.	n.p.	n.p.	1.11
Other ^(c)	1.69	0.90	1.04	1.04	1.00	n.p.	n.p.	n.p.	1.08
Total	1.05	0.97	0.94	0.99	1.03	n.p.	n.p.	n.p.	1.00

(a) Casemix adjusted, based on AR-DRG version 7.0.

(b) Includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(c) 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*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

2.8 What type of public hospitals provide admitted patient care?

This section presents summary information on separations, patient days and average length of stay by the peer group of the public hospital.

In 2013–14, admitted patient care data was provided by 697 public hospitals.

The highest proportion of public hospital separations (35%) were accounted for by the 29 *Principal referral hospitals* (2.0 million separations) and these also accounted for 35% of public hospital patient days (6.6 million).

The 62 *Public acute group A hospitals* accounted for a further 33% of separations and 30% of patient days.

There were 129 *Very small hospitals* that accounted for less than 1% of both separations and patient days.

Subacute and non-acute hospitals accounted for about 1% of separations and about 5% of patient days, with an average length of stay of 13.9 days.

Table 2.22: Count of hospitals, separations and patient days by hospital peer group, public hospitals, 2013–14

Hospital peer group	Number of hospitals	Separations	Patient days	Average length of stay
Principal referral hospitals	29	1,999,004	6,613,946	3.3
Women's and children's hospitals	13	272,382	814,458	3.0
Public acute group A hospitals	62	1,906,528	5,695,581	3.0
Public acute group B hospitals	45	715,294	1,932,854	2.7
Public acute group C hospitals	143	509,100	1,414,856	2.8
Public acute group D hospitals	191	115,101	495,116	4.3
Very small hospitals	129	12,511	106,356	8.5
Psychiatric hospitals	19	11,728	599,717	51.1
Subacute and non-acute hospitals	39	61,699	860,676	13.9
Other	27	111,352	290,286	2.6
All hospitals	697	5,714,870	18,824,072	3.3

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

Information on data limitations and methods is available in appendixes A and B.

Detailed information on the public hospital peer group classification is in Appendix D.

2.9 Separations for acute admitted patient care

This section presents information on separations for acute admitted patient care, over time and for 2013–14.

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

Changes over time

Same-day acute care

From 2012–13 to 2013–14, same-day acute separations increased by 4.8% to 5.5 million (Table 2.23). This was higher than the average annual increase per year between 2009–10 and 2013–14 (3.5%).

Between 2009–10 and 2013–14, same-day acute separations increased at a similar rate in both public and private hospitals. The greatest increase in same-day acute separations occurred in *Other private hospitals* (4.2% on average each year), increasing from 1.4 million in 2009–10 to more than 1.6 million in 2013–14.

Table 2.23: Same-day acute separations, public and private hospitals, 2009–10 to 2013–14^(a)

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Public hospitals							
Public acute hospitals	2,548,148	2,660,010	2,776,747	2,750,608	2,899,171	3.3	5.4
Public psychiatric hospitals	690	630	633	453	452	-10.0	-0.2
<i>Total public hospitals</i>	<i>2,548,838</i>	<i>2,660,640</i>	<i>2,777,380</i>	<i>2,751,061</i>	<i>2,899,623</i>	<i>3.3</i>	<i>5.4</i>
Private hospitals							
Private free-standing day hospital facilities	780,690	806,409	841,327	852,073	872,579	2.8	2.4
Other private hospitals	1,436,250	1,476,139	1,557,664	1,610,944	1,694,271	4.2	5.2
<i>Total private hospitals</i>	<i>2,216,940</i>	<i>2,282,548</i>	<i>2,398,991</i>	<i>2,463,017</i>	<i>2,566,850</i>	<i>3.7</i>	<i>4.2</i>
All hospitals	4,765,778	4,943,188	5,176,371	5,214,078	5,466,473	3.5	4.8

(a) There were changes in coverage or policy over this period for Victoria, Western Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

States and territories

Between 2009–10 and 2013–14, the highest annual average increases in public hospital same-day acute separations was in the Northern Territory (7.5% per year) (Table 2.24).

For private hospitals, Western Australia recorded the highest annual average increase in the number of same-day acute separations (6.2% per year).

Large single-year increases in same-day acute separations between 2012–13 and 2013–14 were recorded for public hospitals in Victoria (10.2%) and Tasmania (7.6%) and for private hospitals in South Australia (5.9%).

Between 2012–13 and 2013–14, a change in Western Australia's emergency department admission policy resulted in a decrease in admissions.

Table 2.24: Same-day acute separations, public and private hospitals, states and territories, 2009–10 to 2013–14^(a)

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales							
Public hospitals	679,911	697,804	726,434	757,835	791,347	3.9	4.4
Private hospitals	592,552	618,824	651,662	654,772	661,856	2.8	1.1
<i>All hospitals</i>	1,272,463	1,316,628	1,378,096	1,412,607	1,453,203	3.4	2.9
Victoria							
Public hospitals	809,244	849,798	882,687	787,362	867,584	1.8	10.2
Private hospitals	581,364	573,363	601,695	618,398	648,742	2.8	4.9
<i>All hospitals</i>	1,390,608	1,423,161	1,484,382	1,405,760	1,516,326	2.2	7.9
Queensland							
Public hospitals	459,402	482,271	492,281	509,595	539,253	4.1	5.8
Private hospitals	549,879	556,567	586,929	609,674	643,747	4.0	5.6
<i>All hospitals</i>	1,009,281	1,038,838	1,079,210	1,119,269	1,183,000	4.1	5.7
Western Australia							
Public hospitals	269,408	292,117	316,669	326,687	317,427	4.2	-2.8
Private hospitals	260,654	286,865	302,382	313,984	331,857	6.2	5.7
<i>All hospitals</i>	530,062	578,982	619,051	640,671	649,284	5.2	1.3
South Australia							
Public hospitals	170,177	173,794	183,019	185,094	188,818	2.6	2.0
Private hospitals	162,859	172,395	180,672	189,061	200,123	5.3	5.9
<i>All hospitals</i>	333,036	346,189	363,691	374,155	388,941	4.0	4.0
Tasmania							
Public hospitals	51,080	49,606	50,462	55,765	60,011	4.1	7.6
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	47,081	49,304	51,505	49,298	51,540	2.3	4.5
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	62,535	65,946	74,323	79,425	83,643	7.5	5.3
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>
Total							
Public hospitals	2,548,838	2,660,640	2,777,380	2,751,061	2,899,623	3.3	5.4
Private hospitals	2,216,940	2,282,548	2,398,991	2,463,017	2,566,850	3.7	4.2
<i>All hospitals</i>	4,765,778	4,943,188	5,176,371	5,214,078	5,466,473	3.5	4.8

(a) There were changes in coverage or policies over this period for Victoria, Western Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Overnight acute care

Between 2009–10 and 2013–14, the number of overnight acute separations (in both public and private hospitals combined) increased by an average of 2.4% per year, with an average annual increase of 2.6% in public hospitals and 2.0% in private hospitals (Table 2.25).

Table 2.25: Overnight acute separations, public and private hospitals, 2009–10 to 2013–14^(a)

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since	Since
						2009–10	2012–13
Public hospitals							
Public acute hospitals	2,358,333	2,445,577	2,544,092	2,576,352	2,616,868	2.6	1.6
Public psychiatric hospitals	9,159	8,156	7,694	7,381	6,765	-7.3	-8.3
<i>Total</i>	<i>2,367,492</i>	<i>2,453,733</i>	<i>2,551,786</i>	<i>2,583,733</i>	<i>2,623,633</i>	<i>2.6</i>	<i>1.5</i>
Private hospitals							
Private free-standing day hospital facilities ^(b)	1,259	1,363	1,231	1,431	1,614	n.p.	n.p.
Other private hospitals	1,058,861	1,073,760	1,102,425	1,123,527	1,148,016	2.0	2.2
<i>Private Total</i>	<i>1,060,120</i>	<i>1,075,123</i>	<i>1,103,656</i>	<i>1,124,958</i>	<i>1,149,630</i>	<i>2.0</i>	<i>2.2</i>
All hospitals	3,427,612	3,528,856	3,655,442	3,708,691	3,773,263	2.4	1.7

(a) There were changes in coverage or policies over this period for Victoria, Western Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

(b) The average change per year is not shown due to low numbers.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

States and territories

Between 2009–10 and 2013–14, the greatest annual average increases in the rate of overnight acute public hospital separations occurred in Queensland, Western Australia and the Australian Capital Territory (Table 2.26).

Over the same period, above average increases in the rate of overnight acute private hospital separations were recorded in Queensland and Western Australia.

Large single-year increases (between 2012–13 and 2013–14) in public hospital overnight acute hospital separations were recorded for Queensland, Tasmania, the Australian Capital Territory and the Northern Territory and for private hospitals in Queensland.

Table 2.26: Overnight acute separations, public and private hospitals, states and territories, 2009–10 to 2013–14^(a)

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales							
Public hospitals	812,097	828,898	874,293	893,396	910,355	2.9	1.9
Private hospitals	268,024	270,018	276,770	279,584	285,186	1.6	2.0
<i>All hospitals</i>	1,080,121	1,098,916	1,151,063	1,172,980	1,195,541	2.6	1.9
Victoria							
Public hospitals	580,354	608,894	621,425	601,095	600,472	0.9	-0.1
Private hospitals	280,390	278,660	290,786	298,661	301,561	1.8	1.0
<i>All hospitals</i>	860,744	887,554	912,211	899,756	902,033	1.2	0.3
Queensland							
Public hospitals	431,204	447,294	466,393	486,426	504,747	4.0	3.8
Private hospitals	261,394	267,591	275,689	281,780	293,255	2.9	4.1
<i>All hospitals</i>	692,598	714,885	742,082	768,206	798,002	3.6	3.9
Western Australia							
Public hospitals	223,900	242,507	254,810	262,872	264,118	4.2	0.5
Private hospitals	115,779	124,923	127,610	131,053	134,568	3.8	2.7
<i>All hospitals</i>	339,679	367,430	382,420	393,925	398,686	4.1	1.2
South Australia							
Public hospitals	200,360	202,226	208,710	213,145	210,988	1.3	-1.0
Private hospitals	89,104	88,376	87,252	86,755	87,068	-0.6	0.4
<i>All hospitals</i>	289,464	290,602	295,962	299,900	298,056	0.7	-0.6
Tasmania							
Public hospitals	48,278	47,803	47,009	47,877	51,277	1.5	7.1
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory							
Public hospitals	35,526	38,795	41,051	40,940	42,389	4.5	3.5
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory							
Public hospitals	35,773	37,316	38,095	37,982	39,287	2.4	3.4
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total							
Public hospitals	2,367,492	2,453,733	2,551,786	2,583,733	2,623,633	2.6	1.5
Private hospitals	1,060,120	1,075,123	1,103,656	1,124,958	1,149,630	2.0	2.2
All hospitals	3,427,612	3,528,856	3,655,442	3,708,691	3,773,263	2.4	1.7

(a) There were changes in coverage or policies over this period for Victoria, Western Australia and Tasmania that affect the interpretation of these data. See Appendix A for more information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

How much acute care was there in 2013–14?

In 2013–14, there were more than 9.2 million acute care separations (tables 2.27 and 2.28).

Overall, about 59% of acute care separations were same-day separations. A higher proportion of private hospital acute separations were same-day compared with public hospitals (69% and 53%, respectively). For the Northern Territory, 68% of public hospital acute care separations were provided on a same-day basis, reflecting a relatively high volume of separations for dialysis care.

Same-day acute care

In 2013–14, there were about 5.5 million same-day acute separations (Table 2.27).

About 96% of all same-day separations were reported as *Acute*, with a higher proportion in the public sector (99%) than in the private sector (93%) (see Table 2.5).

The proportion of same-day separations that were reported as *Acute* also varied among states and territories. For private hospitals in New South Wales, fewer than 78% of same-day separations were for *Acute* care.

Overnight acute care

In 2013–14, there were about 3.7 million overnight acute separations (Table 2.28).

Of all overnight separations, 94% were reported as *Acute* in both public and private hospitals (see Table 2.5).

The Northern Territory had the highest proportion of public hospital overnight separations that were reported as *Acute* (98%).

Where to go for more information:

More information on acute care is available in:

- Chapter 4 'Why did people receive care?' – by care type
- Chapter 5 'What services were provided?' – by Broad categories of service.

Information on data limitations and methods is available in appendixes A and B.

Table 2.27: Same-day acute separations, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	791,224	867,581	539,253	317,415	188,511	60,004	51,540	83,643	2,899,171
Public psychiatric hospitals	123	3	0	12	307	7	..	..	452
<i>Total</i>	<i>791,347</i>	<i>867,584</i>	<i>539,253</i>	<i>317,427</i>	<i>188,818</i>	<i>60,011</i>	<i>51,540</i>	<i>83,643</i>	<i>2,899,623</i>
Separations per 1,000 population ^(a)	98.9	142.1	113.0	125.0	102.6	104.4	140.4	381.2	118.8
Private hospitals									
Private free-standing day hospital facilities	212,521	217,173	223,153	132,344	74,154	n.p.	n.p.	n.p.	872,579
Other private hospitals	449,335	431,569	420,594	199,513	125,969	n.p.	n.p.	n.p.	1,694,271
<i>Total</i>	<i>661,856</i>	<i>648,742</i>	<i>643,747</i>	<i>331,857</i>	<i>200,123</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,566,850</i>
Separations per 1,000 population ^(a)	82.6	106.0	132.3	130.1	103.5	n.p.	n.p.	n.p.	103.9
All hospitals	1,453,203	1,516,326	1,183,000	649,284	388,941	n.p.	n.p.	n.p.	5,466,473
Separations per 1,000 population^(a)	181.6	248.1	245.2	255.1	206.2	n.p.	n.p.	n.p.	222.7

(a) Separation rates may differ from the figures in Table 2.9 due to differences in the care types used.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 2.28: Overnight acute separations, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public acute hospitals	906,151	600,057	504,741	263,072	210,138	51,033	42,389	39,287	2,616,868
Public psychiatric hospitals	4,204	415	6	1,046	850	244	..	..	6,765
<i>Total</i>	<i>910,355</i>	<i>600,472</i>	<i>504,747</i>	<i>264,118</i>	<i>210,988</i>	<i>51,277</i>	<i>42,389</i>	<i>39,287</i>	<i>2,623,633</i>
Separations per 1,000 population ^(a)	115.2	99.2	106.3	104.0	115.5	93.1	113.1	182.9	108.4
Private hospitals									
Private free-standing day hospital facilities	7	22	0	1,584	0	n.p.	n.p.	n.p.	1,614
Other private hospitals	285,179	301,539	293,255	132,984	87,068	n.p.	n.p.	n.p.	1,148,016
<i>Total</i>	<i>285,186</i>	<i>301,561</i>	<i>293,255</i>	<i>134,568</i>	<i>87,068</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,149,630</i>
Separations per 1,000 population ^(a)	35.8	48.4	60.6	52.7	45.5	n.p.	n.p.	n.p.	46.5
All hospitals	1,195,541	902,033	798,002	398,686	298,056	n.p.	n.p.	n.p.	3,773,263
Separations per 1,000 population^(a)	150.9	147.6	166.9	156.7	161.1	n.p.	n.p.	n.p.	154.9

(a) Separation rates may differ from the figures in Table 2.10 due to differences in the care types used.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

3 Who used these services?

This chapter presents information on people who received admitted patient care. The NHMD contains information on the patient's age, sex, Indigenous status, remoteness area of usual residence and socioeconomic status of area of usual residence. This information can be used to assess the accessibility of admitted patient services—and to answer the question 'Is access the same for everyone?'.

The information in this chapter includes:

- age and sex of the patient
- Indigenous status of the patient
- remoteness area of usual residence of the patient
- socioeconomic status of the area of usual residence of the patient.

Key findings

Sex of patient

In 2013–14, 53% of separations were for women and girls.

Age of patient

In 2013–14, people aged 65 and over accounted for 40% of separations.

Persons aged 85 and over accounted for about 7% of all separations in 2013–14. Between 2009–10 and 2013–14, separations for those aged 85 and over increased by 28% overall, an average increase of 6% each year.

Aboriginal and Torres Strait Islander people

In 2013–14, there were about 408,000 separations reported for Aboriginal and Torres Strait Islander people and 91% of separations for Indigenous Australians were from the public sector, compared with 57% of separations for other Australians.

Indigenous Australians were hospitalised at about 2.3 times the rate for other Australians (896 and 384 separations per 1,000 population, respectively).

Remoteness

For public hospitals, separation rates were highest for patients living in *Very remote* areas and lowest for patients living in *Major cities* (551 and 215 per 1,000, respectively).

For private hospitals, separation rates were highest for patients living in *Major cities* and lowest for patients living in *Very remote areas* (177 and 82 per 1,000, respectively).

Socioeconomic status

For public hospitals, separation rates were highest for patients living in areas classified as being the lowest socioeconomic status (SES) group (315 separations per 1,000 population).

For private hospitals, separation rates were highest for patients living in areas classified as being the highest SES group (220 per 1,000).

3.1 Age group and sex

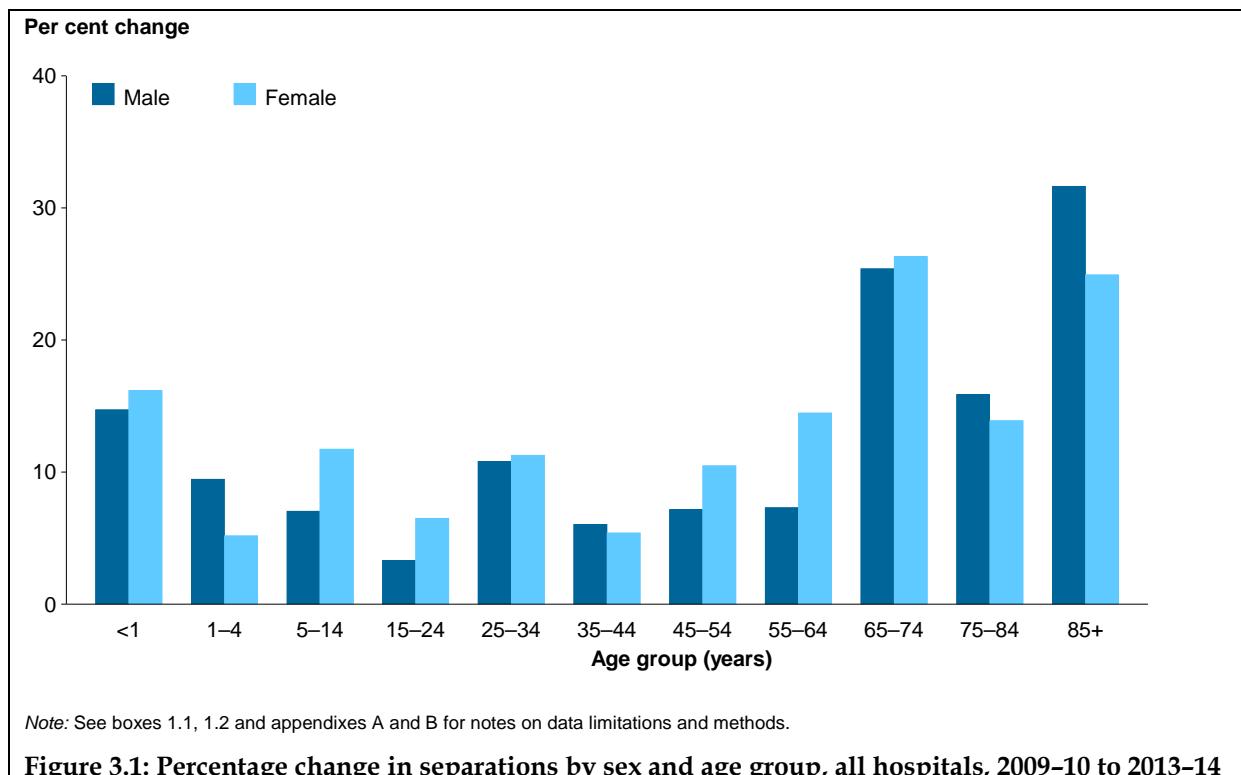
This section presents information on the age group and sex of the patient, including the numbers of separations and patient days in public and private hospitals, over time and for 2013–14.

Changes over time

Between 2009–10 and 2013–14, there were large increases in separations for people aged 85 and over and for those aged 65 to 74 years:

- For people aged 85 and over, separations increased by 28% overall, an average increase of 6% each year. This was faster than the population growth for this age group of about 4.3% each year over the same period.
- For people aged 65 to 74 years, separations increased by 26% overall (Figure 3.1), an average increase of 6% each year.

The increase in separations for patients aged less than 1 year mostly reflects changes in the reporting of *Newborn* episodes of care with qualified days in New South Wales between 2010–11 and 2011–12 (see Appendix B for more information).



Age group and sex, 2013–14

In 2013–14, overall there were over 5.1 million separations for females, compared with about 4.6 million separations for males (Table 3.1). In particular, women accounted for about 65% of separations for people aged 15 to 45 years (the age range that includes most separations for childbirth). Females also accounted for more patient days than males.

People aged 65 and over (who make up about 13% of the population) accounted for 40% of separations and 48% of patient days in 2013–14. People aged 85 and over accounted for about 7% of separations in 2013–14.

Information on separations and patient days by sex and age group for each state and territory is available in tables 3.2 and 3.3.

Table 3.1: Separations and patient days, by age group and sex, all hospitals, 2013–14

Age group (years)	Separations			Patient days		
	Males	Females	Persons	Males	Females	Persons
0–4	215,777	154,918	370,698	671,124	532,544	1,203,672
5–9	82,013	61,315	143,329	127,368	96,650	224,019
10–14	63,980	54,621	118,601	120,210	122,150	242,360
15–19	99,491	140,154	239,645	235,290	332,823	568,113
20–24	120,381	227,423	347,805	328,098	499,359	827,458
25–29	124,414	294,130	418,544	382,410	699,689	1,082,099
30–34	142,559	347,947	490,508	438,733	877,527	1,316,263
35–39	163,816	303,600	467,419	464,187	740,127	1,204,402
40–44	212,375	291,090	503,466	559,811	653,604	1,213,416
45–49	240,111	283,110	523,222	599,442	653,861	1,253,304
50–54	307,535	340,225	647,766	767,842	772,592	1,540,440
55–59	353,184	356,777	709,961	882,578	840,605	1,723,183
60–64	436,581	393,477	830,060	1,079,761	947,118	2,026,881
65–69	505,207	427,905	933,113	1,314,551	1,102,363	2,416,915
70–74	461,006	392,197	853,203	1,268,135	1,129,725	2,397,860
75–79	428,931	370,040	798,974	1,288,731	1,243,997	2,532,731
80–84	345,173	320,123	665,296	1,228,492	1,384,378	2,612,870
85+	287,123	353,326	640,450	1,385,799	2,105,818	3,491,618
Total^(a)	4,589,662	5,112,380	9,702,304	13,142,567	14,734,932	27,885,785

(a) Total includes separations for which the age was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 3.2: Separations, by age group and sex, public hospitals, states and territories, 2013–14

Sex	Age group(years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	34,461	18,058	15,642	7,886	5,333	1,590	1,340	1,430	85,740
	1–4	28,716	20,565	20,214	9,856	7,078	1,408	1,323	1,670	90,830
	5–14	35,069	25,900	25,660	12,282	8,372	1,961	1,803	1,818	112,865
	15–24	43,912	34,842	33,426	15,244	10,437	2,656	2,743	2,297	145,557
	25–34	51,456	43,733	37,353	21,446	12,535	2,943	3,554	4,976	177,996
	35–44	66,476	59,339	50,699	27,457	15,573	5,038	4,640	7,567	236,789
	45–54	96,899	84,621	66,693	36,978	23,928	6,770	5,041	13,097	334,027
	55–64	131,364	119,762	84,681	45,450	31,081	10,141	7,553	10,237	440,269
	65–74	157,942	152,144	93,418	54,157	35,270	11,482	10,446	5,220	520,079
	75–84	154,863	137,800	74,881	44,228	38,775	10,201	7,270	2,405	470,423
	85 and over	61,605	44,395	25,479	17,986	15,443	2,668	3,423	372	171,371
<i>Total</i>		862,767	741,159	528,146	292,970	203,826	56,858	49,136	51,089	2,785,951
Females	Under 1	28,339	13,280	11,585	5,955	4,131	1,047	1,072	1,132	66,541
	1–4	19,767	14,346	14,099	6,367	4,747	831	984	1,293	62,434
	5–14	26,369	20,412	19,841	9,347	6,269	1,518	1,407	1,513	86,676
	15–24	68,794	57,637	62,308	25,973	18,494	5,143	4,136	5,954	248,439
	25–34	122,499	107,559	86,072	42,097	29,774	7,396	7,861	9,579	412,837
	35–44	90,543	86,499	65,524	33,386	22,335	5,851	5,511	11,527	321,176
	45–54	86,047	86,137	65,870	38,406	24,130	6,776	5,141	15,676	328,183
	55–64	102,661	101,343	67,284	41,483	24,834	8,716	5,205	16,379	367,905
	65–74	135,961	117,676	70,192	41,552	27,671	9,510	6,969	7,599	417,130
	75–84	142,498	112,854	63,126	37,142	30,770	7,292	6,125	1,664	401,471
	85 and over	85,030	50,862	33,026	21,206	18,796	3,095	3,421	442	215,878
<i>Total</i>		908,509	768,605	558,927	302,914	211,952	57,175	47,832	72,758	2,928,672
Total^(a)		1,771,521	1,509,766	1,087,073	595,884	415,778	114,033	96,968	123,847	5,714,870

(a) Totals include separations where age group was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 3.3: Separations, by age group and sex, private hospitals, states and territories, 2013–14

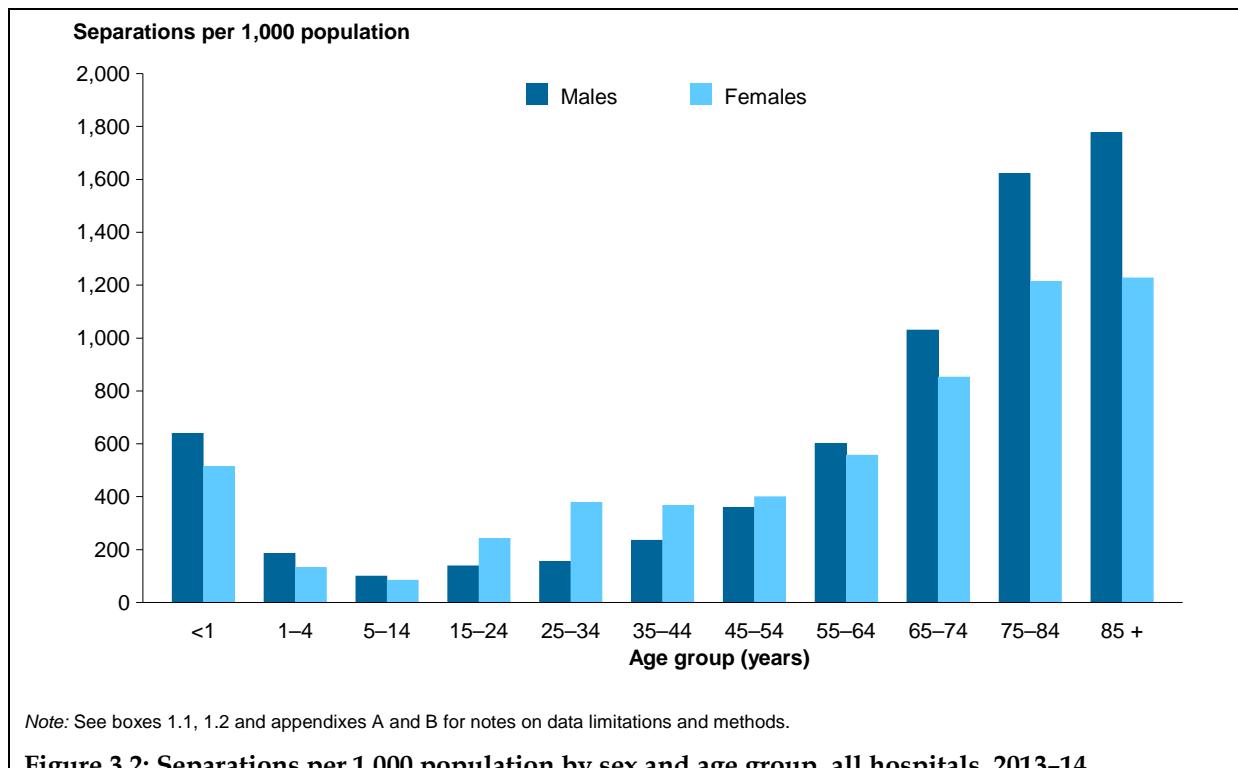
Sex	Age group(years)	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Males	Under 1	5,076	3,801	2,963	1,666	746	n.p.	n.p.	n.p.	14,646
	1–4	7,720	5,175	5,360	3,482	1,923	n.p.	n.p.	n.p.	24,561
	5–14	9,966	7,586	7,740	4,386	2,196	n.p.	n.p.	n.p.	33,128
	15–24	20,573	19,513	15,976	9,607	5,967	n.p.	n.p.	n.p.	74,315
	25–34	24,538	22,151	20,286	12,565	6,312	n.p.	n.p.	n.p.	88,977
	35–44	38,704	33,626	33,159	20,176	9,175	n.p.	n.p.	n.p.	139,402
	45–54	57,428	52,020	52,569	29,399	15,081	n.p.	n.p.	n.p.	213,619
	55–64	95,632	81,978	88,200	41,897	29,291	n.p.	n.p.	n.p.	349,496
	65–74	124,346	100,892	118,071	50,133	37,432	n.p.	n.p.	n.p.	446,134
	75–84	82,472	73,201	76,953	35,214	26,044	n.p.	n.p.	n.p.	303,681
	85 and over	30,869	29,138	29,099	12,551	10,252	n.p.	n.p.	n.p.	115,752
	<i>Total</i>	497,324	429,081	450,376	221,076	144,419	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	1,803,711
Females	Under 1	3,560	2,666	1,987	1,138	370	n.p.	n.p.	n.p.	10,026
	1–4	4,839	3,207	3,716	2,298	1,277	n.p.	n.p.	n.p.	15,917
	5–14	8,664	6,812	6,925	3,736	2,015	n.p.	n.p.	n.p.	29,260
	15–24	32,293	31,443	29,731	14,652	6,906	n.p.	n.p.	n.p.	119,138
	25–34	61,019	60,543	55,875	29,706	13,295	n.p.	n.p.	n.p.	229,240
	35–44	72,239	77,607	63,548	33,872	16,186	n.p.	n.p.	n.p.	273,514
	45–54	77,233	75,760	72,245	38,401	20,533	n.p.	n.p.	n.p.	295,152
	55–64	105,934	91,473	92,617	46,524	31,794	n.p.	n.p.	n.p.	382,349
	65–74	119,418	93,798	100,216	41,265	34,707	n.p.	n.p.	n.p.	402,972
	75–84	80,642	70,951	71,587	29,818	25,267	n.p.	n.p.	n.p.	288,692
	85 and over	36,645	35,568	35,234	12,029	13,057	n.p.	n.p.	n.p.	137,448
	<i>Total</i>	602,486	549,828	533,681	253,439	165,407	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	2,183,708
Total^(a)		1,099,811	978,912	984,057	474,515	309,836	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	3,987,434

(a) Totals include separations where age group was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Separation rates

In 2013–14, there were more separations per 1,000 population for females than for males in the age groups 15 to 54 (Figure 3.2). Separation rates increased markedly with age for both males and females aged 55 and over.



Same-day acute separations

Just over half (51%) of same-day acute separations were for females (Table 3.4). However, there were more same-day separations for boys than girls aged 0 to 14 and men than women aged 55 and over. People aged 55 and over accounted for more than half (58%) of all same-day separations.

Overnight acute separations

Males accounted for less than half (46%) of overnight acute separations (Table 3.4). 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.

Table 3.4: Acute separations, by age group and sex and same-day/overnight status, all hospitals, 2013–14

Age group (years)	Same-day acute separations			Overnight acute separations		
	Males	Females	Persons	Males	Females	Persons
0–4	75,329	47,863	123,192	140,308	106,876	247,184
5–9	45,348	32,524	77,872	36,418	28,660	65,078
10–14	33,227	26,565	59,792	30,467	27,724	58,191
15–19	51,646	72,005	123,651	46,835	67,197	114,032
20–24	62,775	115,598	178,373	55,934	110,664	166,598
25–29	66,110	130,319	196,429	56,411	162,546	218,957
30–34	78,683	156,460	235,143	61,680	189,546	251,226
35–39	94,526	161,749	256,275	66,254	138,944	205,198
40–44	126,927	180,225	307,152	81,159	106,682	187,841
45–49	148,824	182,448	331,272	86,283	95,012	181,295
50–54	193,553	223,693	417,246	105,428	106,253	211,681
55–59	223,034	235,134	458,168	117,290	107,193	224,483
60–64	278,977	253,172	532,149	138,012	117,219	255,231
65–69	317,159	268,233	585,392	159,770	127,782	287,552
70–74	287,903	236,272	524,175	146,132	122,758	268,890
75–79	262,757	210,530	473,287	137,106	124,979	262,085
80–84	196,641	154,060	350,701	121,398	128,612	250,010
85+	122,478	113,726	236,204	131,172	186,559	317,731
Total^(a)	2,665,897	2,800,576	5,466,473	1,718,057	2,055,206	3,773,263

(a) The total includes separations for which age information was not known.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on the patient's sex and age group is available in:

- Section 3.2—for Aboriginal and Torres Strait Islander people
- Chapter 5 'What services were provided?'—for Rehabilitation care
- Chapter 6 'What procedures were performed?'—for elective and emergency admissions involving surgery.

Additional tables for separations by age group and sex for principal diagnosis and AR-DRGs accompany this report online.

Information on data limitations and methods is available in appendixes A and B.

3.2 Aboriginal and Torres Strait Islander people

This section presents information on separations for Aboriginal and Torres Strait Islanders and compares this information with separations for other Australians. It includes the numbers of separations and separation rates in public and private hospitals, and by state or territory for 2013–14.

Caution should be used in the interpretation of these data because of jurisdictional differences in data quality.

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013) found that, nationally, about 88% of Indigenous Australians were identified correctly in hospital admissions data in the 2011–12 study period, and the ‘true’ number of separations for Indigenous Australians was about 9% higher than reported. See Appendix A and Box 3.1 for more information.

Age group and sex

In 2013–14, there were about 408,000 separations reported for Aboriginal and Torres Strait Islander people (Table 3.5):

- 58% of separations for Indigenous Australians were for females, compared with 52% for other Australians
- 10% of separations for Indigenous Australians were for people aged 0 to 14, compared with 6% of separations for other Australians
- 14% of separations for Indigenous Australians were for people aged 65 and over, compared with 41% of separations for other Australians.

Table 3.5: Separations by Indigenous status, sex and age group, all hospitals, 2013–14

Age group (years)	Indigenous Australians			Other Australians		
	Males	Females	Persons	Males	Females	Persons
0–4	14,530	11,068	25,598	201,247	143,850	345,100
5–9	4,996	3,833	8,829	77,017	57,482	134,500
10–14	3,579	3,470	7,049	60,401	51,151	111,552
15–19	4,738	10,612	15,350	94,753	129,542	224,295
20–24	6,060	15,285	21,345	114,321	212,138	326,460
25–29	7,243	14,351	21,594	117,171	279,779	396,950
30–34	7,571	12,796	20,367	134,988	335,151	470,141
35–39	10,942	15,120	26,062	152,874	288,480	441,357
40–44	15,971	18,871	34,842	196,404	272,219	468,624
45–49	21,697	23,785	45,482	218,414	259,325	477,740
50–54	19,481	25,647	45,128	288,054	314,578	602,638
55–59	16,884	25,344	42,228	336,300	331,433	667,733
60–64	14,756	23,491	38,247	421,825	369,986	791,813
65+	23,299	32,744	56,043	2,004,141	1,830,847	3,834,993
Total^(a)	171,748	236,417	408,165	4,417,914	4,875,963	9,294,139

(a) Total includes separations for which the age was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

For separations for persons reported as Indigenous Australians, 93% were reported as *Aboriginal but not Torres Strait Islander origin*, 4% were reported as *Torres Strait Islander but not Aboriginal origin* and 4% were reported as *Aboriginal and Torres Strait Islander origin* (Table 3.6).

About 91% of separations for Indigenous Australians were from the public sector (371,000), compared with 57% of separations for other Australians. In part, this may reflect the higher proportion of separations where Indigenous status was not reported for private hospitals compared with public hospitals.

Separation rates

In 2013–14, there were 896 separations per 1,000 population for Indigenous Australians, about 2.3 times the separation rate for other Australians.

The Northern Territory had the highest separation rate for Indigenous Australians in public hospitals (1,874 separations per 1,000), nearly 6 times the rate for other Australians (Table 3.6).

For Indigenous Australians, there were 274 overnight separations per 1,000 population, which was about 70% higher than the rate for other Australians (161 per 1,000) (Table 3.7).

Box 3.1: Under-identification of Indigenous people

The AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW, 2013) recommended applying a national correction factor of 1.09 to determine the 'true' number of separations for Indigenous Australians. Using this factor, it is estimated that there were about 445,000 separations for Indigenous Australians for 2013–14. As other Australians may include unidentified Aboriginal and Torres Strait Islander people, the 'true' number of separations for other Australians would be reduced and could be estimated at about 8,849,000 separations.

Using the same method (and assuming that the age distributions for unidentified and identified Indigenous Australians is similar), the 'true' separation rates for Indigenous Australians and other Australians for 2013–14 could be estimated as about 976 per 1,000 population and 366 per 1,000, respectively. These rates indicate that, after adjusting for under-identification, Indigenous Australians were hospitalised at about 2.7 times the rate for other Australians.

Same-day acute separations

In 2013–14, 4.7% of all same-day acute separations were for Indigenous Australians.

The same-day acute separation rate for Indigenous Australians was almost 3 times the rate for other Australians (Table 3.8). The Northern Territory had the highest rate of same-day acute separations for Indigenous Australians.

Care involving dialysis accounted for a large proportion of same-day separations, particularly for Indigenous Australians, who were admitted for dialysis at 11 times the rate for other Australians. Excluding separations for dialysis, Indigenous Australians had lower same-day acute separation rates than other Australians in New South Wales, Victoria, Queensland, Western Australia, South Australia and Tasmania.

Overnight acute separations

Nationally, 3.8% of overnight acute separations were for Indigenous Australians. In 2013–14, the overnight acute separation rate for Indigenous Australians was almost twice the rate for other Australians. The Australian Capital Territory and Western Australia had the highest rate ratios for overnight acute separations for Indigenous Australians compared with other Australians (Table 3.8).

Where to go for more information:

More information on separations by Indigenous status is available in:

- Chapter 4 'Why did people receive care?' – for separations by principal diagnosis in ICD-10-AM chapters
- Chapter 5 'What services were provided?' – for separations for Rehabilitation care
- Chapter 6 'What procedures were performed?' – for emergency and elective admissions involving surgery.

For detailed information on under-identification of Indigenous persons, see the AIHW report *Indigenous identification in hospital separations data: quality report* (AIHW 2013).

More information on data limitations and methods is available in appendixes A and B.

Table 3.6: Separations, by Indigenous status, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)
Public hospitals									
Aboriginal but not Torres Strait Islander origin	76,928	17,941	77,923	60,006	22,830	3,383	1,951	85,285	346,247
Torres Strait Islander but not Aboriginal origin	1,500	269	10,895	300	91	119	24	453	13,651
Aboriginal and Torres Strait Islander origin	1,664	1,578	6,442	693	123	195	66	798	11,559
<i>Indigenous Australians</i>	<i>80,092</i>	<i>19,788</i>	<i>95,260</i>	<i>60,999</i>	<i>23,044</i>	<i>3,697</i>	<i>2,041</i>	<i>86,536</i>	<i>371,457</i>
Neither Aboriginal nor Torres Strait Islander origin	1,683,890	1,475,136	980,714	534,885	374,268	109,000	93,189	37,297	5,288,379
Not reported	7,539	14,842	11,099	0	18,466	1,336	1,738	14	55,034
<i>Total</i>	<i>1,771,521</i>	<i>1,509,766</i>	<i>1,087,073</i>	<i>595,884</i>	<i>415,778</i>	<i>114,033</i>	<i>96,968</i>	<i>123,847</i>	<i>5,714,870</i>
Private hospitals									
Aboriginal but not Torres Strait Islander origin	2,720	757	2,676	23,906	592	n.p.	n.p.	n.p.	31,965
Torres Strait Islander but not Aboriginal origin	114	183	1,060	337	66	n.p.	n.p.	n.p.	1,833
Aboriginal and Torres Strait Islander origin	650	438	960	559	114	n.p.	n.p.	n.p.	2,910
<i>Indigenous Australians</i>	<i>3,484</i>	<i>1,378</i>	<i>4,696</i>	<i>24,802</i>	<i>772</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>36,708</i>
Neither Aboriginal nor Torres Strait Islander origin	1,067,178	973,081	894,799	449,713	287,175	n.p.	n.p.	n.p.	3,793,925
Not reported	29,149	4,453	84,562	0	21,889	n.p.	n.p.	n.p.	156,801
<i>Total</i>	<i>1,099,811</i>	<i>978,912</i>	<i>984,057</i>	<i>474,515</i>	<i>309,836</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,987,434</i>
All hospitals									
Indigenous Australians	83,576	21,166	99,956	85,801	23,816	n.p.	n.p.	n.p.	408,165
Other Australians	2,787,756	2,467,512	1,971,174	984,598	701,798	n.p.	n.p.	n.p.	9,294,139
<i>Total</i>	2,871,332	2,488,678	2,071,130	1,070,399	725,614	n.p.	n.p.	n.p.	9,702,304
Separations per 1,000 population									
Indigenous Australians	552.5	652.8	795.2	1,553.7	927.1	240.6	562.3	1,874.1	895.7
Other Australians	353.3	403.4	418.1	394.3	378.2	346.5	372.4	319.0	384.3
<i>Total</i>	<i>357.1</i>	<i>404.7</i>	<i>427.2</i>	<i>418.2</i>	<i>385.6</i>	<i>342.6</i>	<i>374.4</i>	<i>637.2</i>	<i>393.6</i>
Separation rate ratio ^(c)	1.6	1.6	1.9	3.9	2.5	0.7	1.5	5.9	2.3

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separations per 1,000 population are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

(c) The total includes The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 3.7: Overnight separations, by Indigenous status, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)
Public hospitals									
Aboriginal but not Torres Strait Islander origin	39,390	6,888	31,243	24,224	8,726	1,842	1,113	21,054	134,480
Torres Strait Islander but not Aboriginal origin	694	159	3,755	101	62	71	13	115	4,970
Aboriginal and Torres Strait Islander origin	1,039	692	2,590	293	90	111	48	261	5,124
<i>Indigenous Australians</i>	<i>41,123</i>	<i>7,739</i>	<i>37,588</i>	<i>24,618</i>	<i>8,878</i>	<i>2,024</i>	<i>1,174</i>	<i>21,430</i>	<i>144,574</i>
Neither Aboriginal nor Torres Strait Islander origin	920,654	627,774	490,975	253,591	202,930	51,291	43,047	18,720	2,608,982
Not reported	4,671	6,399	6,228	0	8,677	659	591	4	27,229
<i>Total</i>	<i>966,448</i>	<i>641,912</i>	<i>534,791</i>	<i>278,209</i>	<i>220,485</i>	<i>53,974</i>	<i>44,812</i>	<i>40,154</i>	<i>2,780,785</i>
Private hospitals									
Aboriginal but not Torres Strait Islander origin	943	223	865	280	164	n.p.	n.p.	n.p.	2,984
Torres Strait Islander but not Aboriginal origin	38	82	195	13	25	n.p.	n.p.	n.p.	386
Aboriginal and Torres Strait Islander origin	169	185	184	61	46	n.p.	n.p.	n.p.	733
<i>Indigenous Australians</i>	<i>1,150</i>	<i>490</i>	<i>1,244</i>	<i>354</i>	<i>235</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,103</i>
Neither Aboriginal nor Torres Strait Islander origin	298,495	323,149	285,614	141,153	89,713	n.p.	n.p.	n.p.	1,184,177
Not reported	7,714	1,676	20,438	0	2,122	n.p.	n.p.	n.p.	35,608
<i>Total</i>	<i>307,359</i>	<i>325,315</i>	<i>307,296</i>	<i>141,507</i>	<i>92,070</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,223,888</i>
All hospitals									
<i>Indigenous Australians</i>	<i>42,273</i>	<i>8,229</i>	<i>38,832</i>	<i>24,972</i>	<i>9,113</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>148,677</i>
<i>Other Australians</i>	<i>1,231,534</i>	<i>958,998</i>	<i>803,255</i>	<i>394,744</i>	<i>303,442</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,855,996</i>
<i>Total</i>	<i>1,273,807</i>	<i>967,227</i>	<i>842,087</i>	<i>419,716</i>	<i>312,555</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,004,673</i>
Separations per 1,000 population									
Indigenous Australians	247.7	213.4	267.2	346.7	300.2	125.4	295.3	369.4	274.4
Other Australians	158.3	157.6	171.5	158.8	166.3	146.4	160.1	159.4	161.0
<i>Total</i>	<i>160.4</i>	<i>158.1</i>	<i>174.6</i>	<i>164.4</i>	<i>168.9</i>	<i>145.3</i>	<i>161.5</i>	<i>211.9</i>	<i>163.8</i>
Separation rate ratio ^(c)	1.6	1.4	1.6	2.2	1.8	0.9	1.8	2.3	1.7

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separations per 1,000 population are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

(c) The separation rate ratio is equal to the separation rate for Indigenous Australians divided by the separation rate for other Australians.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 3.8: Same-day and overnight acute separations per 1,000 population, by Indigenous status, all hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)
Indigenous Australians									
Same-day acute separations	41,121	12,936	60,706	60,811	14,681	1,672	867	65,087	258,755
Same-day separations per 1,000 population	302.9	439.4	524.5	1206.4	625.7	86.0	227.3	1497.1	619.3
Excluding dialysis separations per 1,000 population	109.0	161.6	155.4	119.2	127.7	68.1	118.5	154.1	133.5
Overnight acute separations	41,249	8,026	37,714	24,430	8,960	1,947	1,160	21,112	145,214
Overnight separations per 1,000 population	237.9	204.4	254.3	333.2	292.5	100.2	249.5	357.7	263.8
Other Australians									
Same-day acute separations	1,412,082	1,503,390	1,122,294	588,473	374,260	58,339	50,673	18,556	5,207,718
Same-day separations per 1,000 population	178.4	245.0	237.2	234.9	199.9	103.7	138.1	116.2	214.4
Excluding dialysis separations per 1,000 population	137.7	194.4	197.2	180.0	161.4	77.3	76.3	88.5	170.3
Overnight acute separations	1,154,292	894,007	760,288	374,256	289,096	49,330	41,229	18,175	3,628,049
Overnight separations per 1,000 population	149.4	147.7	162.9	150.6	159.6	92.8	110.4	116.0	152.2
Total									
Same-day acute separations	1,453,203	1,516,326	1,183,000	649,284	388,941	60,011	51,540	83,643	5,466,473
Same-day separations per 1,000 population	180.2	245.8	243.3	253.2	204.9	103.2	138.9	389.9	220.9
Excluding dialysis separations per 1,000 population	137.2	194.2	196.6	178.8	160.9	77.0	76.9	104.8	169.8
Overnight acute separations	1,195,541	902,033	798,002	398,686	298,056	51,277	42,389	39,287	3,773,263
Overnight separations per 1,000 population	151.5	148.2	165.9	156.1	162.2	92.7	111.9	175.8	155.0

(a) For Tasmania, the Australian Capital Territory and the Northern Territory, separations per 1,000 population are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

3.3 Remoteness

This section presents information on separations by remoteness area of usual residence and compares rates across remoteness areas. It includes the numbers of separations and separation rates in public and private hospitals for 2013–14.

Remoteness area categories divide Australia into areas depending on distances from population centres. The patient's area of usual residence can be used to derive the remoteness area of usual residence.

Separation rates

The number of separations per 1,000 population varied by remoteness area. Overall, separation rates were highest for people residing in *Very remote* and *Remote* areas (633 and 448 per 1,000 population, respectively) (Table 3.9).

The separation rates for the public and private sectors varied across remoteness areas.

For public hospitals, the highest separation rates were for patients living in *Very remote* areas and the lowest for patients living in *Major cities* (551 and 215 per 1,000, respectively).

For private hospitals, the highest separation rates were for patients living in *Major cities* and the lowest for patients living in *Very remote areas* (177 and 82 per 1,000, respectively).

Table 3.9: Separations per 1,000 population, by remoteness area of usual residence, public and private hospitals, 2013–14

	Remoteness area of usual residence					Total ^(a)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Public hospitals						
Separations	3,636,638	1,169,974	654,115	114,014	104,472	5,714,870
Separations per 1,000 population	215.0	251.6	294.6	352.9	550.8	234.4
Separation rate ratio	0.9	1.1	1.3	1.5	2.3	
Private hospitals						
Separations	3,013,265	681,468	239,344	30,930	15,043	3,987,434
Separations per 1,000 population	176.8	138.1	103.9	94.8	81.8	160.7
Separation rate ratio	1.1	0.9	0.6	0.6	0.5	
All hospitals						
Separations	6,649,903	1,851,442	893,459	144,944	119,515	9,702,304
Separations per 1,000 population	391.9	389.7	398.5	447.7	632.6	395.2
Separation rate ratio	1.0	1.0	1.0	1.1	1.6	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Same-day acute separations

In 2013–14, people who lived in *Very remote* areas had 380 same-day acute separations per 1,000 population, compared with about 223 per 1,000 nationally (Table 3.10). The standardised separation rate ratio (SRR) for *Very remote* areas was 1.7, indicating that the separation rate was 70% higher than the national separation rate.

Overnight acute separations

In 2013–14, people living in *Very remote* areas of Australia had 243 overnight acute separations per 1,000 population, compared with 155 per 1,000 nationally (Table 3.10).

The SRR of 1.6 for this area indicates that the overnight separation rate in *Very remote* areas was 60% higher than the national rate.

Table 3.10: Selected separation statistics, for same-day and overnight acute separations, by remoteness area of usual residence, all hospitals, 2013–14

	Remoteness area of residence					Total ^(a)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Same-day acute separations						
Separations	3,801,634	1,015,715	480,630	78,535	72,314	5,466,473
Separations per 1,000 population	225.1	211.0	211.6	237.9	379.7	222.7
Separation rate ratio	1.0	0.9	1.0	1.1	1.7	
Overnight acute separations						
Separations	2,480,929	766,691	391,536	64,221	45,881	3,773,263
Separations per 1,000 population	146.1	166.1	178.3	202.3	243.1	154.9
Separation rate ratio	0.9	1.1	1.2	1.3	1.6	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on separations by remoteness area of usual residence is available in:

- Chapter 4 'Why did people receive care?' – for potentially preventable hospitalisations
- Chapter 5 'What services were provided?' – for Rehabilitation care and Palliative care
- Chapter 6 'What procedures were performed?' – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

3.4 Socioeconomic status

This section presents information on separations by socioeconomic status (SES) of area of usual residence and compares rates across SES groups. It includes the numbers of separations and separation rates in public and private hospitals for 2013–14.

Separation rates

In 2013–14, separation rates varied across SES groups and between public and private hospitals. For public hospitals, the highest separation rates were for patients living in areas classified as being the lowest (most disadvantaged) SES group (315 separations per 1,000 population) (Table 3.11). For private hospitals, the highest separation rates were for patients living in areas classified as being the highest (least disadvantaged) SES group (220 per 1,000). See Appendix B for more information on socioeconomic status groups.

Table 3.11: Separations per 1,000 population by socioeconomic status of area of usual residence, public and private hospitals, 2013–14

	Socioeconomic status of area of usual residence					Total ^(a)
	1—Lowest	2	3	4	5—Highest	
Public hospitals						
Separations	1,571,264	1,323,387	1,121,023	936,516	725,953	5,714,870
Separations per 1,000 population	314.9	264.2	229.1	200.0	154.0	234.5
Separation rate ratio	1.3	1.1	1.0	0.9	0.7	
Private hospitals						
Separations	553,577	677,476	792,475	901,162	1,054,839	3,987,434
Separations per 1,000 population	107.2	131.6	158.6	190.8	220.3	160.8
Separation rate ratio	0.7	0.8	1.0	1.2	1.4	
All hospitals						
Separations	2,124,841	2,000,863	1,913,498	1,837,678	1,780,792	9,702,304
Separations per 1,000 population	422.1	395.8	387.8	390.9	374.3	395.2
Separation rate ratio	1.1	1.0	1.0	1.0	0.9	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Same-day acute separations

Each SES group accounted for between 19% and 21% of total same-day acute separations. The separation rates varied from 216 per 1,000 population for people living in areas classified as being the second-lowest and the highest SES groups to 233 per 1,000 for the lowest SES group (Table 3.12).

Overnight acute separations

Each SES group accounted for between 17% and 23% of total overnight acute separations. Separation rates varied from 133 per 1,000 population for patients living in areas classified as being the highest SES group to 175 per 1,000 for the lowest SES group (Table 3.12).

The SRR of 0.9 for the highest SES group indicates that the overnight separation rate for this group was 10% lower than the national rate.

Table 3.12: Selected separation statistics, for same-day and overnight acute separations, by socioeconomic status of area of residence, all hospitals, 2013–14

	Socioeconomic status of area of usual residence					Total^(a)
	1—Lowest	2	3	4	5—Highest	
Same-day acute separations						
Separations	1,173,513	1,093,341	1,087,835	1,066,121	1,026,966	5,466,473
Separations per 1,000 population	233.0	215.8	220.1	227.4	215.8	222.7
Separation rate ratio	1.0	1.0	1.0	1.0	1.0	
Overnight acute separations						
Separations	872,732	823,246	742,917	681,971	627,874	3,773,263
Separations per 1,000 population	175.1	165.0	151.9	144.6	132.7	154.9
Separation rate ratio	1.1	1.1	1.0	0.9	0.9	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on separations by socioeconomic status of area of usual residence is available in:

- Chapter 4 ‘Why did people receive care?’ – for potentially preventable hospitalisations
- Chapter 5 ‘What services were provided?’ – for Rehabilitation care and Palliative care
- Chapter 6 ‘What procedures were performed?’ – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

4 Why did people receive care?

This chapter presents information on the reasons patients were admitted to hospital. The reason that a patient receives admitted patient care can be described in various ways. The information in this chapter includes:

- the mode of admission – which can indicate a new admission to hospital, a transfer from another hospital, or a change in the type of care the patient required
- the urgency of admission – whether as an emergency admission, an elective admission or other planned admission (for example, for childbirth)
- the type of care required – whether for acute, subacute or non-acute care
- the principal diagnosis – the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care
- whether the admission could potentially have been avoided (for example, potentially preventable hospitalisations, and injury and poisoning)
- whether the patient was waiting for residential aged care.

It includes counts of separations and acute care separations for 2013–14. For potentially preventable hospitalisations, it also includes separation rates over time.

Key findings

Mode and urgency of admission

In 2013–14, most separations (94%) commenced as a new admission to hospital. About 5% of separations in public hospitals and 3% in private hospitals commenced as a transfer from another hospital.

About 27% of separations were emergency admissions, with most of these occurring in public hospitals (92%).

Care type

In 2013–14, about 94% of separations were for acute care and 4% for rehabilitation care. About 39,000 separations (0.4%) were for palliative care.

Public hospitals accounted for about 60% of acute care and about 79% of newborn care and private hospitals accounted for about 72% of rehabilitation care.

Principal diagnosis

In 2013–14, about 27% of separations (over 2.6 million) had a principal diagnosis in the ICD-10-AM chapter *factors influencing health status and contact with health services* – which includes for dialysis, rehabilitation, radiotherapy, chemotherapy and palliative care.

The most common single reason for care was dialysis for kidney disease (1.3 million separations). Between 2009–10 and 2013–14, separations for dialysis increased by 3.9% on average each year.

About 6% of separations (624,000) were for injury or poisoning. Indigenous Australians were hospitalised for injury or poisoning at about twice the rate for other Australians.

Potentially preventable hospitalisations

In 2013–14, potentially preventable hospitalisations (PPHs), accounted for about 6% of all separations. *Urinary tract infections* was the most common PPH condition (70,200 hospitalisations).

4.1 Mode and urgency of admission

This section presents information on the mechanism by which an admitted patient begins an episode of care (the mode of admission) and the urgency with which they were admitted (urgency of admission).

Mode of admission

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
- *New admission to hospital*—the term used to refer to all other planned and unplanned admissions (that is, the patient was not transferred from another hospital or had a *statistical admission* in the same hospital).

In 2013–14, most separations in both public and private hospitals had a mode of admission of *New admission to hospital* (94%) (Table 4.1).

Public hospitals had a higher proportion of patients transferred from another hospital than private hospitals (4.8% and 2.8%, respectively). Western Australia had the highest proportion of patients transferred from another hospital and the Northern Territory had the lowest (6.3% and 0.2%, respectively).

Public hospitals also reported higher proportions of *Statistical admissions* than private hospitals (1.6% and 0.6%, respectively). For public hospitals, the Australian Capital Territory had the highest proportion of patients with a statistical admission.

Same-day acute separations

In both public and private hospitals, most same-day separations had a mode of admission of *New admission to hospital* (99% overall) (Table 4.2). Public hospitals recorded higher proportions of *Admitted patient transferred from another hospital* than private hospitals (1.2% and 0.3%, respectively).

Overnight acute separations

For both public and private hospitals, the majority of overnight acute separations had a mode of admission of *New admission to hospital* (93% overall) (Table 4.2).

Higher proportions of overnight acute separations had an admission mode of *Admitted patient transferred from another hospital* compared with same-day acute separations. For public hospitals, 7.0% of overnight acute separations had this admission mode, compared with 5.2% for private hospitals.

Table 4.1: Separations by mode of admission, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
New admission to hospital ^(a)	1,629,041	1,421,550	1,022,273	550,147	391,216	108,183	92,019	122,004	5,336,433
Admitted patient transferred from another hospital	98,519	73,008	40,881	37,819	19,189	3,012	2,727	241	275,396
Statistical admission: type change	34,438	14,513	23,919	7,918	4,642	1,688	2,222	1,589	90,929
Not reported	9,523	695	0	0	731	1,150	0	13	12,112
<i>Total public hospitals</i>	<i>1,771,521</i>	<i>1,509,766</i>	<i>1,087,073</i>	<i>595,884</i>	<i>415,778</i>	<i>114,033</i>	<i>96,968</i>	<i>123,847</i>	<i>5,714,870</i>
Private hospitals									
New admission to hospital ^(a)	1,054,365	943,000	954,423	463,196	303,083	n.p.	n.p.	n.p.	3,833,488
Admitted patient transferred from another hospital	39,925	31,960	21,229	8,108	6,098	n.p.	n.p.	n.p.	112,209
Statistical admission: type change	4,800	3,952	8,405	3,211	585	n.p.	n.p.	n.p.	22,509
Not reported	721	0	0	0	70	n.p.	n.p.	n.p.	19,228
<i>Total private hospitals</i>	<i>1,099,811</i>	<i>978,912</i>	<i>984,057</i>	<i>474,515</i>	<i>309,836</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,987,434</i>
All hospitals									
New admission to hospital ^(a)	2,683,406	2,364,550	1,976,696	1,013,343	694,299	n.p.	n.p.	n.p.	9,169,921
Admitted patient transferred from another hospital	138,444	104,968	62,110	45,927	25,287	n.p.	n.p.	n.p.	387,605
Statistical admission: type change	39,238	18,465	32,324	11,129	5,227	n.p.	n.p.	n.p.	113,438
Not reported	10,244	695	0	0	801	n.p.	n.p.	n.p.	31,340
Total	2,871,332	2,488,678	2,071,130	1,070,399	725,614	n.p.	n.p.	n.p.	9,702,304

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.2: Acute separations, by mode of admission and same-day/overnight status, public and private hospitals, 2013–14

Mode of admission	Public hospitals	Private hospitals	Total
Same-day acute separations			
New admission to hospital ^(a)	2,855,843	2,545,247	5,401,090
Admitted patient transferred from another hospital	34,396	8,246	42,642
Statistical admission: type change	1,168	404	1,572
Not reported	8,216	12,953	21,169
Total	2,899,623	2,566,850	5,466,473
Overnight acute separations			
New admission to hospital ^(a)	2,425,543	1,081,730	3,507,273
Admitted patient transferred from another hospital	184,712	59,253	243,965
Statistical admission: type change	9,710	2,445	12,155
Not reported	3,668	6,202	9,870
Total	2,623,633	1,149,630	3,773,263

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Note: See boxes 1.1, 1.2 and appendixes A and B 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 2013–14, 27% of separations were *Emergency* admissions and 58% were *Elective* admissions (Table 4.3). Private hospitals accounted for about 59% of *Elective* admissions and public hospitals accounted for about 92% of *Emergency* admissions.

Table 4.3: Separations by urgency of admission, public and private hospitals, 2013–14

Urgency of admission	Public hospitals	Private hospitals	Total
Emergency	2,383,578	205,300	2,588,878
Elective	2,328,197	3,298,402	5,626,599
Not assigned	1,002,098	479,587	1,481,685
Total^(a)	5,714,870	3,987,434	9,702,304

(a) The totals include separations for which the urgency of admission was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Same-day acute care

In 2013–14, about 12% of same-day acute separations were *Emergency* admissions, 97% of which were in public hospitals. About 72% of same-day acute separations were *Elective* admissions, and more than half of these occurred in private hospitals (56%) (Table 4.4).

Overnight acute care

In 2013–14, about half of all overnight acute separations were *Emergency* admissions, 91% of which were from public hospitals. Just over 37% of overnight acute separations were *Elective* admissions, and about 63% of these were from private hospitals (Table 4.4).

Table 4.4: Acute separations, by same-day/overnight status and urgency of admission, public and private hospitals, 2013–14

Urgency of admission	Public hospitals	Private hospitals	Total
Same-day acute separations			
Emergency	616,248	20,236	636,484
Elective	1,737,716	2,176,915	3,914,631
Not assigned	545,455	366,831	912,286
Total	2,899,623	2,566,850	5,466,473
Overnight acute separations			
Emergency	1,754,298	182,994	1,937,292
Elective	523,312	884,406	1,407,718
Not assigned	345,355	81,004	426,359
Total	2,623,633	1,149,630	3,773,263

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on separations by mode and urgency of admission is available in:

- Chapter 5 'What services were provided?' – for Rehabilitation care and Palliative care
- Chapter 6 'What procedures were performed?' – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

Information on urgency (triage category) and admissions from public hospital emergency departments is available in *Australian hospital statistics 2013–14: emergency department care* (AIHW 2014b).

4.2 Care type

This section presents information on the types of care patients required. It includes information on the numbers of separations, over time and in 2013–14. Information on patient days and average length of stay are for 2013–14.

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* (see Box 4.1)
- *Newborn*
- *subacute—Rehabilitation, Palliative care, Geriatric evaluation and management and Psychogeriatric care*
- *non-acute—Maintenance care*
- *Other admitted patient care*.

Revised definitions for care types were implemented from 1 July 2013, with the aim to improve consistency in reporting of subacute and non-acute care types. Hence, data reported for 2013–14 will not be entirely comparable with data reported for earlier years.

There were marked differences in the numbers of separations reported by care type for 2013–14 when compared with the data reported for 2012–13 for most states and territories (AIHW 2014a), with increases in numbers of separations for some states and territories and decreases for others.

For example, for public hospitals, reporting of *Rehabilitation care* decreased in Western Australia, Queensland and the Australian Capital Territory between 2012–13 and 2013–14. Public hospital reporting for *Rehabilitation care* increased in New South Wales between 2012–13 and 2013–14.

Box 4.1: Acute care

An episode of acute care for an admitted patient is one in which the principal clinical intent is to do one or more of the following:

- manage labour (obstetric)
- cure illness or provide definitive treatment of injury
- perform surgery
- relieve symptoms of illness or injury (excluding palliative care)
- reduce severity of illness or injury
- protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal functions
- perform diagnostic or therapeutic procedures.

Changes over time

Because of the changes in definitions, changes over time should be interpreted with caution. Between 2009–10 and 2013–14, the number of separations for *Acute* care increased by 2.9% on average per year for public hospitals and by 3.2% per year for private hospitals (Table 4.5).

Between 2009–10 and 2013–14, the number of separations for subacute and non-acute care rose from about 337,000 to about 462,000, an average increase of 8.2% per year.

Over this period, *Rehabilitation care* consistently accounted for the about three-quarters of subacute and non-acute separations. It accounted for about 54% of subacute and non-acute separations for public hospitals and 91% for private hospitals.

Table 4.5: Separations by care type, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average ^(a) since 2009–10	Since 2012–13
	2009–10	2012–13				2009–10	2012–13
Public hospitals							
Acute	4,859,225	5,063,825	5,255,045	5,259,399	5,447,244	2.9	3.6
<i>Subacute and non-acute care</i>	152,578	164,499	181,926	195,323	191,536	5.8	-1.9
Rehabilitation	82,675	86,426	95,562	103,220	99,091	4.6	-4.0
Palliative care	26,633	28,255	31,260	33,272	32,585	5.2	-2.1
Geriatric evaluation and management	21,310	26,484	30,451	33,284	34,321	12.7	3.1
Psychogeriatric care	2,336	2,445	2,382	2,485	2,416	0.8	-2.8
Maintenance care	19,624	20,889	22,271	23,062	23,123	4.2	0.3
Newborn (qualified)	57,100	50,406	74,072	75,354	75,953	7.4	0.8
Newborn (unqualified)	171,375	181,012	163,206	166,742	169,228	-0.3	1.0
<i>Total public hospitals^(b)</i>	5,069,288	5,279,132	5,511,492	5,530,196	5,714,870	3.0	3.3
Private hospitals							
Acute	3,258,854	3,340,134	3,484,789	3,570,182	3,699,971	3.2	3.6
<i>Subacute and non-acute care</i>	184,461	215,393	241,790	255,351	270,949	10.1	6.1
Rehabilitation	168,972	200,808	226,887	240,519	255,567	10.9	6.3
Palliative care	5,016	5,507	5,877	6,007	6,392	6.2	6.4
Geriatric evaluation and management ^(c)	88	77	124	204	211	n.p.	n.p.
Psychogeriatric care	8,102	6,336	6,204	6,321	7,116	-3.2	12.6
Maintenance care	2,283	2,665	2,698	2,300	1,663	-7.6	-27.7
Newborn (qualified)	17,910	17,506	17,859	17,431	16,174	-2.5	-7.1
Newborn (unqualified)	46,834	45,089	46,726	48,138	47,322	0.3	-1.7
<i>Total private hospitals^(b)</i>	3,461,715	3,573,123	3,744,497	3,843,330	3,987,434	3.6	3.7
All hospitals^(b)	8,531,003	8,852,255	9,255,989	9,373,526	9,702,304	3.3	3.5

(a) Annual average change.

(b) Totals include separations for which the care type was *Other admitted patient care* or was not reported. Totals exclude separations with a care type of *Newborn (unqualified)*.

(c) The average change per year is not shown due to low numbers.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

How much activity in 2013–14?

In 2013–14, for the public and private sectors combined, 92% of separations were classified as episodes of *Acute care*, 1.0% as *Newborn (with qualified days)* and 3.6% as *Rehabilitation care* (Table 4.6).

The proportions of separations for each care type varied by hospital sector. Public hospitals accounted for 60% of separations for *Acute care* and 79% of separations for *Newborn care*. Private hospitals accounted for 72% of separations for *Rehabilitation care*.

The proportion of separations that were classified as *Rehabilitation care* in public hospitals ranged from less than 1% in the Northern Territory to 2.4% in South Australia (Table 4.6). In private hospitals, the proportion of separations that were classified as *Rehabilitation care* ranged from less than 1% in Western Australia to 13.7% in New South Wales.

Patient days

In 2013–14, for the public and private sectors combined, *Acute care* accounted for 81% of patient days and *Rehabilitation care* accounted for 10% of patient days (Table 4.7).

Public hospitals accounted for 66% of patient days for *Acute care* and 59% of patient days for *Rehabilitation care*.

Length of stay

The average length of stay for episodes of *Acute care* was longer in public hospitals (2.8 days) than in private hospitals (2.1 days) (tables 4.6 and 4.7).

The average length of stay for *Rehabilitation care* episodes was 16.2 days in public hospitals, and 4.4 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in private hospitals, as well as a number of very long stays for rehabilitation separations in public hospitals.

Where to go for more information:

More information on separations by care type is available in:

- Chapter 5 'What services were provided?' – for Rehabilitation care and Palliative care.

Definitions for care types are available online at

<<http://meteor.aihw.gov.au/content/index.phtml/itemId/491557>>

Information on data limitations and methods is available in appendixes A and B.

Table 4.6: Separations, by care type, public and private hospitals, states and territories, 2013–14

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	1,664,642	1,454,287	1,032,739	575,631	395,472	109,829	92,628	122,016	5,447,244
Rehabilitation care	39,096	15,627	24,168	7,136	10,264	895	1,657	248	99,091
Palliative care	12,235	7,353	8,051	1,604	1,896	569	550	327	32,585
Geriatric evaluation and management	7,344	18,286	3,825	3,000	1,337	245	168	116	34,321
Psychogeriatric care	893	0	486	881	3	132	21	0	2,416
Maintenance care	10,251	444	6,543	1,718	2,472	895	643	157	23,123
Newborn—qualified days only	33,861	12,012	8,866	4,860	2,849	1,321	1,084	834	65,687
Newborn—qualified and unqualified days	3,197	1,757	2,395	1,054	1,485	130	217	31	10,266
Newborn—unqualified days only	42,041	48,272	36,662	19,945	12,474	2,875	4,051	2,908	169,228
<i>Newborn total</i>	<i>79,099</i>	<i>62,041</i>	<i>47,923</i>	<i>25,859</i>	<i>16,808</i>	<i>4,326</i>	<i>5,352</i>	<i>3,773</i>	<i>245,181</i>
<i>Total^(b)</i>	<i>1,813,562</i>	<i>1,558,038</i>	<i>1,123,735</i>	<i>615,829</i>	<i>428,252</i>	<i>116,908</i>	<i>101,019</i>	<i>126,755</i>	<i>5,884,098</i>
Private hospitals									
Acute care	940,208	946,760	934,366	464,478	286,460	n.p.	n.p.	n.p.	3,699,971
Rehabilitation care	152,392	21,557	43,225	4,552	22,294	n.p.	n.p.	n.p.	255,567
Palliative care	303	729	2,349	2,543	294	n.p.	n.p.	n.p.	6,392
Geriatric evaluation and management	1	0	154	5	42	n.p.	n.p.	n.p.	211
Psychogeriatric care	0	6,257	1	857	0	n.p.	n.p.	n.p.	7,116
Maintenance care	73	66	1,325	133	15	n.p.	n.p.	n.p.	1,663
Newborn—qualified days only	6,354	3,250	2,214	1,341	731	n.p.	n.p.	n.p.	14,218
Newborn—qualified and unqualified days	480	293	422	606	0	n.p.	n.p.	n.p.	1,956
Newborn—unqualified days only	16,160	2,341	15,602	9,096	713	n.p.	n.p.	n.p.	47,322
<i>Newborn total</i>	<i>22,994</i>	<i>5,884</i>	<i>18,238</i>	<i>11,043</i>	<i>1,444</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>63,496</i>
<i>Total^(b)</i>	<i>1,115,971</i>	<i>981,253</i>	<i>999,659</i>	<i>483,611</i>	<i>310,549</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>4,034,756</i>

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low number of separations in this category.

(b) Total separations include records for *Newborn* (without qualified days).

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.7: Patient days, by care type, public and private hospitals, states and territories, 2013–14

Care type	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Acute care	5,208,445	3,698,421	2,509,138	1,484,775	1,231,939	311,617	270,738	277,543	14,992,616
Rehabilitation care	639,621	318,790	338,887	149,017	104,932	26,422	23,514	8,346	1,609,529
Palliative care	132,441	91,039	68,056	16,579	18,938	4,849	6,809	4,126	342,837
Geriatric evaluation and management	98,682	404,290	66,026	37,831	24,642	4,799	1,771	1,674	639,715
Psychogeriatric care	42,899	0	11,929	37,858	87	9,002	142	0	101,917
Maintenance care	171,996	46,297	225,731	52,229	88,901	11,893	18,787	6,931	622,765
Newborn—qualified days	171,360	132,140	89,231	50,075	39,415	12,004	11,037	8,705	513,967
Newborn—unqualified days	108,614	115,543	72,803	46,425	30,528	6,749	8,487	7,929	397,078
<i>Newborn total</i>	<i>279,974</i>	<i>247,683</i>	<i>162,034</i>	<i>96,500</i>	<i>69,943</i>	<i>18,753</i>	<i>19,524</i>	<i>16,634</i>	<i>911,045</i>
<i>Total^(b)</i>	<i>6,465,446</i>	<i>4,690,977</i>	<i>3,308,998</i>	<i>1,828,364</i>	<i>1,508,854</i>	<i>380,908</i>	<i>332,798</i>	<i>307,727</i>	<i>18,824,072</i>
Private hospitals									
Acute care	1,975,406	2,022,558	2,005,623	831,206	559,315	n.p.	n.p.	n.p.	7,672,719
Rehabilitation care	472,808	289,457	185,974	61,749	72,442	n.p.	n.p.	n.p.	1,125,695
Palliative care	3,139	7,815	29,782	24,680	4,510	n.p.	n.p.	n.p.	72,531
Geriatric evaluation and management	2	0	4,657	124	159	n.p.	n.p.	n.p.	4,986
Psychogeriatric care	0	32,883	15	11,620	0	n.p.	n.p.	n.p.	44,525
Maintenance care	863	1,025	30,784	3,787	77	n.p.	n.p.	n.p.	36,639
Newborn—qualified days	35,716	23,073	25,172	10,552	5,594	n.p.	n.p.	n.p.	103,917
Newborn—unqualified days	70,411	10,506	61,020	37,575	3,025	n.p.	n.p.	n.p.	196,480
<i>Newborn total</i>	<i>106,127</i>	<i>33,579</i>	<i>86,192</i>	<i>48,127</i>	<i>8,619</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>300,397</i>
<i>Total^(b)</i>	<i>2,487,934</i>	<i>2,376,811</i>	<i>2,282,019</i>	<i>943,718</i>	<i>642,097</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>9,061,713</i>

(a) The reporting of *Newborns* (without qualified days) is not compulsory for the Victorian private sector, resulting in a low numbers of days in this category.

(b) Total patient days exclude unqualified days for *Newborns*.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

4.3 Principal diagnosis

This section presents information on the principal diagnosis. It includes the numbers of separations by ICD-10-AM chapters (broad diagnosis groups), and the 20 most common detailed principal diagnoses (at the 3-character level) for public and private hospitals in 2013–14.

The principal diagnosis is the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care.

In some cases, the principal diagnosis is described in terms of a treatment for an ongoing condition (for example, care involving dialysis).

ICD-10-AM disease chapters

In 2013–14, more than one-quarter of separations in public and private hospitals had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services* – which includes *Care involving dialysis* (1.3 million separations), use of rehabilitation procedures, radiotherapy, chemotherapy and palliative care (Table 4.8).

Table 4.8: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	123,669	23,640	147,309
C00–D48	Neoplasms	279,883	335,589	615,472
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	95,044	53,489	148,533
E00–E90	Endocrine, nutritional and metabolic diseases	92,939	53,521	146,460
F00–F99	Mental and behavioural disorders	198,556	183,162	381,718
G00–G99	Diseases of the nervous system	148,677	114,071	262,748
H00–H59	Diseases of the eye and adnexa	98,754	250,655	349,409
H60–H95	Diseases of the ear and mastoid process	31,851	28,946	60,797
I00–I99	Diseases of the circulatory system	333,131	147,675	480,806
J00–J99	Diseases of the respiratory system	311,925	95,586	407,511
K00–K93	Diseases of the digestive system	447,004	530,511	977,515
L00–L99	Diseases of the skin and subcutaneous tissue	114,488	46,805	161,293
M00–M99	Diseases of the musculoskeletal system and connective tissue	199,517	321,580	521,097
N00–N99	Diseases of the genitourinary system	262,077	194,648	456,725
O00–O99	Pregnancy, childbirth and the puerperium	352,858	142,897	495,755
P00–P96	Certain conditions originating in the perinatal period	53,523	11,763	65,286
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	26,866	11,254	38,120
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	480,098	228,437	708,535
S00–T98	Injury, poisoning and certain other consequences of external causes	507,083	117,201	624,284
Z00–Z99	Factors influencing health status and contact with health services	1,553,365	1,095,437	2,648,802
	Not reported	3,562	567	4,129
Total		5,714,870	3,987,434	9,702,304

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

The relative distribution of separations by ICD-10-AM chapter varied across public and private hospitals. For example, about 84% of separations for *Certain infectious and parasitic diseases* and 81% of separations for *Injury, poisoning and certain other consequences of external causes* were from public hospitals. For *Diseases of the eye and adnexa*, about 72% of separations were from private hospitals.

Aboriginal and Torres Strait Islander people

More than 49% of separations for Indigenous Australians in 2013–14 had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services*, compared with 26% for other Australians (Table 4.9). This category includes care involving dialysis which accounts for a large proportion of same-day separations for Indigenous Australians (see Chapter 3).

The ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes* was the second most common principal diagnosis among Indigenous Australians, accounting for 7.0% of separations.

Table 4.9: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, all hospitals, 2013–14

Principal diagnosis		Indigenous Australians	Other Australians	Total
A00–B99	Certain infectious and parasitic diseases	6,817	140,492	147,309
C00–D48	Neoplasms	6,126	609,346	615,472
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	2,527	146,006	148,533
E00–E90	Endocrine, nutritional and metabolic diseases	6,391	140,069	146,460
F00–F99	Mental and behavioural disorders	16,070	365,648	381,718
G00–G99	Diseases of the nervous system	5,308	257,440	262,748
H00–H59	Diseases of the eye and adnexa	3,150	346,259	349,409
H60–H95	Diseases of the ear and mastoid process	2,620	58,177	60,797
I00–I99	Diseases of the circulatory system	11,868	468,938	480,806
J00–J99	Diseases of the respiratory system	20,702	386,809	407,511
K00–K93	Diseases of the digestive system	20,020	957,495	977,515
L00–L99	Diseases of the skin and subcutaneous tissue	9,271	152,022	161,293
M00–M99	Diseases of the musculoskeletal system and connective tissue	7,609	513,488	521,097
N00–N99	Diseases of the genitourinary system	11,043	445,682	456,725
O00–O99	Pregnancy, childbirth and the puerperium	23,368	472,387	495,755
P00–P96	Certain conditions originating in the perinatal period	4,183	61,103	65,286
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,497	36,623	38,120
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	19,502	689,033	708,535
S00–T98	Injury, poisoning and certain other consequences of external causes	28,402	595,882	624,284
Z00–Z99	Factors influencing health status and contact with health services	201,177	2,447,625	2,648,802
	Not reported	514	3,615	4,129
Total		408,165	9,294,139	9,702,304

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Same-day acute separations

In 2013–14, almost half (47%) of same-day acute separations in public hospitals and 31% in private hospitals had a principal diagnosis in the ICD-10-AM chapter *Factors influencing health status and contact with health services* (tables 4.10 and 4.11). The major contributors to the *Factors influencing health status and contact with health services* separations were the 3-character principal diagnoses *Care involving dialysis* and *Other medical care* (which includes chemotherapy).

The relative distribution of separations by ICD-10-AM chapter varied across public and private hospitals. For example, about 63% of same-day acute separations for *Factors influencing health status and contact with health services* were from public hospitals, while about 74% of same-day acute separations for *Diseases of the eye and adnexa* were from private hospitals.

Most common principal diagnoses

The most common principal diagnosis (at the 3-character level) reported for same-day acute separations was *Care involving dialysis*, which accounted for 37% of same-day acute separations in public hospitals.

Between 2009–10 and 2013–14, separations for dialysis increased by 3.9% on average each year (AIHW 2011).

Private hospitals provided the majority of same-day acute separations for *Other malignant neoplasms of skin* (71%), *Other cataract* (69%) and *Other medical care* (64%, which includes chemotherapy) (Table 4.12).

Overnight acute separations

Overall, almost half of all overnight acute separations in 2013–14 had a principal diagnosis from one of the following 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 ICD-10-AM chapter varied across public and private hospitals. For *Certain infectious and parasitic diseases*, 88% of overnight separations were from public hospitals (Table 4.13). For *Diseases of the musculoskeletal system and connective tissue*, 61% of separations were from private hospitals (Table 4.14).

Most common principal diagnoses

The most common principal diagnosis (at the 3-character level) reported for overnight acute separations was *Single spontaneous delivery*, which accounted for 4.4% of overnight acute separations in public hospitals and 2.6% in private hospitals. The 20 most common principal diagnoses included several childbirth-related and heart-related conditions, as well as respiratory conditions (Table 4.15).

Comparing this table with Table 4.12, there are differences in the types of conditions that are most commonly treated on an overnight basis compared with those that are not.

Table 4.10: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2013–14

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	8,708	8,167	10,887	3,258	1,949	381	462	479	34,291
C00–D48	Neoplasms	31,936	43,463	21,275	14,124	10,756	3,599	1,093	939	127,185
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	14,883	25,181	8,438	8,236	4,558	1,632	1,082	438	64,448
E00–E89	Endocrine, nutritional and metabolic diseases	7,182	12,005	6,002	5,546	1,901	1,764	497	844	35,741
F00–F99	Mental and behavioural disorders	13,963	12,585	11,723	3,355	3,923	1,021	333	1,097	48,000
G00–G99	Diseases of the nervous system	16,214	27,424	15,667	6,857	4,829	2,276	1,231	441	74,939
H00–H59	Diseases of the eye and adnexa	24,445	24,776	10,513	13,111	8,190	2,077	1,568	1,038	85,718
H60–H95	Diseases of the ear and mastoid process	3,812	4,606	4,787	1,752	1,658	222	281	279	17,397
I00–I99	Diseases of the circulatory system	20,755	18,554	16,326	6,321	6,060	1,427	1,567	642	71,652
J00–J99	Diseases of the respiratory system	14,594	15,485	16,927	3,548	3,443	1,050	626	870	56,543
K00–K93	Diseases of the digestive system	53,173	58,112	31,187	23,270	9,617	4,660	3,453	2,448	185,920
L00–L99	Diseases of the skin and subcutaneous tissue	8,640	10,325	8,181	3,444	4,703	1,429	475	615	37,812
M00–M99	Diseases of the musculoskeletal system and connective tissue	19,592	23,264	15,338	8,707	6,966	2,113	1,816	848	78,644
N00–N99	Diseases of the genitourinary system	32,415	34,926	25,220	11,332	8,082	2,636	1,735	1,179	117,525
O00–O99	Pregnancy, childbirth and the puerperium	22,069	17,226	21,348	5,690	8,095	1,190	1,211	3,134	79,963
P00–P96	Certain conditions originating in the perinatal period	792	567	562	186	110	13	41	29	2,300
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	4,080	3,241	2,401	1,210	991	256	221	83	12,483
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	63,870	65,693	55,757	25,287	14,184	3,778	4,679	2,450	235,698
S00–T98	Injury, poisoning and certain other consequences of external causes	49,839	38,166	47,118	14,747	10,750	2,826	3,684	3,008	170,138
Z00–Z99	Factors influencing health status and contact with health services	379,740	423,742	209,596	157,446	78,052	25,661	25,485	62,774	1,362,496
	Not reported	645	76	0	0	1	0	0	8	730
Total		791,347	867,584	539,253	317,427	188,818	60,011	51,540	83,643	2,899,623

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.11: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2013–14

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	3,016	2,652	3,035	1,270	782	n.p.	n.p.	n.p.	11,151
C00–D48	Neoplasms	59,988	49,657	63,516	23,098	22,385	n.p.	n.p.	n.p.	225,481
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	7,667	10,104	18,415	2,707	3,630	n.p.	n.p.	n.p.	43,856
E00–E89	Endocrine, nutritional and metabolic diseases	4,308	6,714	5,626	3,768	1,413	n.p.	n.p.	n.p.	22,604
F00–F99	Mental and behavioural disorders	55,453	23,049	44,318	6,309	880	n.p.	n.p.	n.p.	137,212
G00–G99	Diseases of the nervous system	9,335	8,831	11,824	5,637	2,410	n.p.	n.p.	n.p.	39,030
H00–H59	Diseases of the eye and adnexa	72,803	50,933	57,835	26,453	19,128	n.p.	n.p.	n.p.	241,425
H60–H95	Diseases of the ear and mastoid process	6,697	5,404	3,822	2,956	2,409	n.p.	n.p.	n.p.	22,215
I00–I99	Diseases of the circulatory system	14,752	7,473	7,252	4,708	3,048	n.p.	n.p.	n.p.	39,674
J00–J99	Diseases of the respiratory system	7,038	4,620	5,546	1,487	1,572	n.p.	n.p.	n.p.	20,834
K00–K93	Diseases of the digestive system	117,159	125,528	94,411	38,899	29,528	n.p.	n.p.	n.p.	418,610
L00–L99	Diseases of the skin and subcutaneous tissue	8,118	8,365	5,968	3,639	4,853	n.p.	n.p.	n.p.	31,921
M00–M99	Diseases of the musculoskeletal system and connective tissue	37,017	33,712	28,134	18,299	15,387	n.p.	n.p.	n.p.	137,852
N00–N99	Diseases of the genitourinary system	36,822	29,535	23,995	11,753	6,694	n.p.	n.p.	n.p.	112,851
O00–O99	Pregnancy, childbirth and the puerperium	10,170	17,531	14,821	8,707	854	n.p.	n.p.	n.p.	52,751
P00–P96	Certain conditions originating in the perinatal period	50	146	72	96	36	n.p.	n.p.	n.p.	412
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	2,036	1,745	1,487	809	633	n.p.	n.p.	n.p.	6,906
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	46,609	48,714	33,972	18,404	10,050	n.p.	n.p.	n.p.	162,184
S00–T98	Injury, poisoning and certain other consequences of external causes	8,652	8,211	6,902	4,341	6,071	n.p.	n.p.	n.p.	35,396
Z00–Z99	Factors influencing health status and contact with health services	154,166	205,423	212,796	148,517	68,360	n.p.	n.p.	n.p.	804,082
	Not reported	0	395	0	0	0	n.p.	n.p.	n.p.	403
Total		661,856	648,742	643,747	331,857	200,123	n.p.	n.p.	n.p.	2,566,850

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.12: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for same-day acute separations, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
Z49	Care involving dialysis	1,075,183	137,005	99,310	1,311,498
Z51	Other medical care	141,912	71,362	186,258	399,532
H26	Other cataract	58,830	68,741	61,721	189,292
R10	Abdominal and pelvic pain	48,504	21,825	34,303	104,632
C44	Other malignant neoplasms of skin	24,764	26,114	36,048	86,926
K01	Embedded and impacted teeth	8,112	19,057	49,171	76,340
R07	Pain in throat and chest	64,561	1,241	7,329	73,131
D12	Benign neoplasm of colon, rectum, anus and anal canal	12,652	21,771	35,281	69,704
Z45	Adjustment and management of drug delivery or implanted device	16,636	7,482	44,425	68,543
Z09	Follow-up examination after treatment for conditions other than malignant neoplasms	18,563	17,297	32,271	68,131
K21	Gastro-oesophageal reflux disease	13,825	18,840	29,443	62,108
Z31	Procreative management	4,965	32,024	24,332	61,321
Z12	Special screening examination for neoplasms	10,764	18,121	28,869	57,754
H35	Other retinal disorders	2,754	40,484	8,560	51,798
R19	Other symptoms and signs involving the digestive system and abdomen	14,559	11,181	25,681	51,421
M23	Internal derangement of knee	10,101	3,025	37,664	50,790
Z08	Follow-up examination after treatment for malignant neoplasms	20,659	4,733	24,986	50,378
K92	Other diseases of digestive system	18,732	8,073	21,589	48,394
O04	Medical abortion	9,123	142	37,721	46,986
F32	Depressive episode	8,371	35,972	772	45,115
K64	Haemorrhoids and perianal venous thrombosis	10,479	12,543	16,281	39,303
	Other	1,305,574	295,546	852,256	2,453,376
Total		2,899,623	872,579	1,694,271	5,466,473

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.13: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2013–14

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	31,520	19,553	16,786	8,612	6,564	1,491	1,361	1,952	87,839
C00–D48	Neoplasms	42,361	35,673	24,783	12,152	11,246	2,865	2,072	891	132,043
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	10,959	7,306	5,079	2,615	2,944	514	403	293	30,113
E00–E89	Endocrine, nutritional and metabolic diseases	17,649	13,114	11,350	5,557	4,995	1,065	775	1,503	56,008
F00–F99	Mental and behavioural disorders	51,250	30,491	26,123	16,716	12,950	2,927	2,037	1,574	144,068
G00–G99	Diseases of the nervous system	21,199	19,905	13,661	6,473	5,947	1,651	976	636	70,448
H00–H59	Diseases of the eye and adnexa	4,716	3,129	1,988	1,610	955	111	291	202	13,002
H60–H95	Diseases of the ear and mastoid process	4,662	3,357	2,801	1,647	1,115	257	197	320	14,356
I00–I99	Diseases of the circulatory system	87,959	58,024	51,247	22,933	21,317	5,513	4,316	2,843	254,152
J00–J99	Diseases of the respiratory system	89,000	57,404	44,674	24,182	21,296	4,859	3,717	4,575	249,707
K00–K93	Diseases of the digestive system	88,101	61,470	49,750	26,682	19,250	5,385	4,542	3,257	258,437
L00–L99	Diseases of the skin and subcutaneous tissue	25,026	15,233	16,786	8,607	5,190	1,237	1,038	2,733	75,850
M00–M99	Diseases of the musculoskeletal system and connective tissue	39,535	29,115	21,350	13,486	9,167	2,250	1,831	1,338	118,072
N00–N99	Diseases of the genitourinary system	47,395	32,746	29,417	14,379	11,630	2,495	2,436	1,893	142,391
O00–O99	Pregnancy, childbirth and the puerperium	89,467	66,428	54,049	29,095	18,643	4,887	5,643	4,609	272,821
P00–P96	Certain conditions originating in the perinatal period	17,184	12,662	9,505	5,151	3,669	1,108	1,190	751	51,220
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	5,349	3,582	2,442	1,365	1,030	264	183	137	14,352
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	88,986	50,075	46,893	22,135	21,419	4,607	3,135	2,849	240,099
S00–T98	Injury, poisoning and certain other consequences of external causes	115,077	68,754	65,760	36,343	24,571	6,538	5,738	6,045	328,826
Z00–Z99	Factors influencing health status and contact with health services	30,604	12,270	10,303	4,378	7,090	1,253	507	885	67,290
	Not reported	2,356	181	0	0	0	0	1	1	2,539
Total		910,355	600,472	504,747	264,118	210,988	51,277	42,389	39,287	2,623,633

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.14: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2013–14

Principal diagnosis		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
A00–B99	Certain infectious and parasitic diseases	1,604	3,720	4,728	1,087	727	n.p.	n.p.	n.p.	12,398
C00–D48	Neoplasms	26,035	30,022	26,008	11,112	8,283	n.p.	n.p.	n.p.	105,397
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	1,586	3,049	2,628	1,041	928	n.p.	n.p.	n.p.	9,562
E00–E89	Endocrine, nutritional and metabolic diseases	8,220	6,881	7,331	5,073	2,133	n.p.	n.p.	n.p.	30,843
F00–F99	Mental and behavioural disorders	12,926	9,602	10,742	4,124	1,672	n.p.	n.p.	n.p.	40,543
G00–G99	Diseases of the nervous system	17,334	18,627	20,632	9,847	5,058	n.p.	n.p.	n.p.	73,941
H00–H59	Diseases of the eye and adnexa	2,783	1,597	1,325	2,262	909	n.p.	n.p.	n.p.	9,223
H60–H95	Diseases of the ear and mastoid process	2,112	1,432	1,519	764	600	n.p.	n.p.	n.p.	6,728
I00–I99	Diseases of the circulatory system	25,392	31,408	29,704	10,242	7,469	n.p.	n.p.	n.p.	107,334
J00–J99	Diseases of the respiratory system	18,249	19,028	19,816	7,623	6,064	n.p.	n.p.	n.p.	74,213
K00–K93	Diseases of the digestive system	25,671	29,464	30,337	11,844	8,729	n.p.	n.p.	n.p.	111,658
L00–L99	Diseases of the skin and subcutaneous tissue	3,003	4,084	4,669	1,446	989	n.p.	n.p.	n.p.	14,841
M00–M99	Diseases of the musculoskeletal system and connective tissue	47,662	47,309	39,402	25,051	15,752	n.p.	n.p.	n.p.	183,520
N00–N99	Diseases of the genitourinary system	20,678	20,844	20,307	9,021	6,883	n.p.	n.p.	n.p.	81,603
O00–O99	Pregnancy, childbirth and the puerperium	25,793	22,013	20,607	12,025	5,064	n.p.	n.p.	n.p.	90,145
P00–P96	Certain conditions originating in the perinatal period	2,768	3,157	2,481	1,783	685	n.p.	n.p.	n.p.	11,351
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,447	1,012	997	488	295	n.p.	n.p.	n.p.	4,342
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	11,056	20,124	20,737	5,989	5,644	n.p.	n.p.	n.p.	66,081
S00–T98	Injury, poisoning and certain other consequences of external causes	17,247	20,511	23,125	10,728	6,965	n.p.	n.p.	n.p.	81,524
Z00–Z99	Factors influencing health status and contact with health services	13,620	7,538	6,160	3,018	2,219	n.p.	n.p.	n.p.	34,242
	Not reported	0	139	0	0	0	n.p.	n.p.	n.p.	141
Total		285,186	301,561	293,255	134,568	87,068	n.p.	n.p.	n.p.	1,149,630

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.15: Overnight acute separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
O80	Single spontaneous delivery	116,457	29,639	146,096
O82	Single delivery by caesarean section	59,883	33,597	93,480
G47	Sleep disorders	15,499	59,281	74,780
R07	Pain in throat and chest	55,555	13,351	68,906
K80	Cholelithiasis	37,554	19,154	56,708
J18	Pneumonia, organism unspecified	47,545	8,509	56,054
J44	Other chronic obstructive pulmonary disease	48,078	6,980	55,058
M17	Gonarthrosis [arthrosis of knee]	16,578	33,834	50,412
R10	Abdominal and pelvic pain	40,825	9,105	49,930
L03	Cellulitis	40,427	7,023	47,450
I50	Heart failure	36,560	10,484	47,044
N39	Other disorders of urinary system	36,310	10,045	46,355
I21	Acute myocardial infarction	38,014	7,905	45,919
I48	Atrial fibrillation and flutter	26,599	13,703	40,302
O81	Single delivery by forceps and vacuum extractor	25,021	12,107	37,128
I20	Angina pectoris	24,589	11,424	36,013
K40	Inguinal hernia	15,348	20,460	35,808
T81	Complications of procedures, not elsewhere classified	23,964	10,008	33,972
J35	Chronic diseases of tonsils and adenoids	13,075	20,164	33,239
K35	Acute appendicitis	27,343	4,776	32,119
M16	Coxarthrosis [arthrosis of hip]	9,813	19,572	29,385
	Other	1,868,596	788,509	2,657,105
Total		2,623,633	1,149,630	3,773,263

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on principal diagnosis is available in:

- Section 4.5 ‘How many separations were due to injury and poisoning?’
- Chapter 5 ‘What services were provided?’ – for Rehabilitation care and Palliative care
- Chapter 6 ‘What procedures were performed?’ – for emergency and elective admissions involving surgery.

Additional information on separations for the 20 most common principal diagnoses by state and territory is available in tables accompanying this report online.

Information on data limitations and methods is available in appendixes A and B.

4.4 How many separations were due to injury and poisoning?

This section presents information on the numbers of separations with a principal diagnosis in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes* for public and private hospitals and by Indigenous status, for 2013–14. It also presents information on the external cause of injury and poisoning.

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 the data do not include injuries not medically treated, injuries treated by general practitioners and injuries treated in emergency departments that do not require admission to hospital.

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).

Sepations for injury and poisoning in 2013–14

In 2013–14, about 624,000 separations (about 26 per 1,000 population) had a principal diagnosis that was in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes*. The majority (81%) of these were treated in public hospitals (Table 4.16).

About 45% of these separations, in public and private hospitals combined, had a principal diagnosis in the ICD-10-AM sub-chapter *Injuries to upper and lower limbs*.

Table 4.16: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
S00–S19	Injuries to head and neck	93,875	7,632	101,507
S20–S39	Injuries to thorax, abdomen, back, spine and pelvis	50,475	6,326	56,801
S40–S99	Injuries to upper and lower limbs	218,861	58,716	277,577
T00–T19	Injuries to multi- or unspecified region; foreign body effects	9,852	1,252	11,104
T20–T35	Burns and frostbite	7,838	227	8,065
T36–T65	Poisoning and toxic effects	38,027	510	38,537
T66–T79	Other and unspecified effects of external causes	14,424	835	15,259
T80–T88	Complications of medical and surgical care	73,665	41,685	115,350
T89–T98	Other trauma complications; external cause sequelae	66	18	84
Total		507,083	117,201	624,284
Separations per 1,000 population		21.2	4.8	25.9

Note: See boxes 1.1, 1.2 and appendixes A and B 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 more than twice the rate of other Australians (41 per 1,000 and 20 per 1,000, respectively) (Table 4.17).

Injuries to upper and lower limbs accounted for 39% of these separations for Indigenous Australians and 45% for other Australians.

Table 4.17: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, all hospitals, 2013–14

Principal diagnosis		Indigenous Australians	Other Australians	Total
S00–S19	Injuries to head and neck	7,046	94,461	101,507
S20–S39	Injuries to thorax, abdomen, back, spine and pelvis	2,249	54,552	56,801
S40–S99	Injuries to upper and lower limbs	11,185	266,392	277,577
T00–T19	Injuries to multi- or unspecified region; foreign body effects	577	10,527	11,104
T20–T35	Burns and frostbite	623	7,442	8,065
T36–T65	Poisoning and toxic effects	2,437	36,100	38,537
T66–T79	Other and unspecified effects of external causes	676	14,583	15,259
T80–T88	Complications of medical and surgical care	3,599	111,751	115,350
T89–T98	Other trauma complications; external cause sequelae	10	74	84
Total		28,402	595,882	624,284
Separations per 1,000 population^(a)		41.3	20.2	20.8

(a) The total separations per 1,000 population differs from that presented in table 4.16 due to differences in the age groups used to calculate age-standardised rates by Indigenous status.

Note: See boxes 1.1, 1.2 and appendices A and B 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. External causes may also be required for other selected diagnoses.

In 2013–14, there were more than 1.1 million separations for which an external cause of injury or poisoning was reported (Table 4.18). The most frequently reported ICD-10-AM sub-chapter groups of external causes in both public and private hospitals were *Complications of medical and surgical care* (494,000 separations) and *Falls* (313,000 separations). Public hospitals had notably higher proportions of separations with external causes of *Intentional self-harm*, *Accidental drowning and submersion*, *Accidental poisoning* and *Assault* than private hospitals.

Some of these external causes may be related to additional diagnoses, particularly for *Complications of medical and surgical care*. Therefore, the counts of separations in tables 4.18 and 4.19 are larger than those in tables 4.16 and 4.17.

Aboriginal and Torres Strait Islander people

The ICD-10-AM sub-chapter group *Complications of medical and surgical care* was the most commonly reported external cause of injury and poisoning for hospitalisations for Indigenous Australians, accounting for over one-quarter (27%) of all reported external causes (Table 4.19). This was also the most commonly reported external cause for other Australians (43%).

Assault accounted for 16% of external causes reported for Indigenous Australians, compared with 2% of external causes reported for other Australians.

Transport accidents accounted for a similar proportion of external causes for both Indigenous Australians and other Australians (6.9% and 6.3%, respectively).

Table 4.18: Separations, by external cause in ICD-10-AM sub-chapter groupings^(a), public and private hospitals, 2013–14

External cause		Public hospitals	Private hospitals	Total
V01–V99	Transport accidents	66,880	7,478	74,358
W00–W19	Falls	254,986	58,163	313,149
W20–W64	Exposure to mechanical forces	95,920	12,603	108,523
W65–W74	Accidental drowning and submersion	703	26	729
W75–W84	Other accidental threats to breathing	14,592	2,008	16,600
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	1,073	196	1,269
X00–X19	Exposure to smoke, fire, flames, hot substances	8,311	577	8,888
X20–X39	Exposure to venomous plants, animals, forces of nature	5,674	369	6,043
X40–X49	Accidental poisoning	13,091	700	13,791
X50–X59	Other external causes of accidental injury	47,745	45,092	92,837
X60–X84	Intentional self-harm	32,810	1,001	33,811
X85–Y09	Assault	24,326	387	24,713
Y10–Y34	Events of undetermined intent	6,649	508	7,157
Y35–Y36	Legal intervention and operations of war	193	11	204
Y40–Y84	Complications of medical and surgical care	341,852	151,782	493,634
Y85–Y98	Sequelae and supplementary factors	32,538	9,763	42,301
Total		890,808	280,581	1,171,389

(a) A separation is counted once for the external cause sub-chapter if has at least one external cause reported within the sub-chapter. As more than one external cause can be reported for a separation, the totals may not equal the sums of the rows.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.19: Separations, by external cause in ICD-10-AM groupings^(a) and Indigenous status, all hospitals, 2013–14

External cause		Indigenous Australians	Other Australians	Total
V01–V99	Transport accidents	2,970	71,388	74,358
W00–W19	Falls	7,519	305,630	313,149
W20–W64	Exposure to mechanical forces	5,955	102,568	108,523
W65–W74	Accidental drowning and submersion	53	676	729
W75–W84	Other accidental threats to breathing	479	16,121	16,600
W85–W99	Exposure to electricity, radiation, extreme temperature/pressure	24	1,245	1,269
X00–X19	Exposure to smoke, fire, flames, hot substances	676	8,212	8,888
X20–X39	Exposure to venomous plants, animals, forces of nature	284	5,759	6,043
X40–X49	Accidental poisoning	812	12,979	13,791
X50–X59	Other external causes of accidental injury	2,716	90,121	92,837
X60–X84	Intentional self-harm	2,619	31,192	33,811
X85–Y09	Assault	7,031	17,682	24,713
Y10–Y34	Events of undetermined intent	651	6,506	7,157
Y35–Y36	Legal intervention and operations of war	32	172	204
Y40–Y84	Complications of medical and surgical care	11,713	481,921	493,634
Y85–Y98	Sequelae and supplementary factors	2,016	40,285	42,301
Total		43,269	1,128,120	1,171,389

(a) A separation is counted once for the external cause sub-chapter if has at least one external cause reported within the sub-chapter. As more than one external cause can be reported for a separation, the totals may not equal the sums of the rows.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

4.5 Performance indicator: Potentially preventable hospitalisations

The rate of potentially preventable hospitalisations (PPHs) is a National Healthcare Agreement (NHA) performance indicator, relating to the outcome *Australians receive appropriate high quality and affordable primary and community health services*. The proportion of total separations that were for PPHs is an NHA benchmark. See Appendix C for more information on performance indicators.

Potentially preventable hospitalisations (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.

There are three broad categories of PPHs:

- *Vaccine-preventable*. These diseases can be prevented by proper vaccination and include influenza, bacterial pneumonia, hepatitis, tetanus, diphtheria, pertussis (whooping cough), chicken pox, measles, mumps, rubella, polio and haemophilus meningitis. 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 eclampsia; pneumonia (not vaccine preventable); pyelonephritis; perforated ulcer; cellulitis; urinary tract infections; 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, nutritional deficiencies and chronic obstructive pulmonary disease.

The specification for this indicator was revised during 2014, and this specification has been applied to all years of data presented in Table 4.20. The data presented here is not comparable with data presented in earlier reports and caution should be used in making comparisons over time using different specifications.

How have rates of PPHs changed over time?

Between 2009–10 and 2013–14, overall rates of PPHs fluctuated (Table 4.20).

For *Chronic conditions*, the rate decreased from 13.4 per 1,000 in 2009–10 to 11.2 per 1,000 in 2013–14. However, over this period, a number of changes in the coding standards for diabetes-related conditions were implemented that should be considered in interpreting these data (see Appendix A for more information).

Between 2012–13 and 2013–14, rates of *Vaccine preventable* PPHs increased by 41%. Changes to the coding standards between 2012–13 and 2013–14 that relate to the reporting of additional diagnoses for hepatitis may be responsible for a portion of this increase. See Appendix A for more information.

Table 4.20: Selected potentially preventable hospitalisations per 1,000 population, by PPH category, all hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Vaccine preventable conditions ^(a)	0.7	0.7	0.7	0.9	1.3	16.0	41.1
Acute conditions	11.3	11.9	12.2	11.9	12.0	1.6	0.9
<i>Chronic conditions</i> ^(b)	13.4	11.4	11.4	11.2	11.2	-4.3	-0.2
Diabetes complications ^(c)	3.8	1.6	1.6	1.7	1.7	-18.6	-2.2
Chronic conditions (excluding diabetes)	9.6	9.8	9.8	9.6	9.6	0.0	0.1
Total	25.3	23.9	24.2	23.9	24.4	-0.9	1.7

(a) Changes in coding standards between 2012–13 and 2013–14 for the recording of hepatitis took effect from 1 July 2012. See Appendix A for more information.

(b) 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*.

(c) Changes in coding standards for the recording of diabetes-related conditions took effect from 1 July 2010 and 1 July 2012. See Appendix A for more information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

How many PPHs were there in 2013–14?

In 2013–14, more than 600,000 separations in public and private hospitals were classified as PPHs (Table 4.21).

PPHs accounted for 6.2% of all hospital separations, 8.1% of public hospital separations and 3.4% of private hospital separations. More than three-quarters of PPHs (78%) were reported for public hospitals. *Diabetes complications* accounted for about 14% of separations that were classified as *Chronic condition* PPHs.

Table 4.21: Separations for selected potentially preventable hospitalisations, public and private hospitals, 2013–14

PPH category	Public hospitals	Private hospitals	Total
Vaccine preventable conditions	27,898	3,283	31,181
Acute conditions	214,794	72,320	287,114
<i>Chronic conditions</i> ^(a)	226,539	59,324	285,863
Diabetes complications	32,943	7,886	40,829
Chronic conditions (excluding diabetes)	193,596	51,438	245,034
Total	465,730	134,536	600,266
Proportion of all separations	8.1	3.4	6.2

(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 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

How do rates of PPHs vary across jurisdictions?

For *Vaccine preventable* conditions, rates ranged from 0.7 per 1,000 population in Tasmania to 7.6 per 1,000 in the Northern Territory (Table 4.22).

For *Acute* conditions, rates ranged from 9.5 per 1,000 population in the Australian Capital Territory to 21.6 per 1,000 in the Northern Territory. *Urinary tract infections* (24%) and *Dental conditions* (22%) accounted for almost half of *Acute* condition PPHs.

For *Chronic* conditions (excluding *Diabetes*), rates ranged from 6.9 per 1,000 population in the Australian Capital Territory to 18.4 per 1,000 in the Northern Territory. *Chronic obstructive pulmonary disease* was the most common *Chronic* condition PPH in all states and territories. *Rheumatic heart disease* accounted for over 8% of chronic PPHs in the Northern Territory.

There was some variation among states and territories in the proportion of all separations that were PPHs, ranging from 4.8% in the Australian Capital Territory to 7.3% in the Northern Territory.

How do rates of PPHs differ by population groups?

Indigenous status

For Indigenous Australians, the rate of overall PPHs per 1,000 population was over 3 times the rate for other Australians (Table 4.23). The rate of PPHs for *Vaccine-preventable* conditions for Indigenous Australians was over 6 times the rate for other Australians.

Remoteness

For 2013–14, the overall rate of PPHs was highest for residents of *Remote* and *Very remote* areas (39 and 58 per 1,000 population, respectively) and lowest for residents of *Major cities* (23 per 1,000) (Table 4.23).

Residents of *Remote* and *Very remote* areas had the highest rates of PPHs across the three categories of PPHs.

Socioeconomic status

The rate of PPHs generally decreased with increasing levels of socioeconomic advantage, ranging from 19 per 1,000 for residents of areas classified as being in the highest SES group to 31 per 1,000 for residents of areas classified as being in the lowest SES group (Table 4.23).

Where to go for more information

More information about individual PPH conditions by state of residence, remoteness area of residence and socioeconomic status of area of residence is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Information about the specification used for this performance indicator is available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/559032>>.

Information on data limitations and methods is available in appendixes A and B.

Table 4.22: Separations for selected potentially preventable hospitalisations^(a), by state or territory of usual residence, all hospitals, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Vaccine preventable conditions									
Pneumonia and vaccine-preventable influenza	3,736	3,026	2,029	1,062	1,256	195	141	397	11,913
Other vaccine-preventable conditions	5,322	5,185	3,596	2,030	1,384	184	220	1,325	19,370
<i>Total vaccine-preventable conditions^(c)</i>	<i>9,029</i>	<i>8,186</i>	<i>5,606</i>	<i>3,086</i>	<i>2,630</i>	<i>378</i>	<i>361</i>	<i>1,710</i>	<i>31,181</i>
<i>Vaccine-preventable PPH separations per 1,000 population</i>	<i>1.1</i>	<i>1.3</i>	<i>1.2</i>	<i>1.2</i>	<i>1.5</i>	<i>0.7</i>	<i>0.9</i>	<i>7.6</i>	<i>1.3</i>
Acute conditions									
Pneumonia (not vaccine-preventable)	533	303	434	242	127	17	14	33	1,717
Cellulitis	18,298	11,326	15,170	5,303	4,343	1,181	622	1,313	58,131
Convulsions and epilepsy	11,047	7,465	8,704	3,331	2,837	645	533	687	35,475
Eclampsia	34	11	15	16	6	3	0	1	87
Dental conditions	16,840	15,771	12,633	9,548	5,860	1,607	774	775	63,910
Ear, nose and throat infections	11,561	7,578	9,255	4,350	3,196	653	400	783	38,086
Gangrene	1,858	3,269	1,841	1,248	511	230	67	316	9,402
Pelvic inflammatory disease	1,175	1,172	1,221	520	321	90	77	150	4,764
Perforated/bleeding ulcer	1,836	1,378	1,050	599	441	112	65	45	5,578
Urinary tract infections including pyelonephritis	21,585	15,333	17,267	7,332	5,379	1,130	970	741	70,249
<i>Total acute conditions^(c)</i>	<i>84,702</i>	<i>63,514</i>	<i>67,537</i>	<i>32,448</i>	<i>23,007</i>	<i>5,663</i>	<i>3,519</i>	<i>4,833</i>	<i>287,114</i>
<i>Acute PPH separations per 1,000 population</i>	<i>10.9</i>	<i>10.6</i>	<i>14.3</i>	<i>12.9</i>	<i>13.0</i>	<i>10.7</i>	<i>9.5</i>	<i>21.6</i>	<i>12.0</i>

(continued)

Table 4.22 (continued): Separations for selected potentially preventable hospitalisations^(a), by state or territory of usual residence, all hospitals, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(b)
Chronic conditions									
Angina	12,805	7,617	10,628	4,067	3,486	785	381	564	40,462
Asthma	9,132	7,101	6,123	2,185	2,059	530	348	294	27,882
Chronic obstructive pulmonary disease	21,262	14,403	13,361	5,064	5,297	1,539	663	878	62,588
Congestive cardiac failure	16,919	13,997	10,625	4,982	4,320	1,170	526	506	53,168
Diabetes complications	11,468	9,966	8,896	4,618	3,578	1,105	429	611	40,829
Diabetes complications per 1,000 population	1.4	1.6	1.9	1.8	1.9	1.9	1.2	2.9	1.7
Hypertension	2,703	2,087	2,613	655	683	139	71	50	9,057
Iron deficiency anaemia	11,762	13,946	6,901	4,531	3,251	1,382	382	267	42,466
Nutritional deficiencies	159	120	114	43	19	10	17	24	509
Rheumatic heart disease ^(d)	751	590	728	348	287	31	33	262	3,084
Bronchiectasis	1,624	1,272	1,539	551	331	115	40	348	5,825
<i>Total chronic conditions^(c)</i>	<i>88,584</i>	<i>71,098</i>	<i>61,524</i>	<i>27,044</i>	<i>23,310</i>	<i>6,806</i>	<i>2,890</i>	<i>3,804</i>	<i>285,863</i>
<i>Chronic PPH separations per 1,000 population</i>	<i>10.5</i>	<i>11.1</i>	<i>12.6</i>	<i>10.7</i>	<i>11.4</i>	<i>10.8</i>	<i>8.1</i>	<i>21.3</i>	<i>11.2</i>
<i>Total chronic conditions, excluding diabetes^(c)</i>	<i>77,116</i>	<i>61,132</i>	<i>52,628</i>	<i>22,426</i>	<i>19,732</i>	<i>5,701</i>	<i>2,461</i>	<i>3,193</i>	<i>245,034</i>
<i>Chronic PPH (excluding diabetes) separations per 1,000 population</i>	<i>9.0</i>	<i>9.5</i>	<i>10.7</i>	<i>8.9</i>	<i>9.5</i>	<i>8.9</i>	<i>6.9</i>	<i>18.4</i>	<i>9.6</i>
Total selected potentially preventable hospitalisations^(c)	181,350	141,760	133,986	62,160	48,621	12,789	6,735	9,999	600,266
Total PPH separations per 1,000 population	22.4	22.9	27.9	24.6	25.6	22.0	18.5	48.9	24.4
Proportion of all separations (%)	6.3	5.7	6.5	5.8	6.7	6.5	4.8	7.3	6.2

PPH—potentially preventable hospitalisation.

(a) These conditions are defined using ICD-10-AM codes in Appendix B tables accompanying this report online.

(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.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 4.23: Separations per 1,000 population for selected potentially preventable hospitalisations, by Indigenous status, remoteness area and socioeconomic status of area of usual residence, all hospitals, 2013–14

	Vaccine-preventable conditions	Acute conditions	Total chronic conditions ^(a)	Diabetes complications	Chronic conditions (excluding diabetes)	Total
Indigenous status^(b)						
Indigenous Australians	6.3	24.7	23.5	5.2	18.3	53.3
Other Australians	0.9	9.3	6.1	1.1	5.0	16.3
Remoteness area of usual residence						
Major cities	1.3	11.1	10.5	1.5	9.0	22.8
Inner regional	0.8	12.6	11.7	1.7	10.0	25.0
Outer regional	1.1	14.3	13.3	2.1	11.2	28.5
Remote	2.7	20.4	16.8	2.6	14.1	39.4
Very remote	7.2	28.1	23.9	4.2	19.7	57.8
Socioeconomic status of area of usual residence						
1—Lowest	2.0	14.3	14.5	2.2	12.3	30.6
2	1.2	12.8	12.3	1.9	10.4	26.1
3	1.2	11.7	11	1.6	9.4	23.8
4	1.1	10.9	9.8	1.4	8.4	21.8
5—Highest	0.8	10.0	7.8	1.1	6.7	18.5
Total	1.3	12.0	11.2	1.7	9.6	24.4

(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) Age standardised separation rates by Indigenous status are not comparable to separation rates by remoteness area and socioeconomic area due to differences in the age groups used.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

4.6 Performance indicator: Waiting for residential aged care

This section presents the number of hospital patient days (per 1,000 patient days) for overnight separations with a care type of *Maintenance* and any diagnosis for *Person awaiting admission to residential aged care service*.

The 'Number of hospital patient days used by those eligible and waiting for residential aged care' is an NHA performance indicator related to the outcome area of *Older Australians receive appropriate high quality and affordable health and aged services*. The indicator is specified under the NHA as a 'proxy' measure as it requires data development to ensure that the analysis is better suited to the intent of the indicator.

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.

Number of patient days used by those eligible and waiting for residential aged care in 2013–14

In 2013–14, about 9.5 patient days per 1,000 patient days were for patients waiting for a residential aged care place (Table 4.24). There were large variations in the rates between states and territories, across remoteness areas and SES groups. The highest rates of patient days were reported for persons residing in *Remote* areas, and those residing in the two lowest SES groups.

Table 4.24: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care^(a), all hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Indigenous status									
Indigenous	2.6	..	19.4	12.3	29.6	17.1	0.0	11.3	11.9
Other Australians	6.9	1.2	17.1	12.6	20.6	10.5	22.1	12.7	9.4
Remoteness area of residence									
Major cities	6.6	0.1	11.9	5.9	22.4	..	25.4	..	7.3
Inner regional	7.5	1.3	15.5	18.9	11.8	12.1	n.p.	..	8.6
Outer regional	7.0	15.3	35.9	41.4	19.3	8.4	..	11.6	21.8
Remote	7.6	11.6	21.8	66.6	10.4	..	..	12.8	30.4
Very remote	4.8	..	80.1	1.2	53.1	..	..	12.3	31.3
Socioeconomic status of area of residence									
1—Lowest	8.0	0.8	26.3	10.0	12.2	8.8	1.7	12.6	11.4
2	7.4	2.2	19.0	24.5	35.2	12.3	8.2	4.0	13.2
3	8.2	2.3	13.4	16.0	16.0	14.0	5.9	15.9	9.3
4	6.7	0.3	12.7	8.3	18.2	10.4	30.0	9.2	7.6
5—Highest	3.7	0.1	9.1	4.4	12.6	16.6	23.4	16.7	5.0
Total	6.8	1.2	17.2	12.6	20.8	10.7	21.7	11.9	9.5

(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*.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

Information about the specification used for this performance indicator is available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/559012>>.

More information on performance indicators is available in Appendix C.

Information on data limitations and methods is available in appendixes A and B.

5 What services were provided?

This chapter presents information on the overall nature of the services provided for admitted patients. The services provided can be described using a variety of classifications. The information in this chapter includes:

- the broad category of service – including the numbers of separations for Childbirth, Specialist mental health, Medical, Surgical or Other
- Australian Refined Diagnostic Related Groups (AR-DRGs) – including the numbers of separations by Major Diagnostic Category (MDC) and AR-DRGs
- intensive care – information is included on the numbers of hours that patients stayed in an intensive care unit (ICU) or were assisted by a breathing machine
- the intent of care – information for *Rehabilitation* and *Palliative* care includes who used these services, why they received care, who paid for the care and how care ended.

Information is also included for hospital-in-the-home care and how the admitted patient episode ended.

Chapter 6 provides more information on services provided, with a focus on surgery and other procedures performed.

Key findings

Broad categories of service

In 2013–14, about 57% of separations were for medical care, 25% were for surgical care and about 3% each were for childbirth and specialised mental health care. Public hospitals accounted for the majority of childbirth separations (73%), medical separations (73%) and emergency admissions (79%). Private hospitals accounted for 60% of surgical separations, 58% of specialised mental health separations and 53% of non-emergency admissions.

Intensive care

In 2013–14, about 2% of public hospital separations involved a stay in an intensive care unit. About 9.4 million hours of intensive care were reported for public hospitals.

Rehabilitation care

In 2013–14, 355,000 separations were reported for rehabilitation care, with 72% occurring in private hospitals. The most common reasons for rehabilitation were for osteoarthritis (arthrosis) of the knee and hip.

About 80% of separations for rehabilitation care were for people aged over 60. The majority of separations for rehabilitation care (82%) were reported for people usually resident in *Major cities*.

Palliative care

In 2013–14, there were about 39,000 separations for palliative care in public and private hospitals.

About 61% of palliative care separations had a principal diagnosis that was cancer-related.

5.1 Broad category of service

This section presents information by broad categories of service, over time and for 2013–14. It includes counts of separations, and for overnight care also includes counts of patient days and average length of stay.

The broad categories of service are:

- *Childbirth*: separations for which the AR-DRG was associated with childbirth (does not include newborn care).
- *Specialist mental health*: separations for which specialised psychiatric care days were reported, excluding separations for childbirth.
- *Surgical*: separations for which the AR-DRG belonged to the *Surgical* partition of the AR-DRG classification (involving an operating room procedure).
- *Medical*: separations for which the AR-DRG belonged to the *Medical* partition (not involving an operating room procedure).
- *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).

The information is also presented by the urgency of admission, as either *Emergency* or *Non-emergency*. See Appendix B for more information.

Changes over time

Between 2009–10 and 2013–14, *Emergency surgical* and *Emergency medical* separations in public hospitals increased by an average of 3.7% each year (Table 2.10).

For private hospitals, *Non-emergency medical* separations increased by an average of 5.2% each year.

How much activity in 2013–14?

In 2013–14, nationally more than 70% of separations in public hospitals were for *Medical* care (Table 5.2). There was some variation in the proportion of separations in public hospitals that were for *Medical* care among states and territories, ranging from 67% in Western Australia and Tasmania to 84% in the Northern Territory.

For private hospitals, overall 36% of separations were for *Surgical* care and 37% for *Medical* care. There was some variation in the proportion of separations in private hospitals that were for *Surgical* care among states and territories, ranging from 32% in Queensland to 38% in the South Australia.

There were about 276,000 separations for *Specialist mental health* care, the majority (58%) in private hospitals.

Same-day acute care

In 2013–14, nationally about 45% of same-day acute separations were for *Non-emergency medical* care (Table 5.3).

Public hospitals provided about 98% of *Emergency medical* same-day acute separations and 66% of *Non-emergency* medical separations.

Private hospitals provided about 89% of *Specialist mental health separations* and 69% of *Non-emergency surgical same-day acute separations*.

Overnight acute care

In 2013–14, nationally about 39% of overnight acute separations were for *Emergency medical care* (Table 5.4), and 91% of these occurred in public hospitals.

Public hospitals also provided about 73% of *Childbirth* overnight acute separations.

Private hospitals provided about 63% of *Non-emergency surgical* overnight acute separations.

Table 5.1: Separations by broad category of service, public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (per cent)	
						Average since 2009–10	Since 2012–13
Public hospitals							
Childbirth	211,134	213,454	218,903	223,814	225,323	1.6	0.7
Specialist mental health	96,793	101,173	109,410	113,706	115,142	4.4	1.3
Emergency							
Surgical	229,783	243,841	256,880	260,880	265,762	3.7	1.9
Medical	1,693,780	1,812,229	1,902,150	1,869,786	1,957,198	3.7	4.7
Other	55,189	57,451	59,964	63,431	68,399	5.5	7.8
<i>Total emergency</i>	<i>1,978,752</i>	<i>2,113,521</i>	<i>2,218,994</i>	<i>2,194,097</i>	<i>2,291,359</i>	<i>3.7</i>	<i>4.4</i>
Non-emergency							
Surgical	676,874	687,115	695,239	698,500	714,041	1.3	2.2
Medical	1,832,704	1,882,496	1,991,141	2,024,868	2,057,148	2.9	1.6
Other	273,031	281,373	277,805	275,211	311,857	3.4	13.3
<i>Total non-emergency</i>	<i>2,782,609</i>	<i>2,850,984</i>	<i>2,964,185</i>	<i>2,998,579</i>	<i>3,083,046</i>	<i>2.6</i>	<i>2.8</i>
<i>Total</i>	<i>5,069,288</i>	<i>5,279,132</i>	<i>5,511,492</i>	<i>5,530,196</i>	<i>5,714,870</i>	<i>3.0</i>	<i>3.3</i>
Private hospitals							
Childbirth	84,320	80,006	80,782	81,872	78,865	-1.7	-3.7
Specialist mental health	145,643	129,795	139,911	143,745	160,388	2.4	11.6
Emergency							
Surgical	33,131	36,617	38,678	39,432	39,178	4.3	-0.6
Medical	133,212	144,549	146,399	147,663	147,303	2.5	-0.2
Other	12,375	13,967	15,692	15,835	16,142	6.9	1.9
<i>Total emergency</i>	<i>178,718</i>	<i>195,133</i>	<i>200,769</i>	<i>202,930</i>	<i>202,623</i>	<i>3.2</i>	<i>-0.2</i>
Non-emergency							
Surgical	1,265,071	1,291,089	1,349,008	1,371,995	1,391,078	2.4	1.4
Medical	1,084,585	1,147,340	1,227,888	1,289,029	1,330,424	5.2	3.2
Other	703,378	729,760	746,139	753,759	824,056	4.0	9.3
<i>Total non-emergency</i>	<i>3,053,034</i>	<i>3,168,189</i>	<i>3,323,035</i>	<i>3,414,783</i>	<i>3,545,558</i>	<i>3.8</i>	<i>3.8</i>
<i>Total</i>	<i>3,461,715</i>	<i>3,573,123</i>	<i>3,744,497</i>	<i>3,843,330</i>	<i>3,987,434</i>	<i>3.6</i>	<i>3.7</i>
Total separations	8,531,003	8,852,255	9,255,989	9,373,526	9,702,304	3.3	3.5

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.2: Separations by broad category of service, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	73,018	56,936	44,252	23,281	15,517	4,072	4,996	3,251	225,323
Specialist mental health	41,708	24,111	24,335	11,953	7,687	2,982	1,375	991	115,142
Emergency									
Surgical	87,560	63,155	47,015	30,546	20,509	6,245	5,886	4,846	265,762
Medical	647,175	406,312	465,589	188,478	152,343	32,820	31,274	33,207	1,957,198
Other	24,176	15,078	12,151	7,721	5,109	1,744	1,357	1,063	68,399
Non-emergency									
Surgical	207,901	214,512	119,185	76,124	63,854	14,149	11,478	6,838	714,041
Medical	602,717	619,474	338,673	210,155	135,597	44,150	35,664	70,718	2,057,148
Other	87,266	110,188	35,873	47,626	15,162	7,871	4,938	2,933	311,857
<i>Total</i>	<i>1,771,521</i>	<i>1,509,766</i>	<i>1,087,073</i>	<i>595,884</i>	<i>415,778</i>	<i>114,033</i>	<i>96,968</i>	<i>123,847</i>	<i>5,714,870</i>
Private hospitals									
Childbirth	22,569	19,671	17,571	10,619	4,522	n.p.	n.p.	n.p.	78,865
Specialist mental health	56,880	35,339	48,603	10,111	2,092	n.p.	n.p.	n.p.	160,388
Emergency									
Surgical	3,756	10,629	11,379	5,239	7,285	n.p.	n.p.	n.p.	39,178
Medical	13,279	40,058	57,765	18,316	14,163	n.p.	n.p.	n.p.	147,303
Other	1,090	4,311	4,710	1,505	4,246	n.p.	n.p.	n.p.	16,142
Non-emergency									
Surgical	402,623	343,966	307,830	168,108	108,769	n.p.	n.p.	n.p.	1,391,078
Medical	366,152	284,977	349,792	177,292	113,898	n.p.	n.p.	n.p.	1,330,424
Other	233,462	239,961	186,407	83,325	54,861	n.p.	n.p.	n.p.	824,056
<i>Total</i>	<i>1,099,811</i>	<i>978,912</i>	<i>984,057</i>	<i>474,515</i>	<i>309,836</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,987,434</i>

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.3: Same-day acute separations by broad category of service, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	3,063	1,400	2,472	808	659	251	468	198	9,319
Specialist mental health	7,078	2,004	4,276	475	1,141	15	67	0	15,056
Emergency									
Surgical	8,205	6,006	2,938	2,422	1,474	615	461	140	22,261
Medical	154,709	131,069	185,802	46,487	37,585	7,290	10,537	10,203	583,682
Other	1,976	1,065	1,095	1,304	251	206	135	17	6,049
Non-emergency									
Surgical	102,360	115,851	55,212	40,966	35,708	7,801	5,390	4,190	367,478
Medical	433,861	507,036	256,477	179,151	98,970	36,456	29,753	66,276	1,607,980
Other	80,095	103,153	30,981	45,814	13,030	7,377	4,729	2,619	287,798
<i>Total</i>	<i>791,347</i>	<i>867,584</i>	<i>539,253</i>	<i>317,427</i>	<i>188,818</i>	<i>60,011</i>	<i>51,540</i>	<i>83,643</i>	<i>2,899,623</i>
Private hospitals									
Childbirth	23	23	34	18	9	n.p.	n.p.	n.p.	142
Specialist mental health	46,679	20,698	39,747	6,281	681	n.p.	n.p.	n.p.	120,293
Emergency									
Surgical	277	487	494	523	3,389	n.p.	n.p.	n.p.	5,280
Medical	599	3,069	3,586	1,757	1,615	n.p.	n.p.	n.p.	10,697
Other	177	240	355	149	3,085	n.p.	n.p.	n.p.	4,021
Non-emergency									
Surgical	236,626	202,584	181,815	94,779	62,764	n.p.	n.p.	n.p.	812,473
Medical	154,539	195,032	242,990	147,872	76,809	n.p.	n.p.	n.p.	832,827
Other	222,936	226,609	174,726	80,478	51,771	n.p.	n.p.	n.p.	781,117
<i>Total</i>	<i>661,856</i>	<i>648,742</i>	<i>643,747</i>	<i>331,857</i>	<i>200,123</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>2,566,850</i>

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.4: Overnight acute separations by broad category of service, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Childbirth	69,938	55,536	41,778	22,472	14,858	3,821	4,528	3,033	215,964
Specialist mental health	32,583	21,899	18,717	10,373	6,439	2,182	1,299	991	94,483
Emergency									
Surgical	79,281	57,118	44,060	28,114	19,026	5,629	5,425	4,703	243,356
Medical	487,939	273,532	277,702	139,979	113,623	25,163	20,708	22,969	1,361,615
Other	22,173	14,009	11,052	6,414	4,854	1,538	1,222	1,046	62,308
Non-emergency									
Surgical	105,287	97,576	63,814	35,054	28,091	6,342	6,085	2,629	344,878
Medical	106,054	73,799	42,771	19,920	21,977	6,111	2,915	3,604	277,151
Other	7,100	7,003	4,853	1,792	2,120	491	207	312	23,878
<i>Total</i>	<i>910,355</i>	<i>600,472</i>	<i>504,747</i>	<i>264,118</i>	<i>210,988</i>	<i>51,277</i>	<i>42,389</i>	<i>39,287</i>	<i>2,623,633</i>
Private hospitals									
Childbirth	22,546	19,648	17,537	10,601	4,513	n.p.	n.p.	n.p.	78,723
Specialist mental health	10,190	8,384	8,855	3,773	1,411	n.p.	n.p.	n.p.	33,768
Emergency									
Surgical	3,479	10,142	10,869	4,683	3,895	n.p.	n.p.	n.p.	33,844
Medical	12,620	36,955	53,638	15,465	12,402	n.p.	n.p.	n.p.	134,612
Other	913	4,071	4,348	1,347	1,161	n.p.	n.p.	n.p.	12,104
Non-emergency									
Surgical	165,970	141,367	125,980	73,224	45,968	n.p.	n.p.	n.p.	578,376
Medical	58,945	67,642	60,358	22,633	14,650	n.p.	n.p.	n.p.	235,309
Other	10,523	13,352	11,670	2,842	3,068	n.p.	n.p.	n.p.	42,894
<i>Total</i>	<i>285,186</i>	<i>301,561</i>	<i>293,255</i>	<i>134,568</i>	<i>87,068</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1,149,630</i>

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Patient days and length of stay

The lengths of stay for overnight acute separations varied by the broad category of service 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 *Surgical* and *Medical* care had longer lengths of stay in private hospitals than in public hospitals (Table 5.5).

Table 5.5: Patient days and average length of stay, for overnight acute separations, by broad category of service, public and private hospitals, 2013–14

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	651,060	3.0	363,547	4.6	1,014,607	3.4
Specialist mental health	1,524,233	16.1	650,859	19.3	2,175,092	17.0
Emergency						
Surgical	1,843,470	7.6	266,275	7.9	2,109,745	7.6
Medical	5,223,406	3.8	774,441	5.8	5,997,847	4.0
Other	397,511	6.4	68,085	5.6	465,596	6.3
<i>Total emergency</i>	<i>7,464,387</i>	<i>4.5</i>	<i>1,108,801</i>	<i>6.0</i>	<i>8,573,188</i>	<i>4.6</i>
Non-emergency						
Surgical	1,409,053	4.1	1,845,732	3.2	3,254,785	3.5
Medical	1,473,060	5.3	1,131,933	4.8	2,604,993	5.1
Other	85,398	3.6	109,540	2.6	194,938	2.9
<i>Total non-emergency</i>	<i>2,967,511</i>	<i>4.6</i>	<i>3,087,205</i>	<i>3.6</i>	<i>6,054,716</i>	<i>4.0</i>
Total	12,607,191	4.8	5,210,412	4.5	17,817,603	4.7

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about broad categories of service by state and territory is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

More information on urgency of admission is available in Chapter 4 ‘Why did people receive care?’.

Information on data limitations and methods is available in appendixes A and B.

5.2 Diagnosis related groups

This section presents information on the numbers of separations by Major Diagnostic Categories (MDCs) and Australian Refined Diagnostic Related Groups (AR-DRGs) for 2013–14. It includes counts of separations for MDCs by hospital sector for all acute care. It also includes counts of separations for MDCs by hospital sector and state or territory, and for the 20 most common AR-DRGs by hospital sector for same-day acute and overnight acute separations.

The AR-DRG is a classification system developed to provide a clinically meaningful way of relating the number and type of patients treated in a hospital to the resources required by the hospital. Separations are assigned to MDCs and AR-DRGs mostly based on the diagnoses and procedures reported (NCCC 2012b).

The AR-DRG classification is partly hierarchical, with 23 MDCs, divided into *Surgical*, *Medical* and *Other* partitions, and then into 771 individual AR-DRGs (AR-DRG version 7.0). Therefore the AR-DRG classification provides a more detailed picture of the care provided than MDCs.

The MDCs are mostly defined by body system or disease type, and correspond with particular medical specialties. See Appendix B for more information.

MDCs and AR-DRGs are presented for acute care separations only.

MDCs, 2013–14

This section presents counts for all acute separations for MDCs by hospital sector for 2013–14. The MDC *Diseases and disorders of the kidney and urinary tract* accounted for 24% of acute separations for public hospitals and *Diseases and disorders of the digestive system* was the most common MDC for private hospitals (16%). About 70% of acute separations for *Diseases and disorders of the eye* were from private hospitals.

In 2013–14, for public hospitals, *Medical DRGs* accounted for about 74% of acute separations, and *Surgical DRGs* accounted for about 19% (Table 5.6).

For private hospitals, *Medical DRGs* accounted for about 38% of acute separations, and *Surgical DRGs* accounted for about 39%.

Same-day acute care

MDCs

In 2013–14, the most common MDC reported for same-day acute separations was *Diseases and disorders of the kidney and urinary tract* which accounted for more than one-quarter (27%) of separations, with 79% of these occurring in public hospitals (tables 5.7 and 5.8).

About 75% of same-day acute separations for the MDC *Mental diseases and disorders* and 73% for *Diseases and disorders of the eye* were from private hospitals (tables 5.7 and 5.8).

AR-DRGs

In 2013–14, the 20 most common AR-DRGs accounted for just over two-thirds (68%) of same-day acute separations (Table 5.9).

Almost one-quarter of same-day acute separations were for *Haemodialysis*, with *Chemotherapy* the next most common AR-DRG. Public hospitals provided the majority (82%) of same-day separations for *Haemodialysis*.

Private hospitals provided more than 90% of separations for *Retinal procedures*.

Table 5.6: Separations by Major Diagnostic Category version 7.0 and medical/surgical/other partition, public and private hospitals, 2013–14

Major Diagnostic Category		Public hospitals	Private hospitals
PR	Pre-MDC (tracheostomies, transplants, ECMO)	12,216	3,915
01	Diseases and disorders of the nervous system	290,967	79,386
02	Diseases and disorders of the eye	108,378	255,965
03	Diseases and disorders of the ear, nose, mouth and throat	198,551	231,526
04	Diseases and disorders of the respiratory system	306,032	110,420
05	Diseases and disorders of the circulatory system	451,800	179,326
06	Diseases and disorders of the digestive system	560,372	611,775
07	Diseases and disorders of the hepatobiliary system and pancreas	104,102	36,517
08	Diseases and disorders of the musculoskeletal system and connective tissue	406,179	396,683
09	Diseases and disorders of the skin, subcutaneous tissue and breast	213,834	205,442
10	Endocrine, nutritional and metabolic diseases and disorders	81,165	53,295
11	Diseases and disorders of the kidney and urinary tract	1,298,101	355,046
12	Diseases and disorders of the male reproductive system	46,331	66,882
13	Diseases and disorders of the female reproductive system	120,942	175,671
14	Pregnancy, childbirth and puerperium	371,900	146,292
15	Newborns and other neonates	86,365	17,706
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	107,774	59,201
17	Neoplastic disorders (haematological and solid neoplasms)	185,305	285,247
18	Infectious and parasitic diseases	72,904	15,742
19	Mental diseases and disorders	138,230	138,228
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	39,108	37,403
21	Injuries, poisoning and toxic effects of drugs	166,954	26,279
22	Burns	8,232	265
23	Factors influencing health status and other contacts with health services	139,583	224,045
ED	Error DRGs	7,931	4,223
	<i>Surgical DRG</i>	1,050,765	1,466,778
	<i>Medical DRG</i>	4,088,052	1,402,739
	<i>Other DRG</i>	384,439	846,963
Total		5,523,256	3,716,480

DRG—diagnosis related group; ECMO—extracorporeal membranous oxygenation.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.7: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 7.0, public hospitals, state and territories, 2013–14

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO))	72	70	41	102	25	8	0	0	318
01	Diseases and disorders of the nervous system	28,654	36,552	29,300	10,524	8,262	2,941	1,961	936	119,130
02	Diseases and disorders of the eye	25,939	25,886	11,918	13,662	8,656	2,162	1,692	1,196	91,111
03	Diseases and disorders of the ear, nose, mouth and throat	22,616	26,599	23,158	8,553	7,748	1,655	1,478	1,436	93,243
04	Diseases and disorders of the respiratory system	14,518	14,445	15,254	3,852	3,159	1,356	707	762	54,053
05	Diseases and disorders of the circulatory system	40,278	39,809	37,205	12,988	12,095	2,444	3,751	1,273	149,843
06	Diseases and disorders of the digestive system	79,053	76,920	48,070	35,012	10,343	5,475	4,363	3,136	262,372
07	Diseases and disorders of the hepatobiliary system and pancreas	5,498	6,179	4,011	2,135	978	698	380	262	20,141
08	Diseases and disorders of the musculoskeletal system and connective tissue	40,371	38,561	32,188	14,461	10,785	3,269	3,659	1,699	144,993
09	Diseases and disorders of the skin, subcutaneous tissue and breast	24,694	27,828	22,939	9,211	10,437	2,630	1,088	1,324	100,151
10	Endocrine, nutritional and metabolic diseases and disorders	5,853	7,823	5,241	4,235	1,714	1,004	469	303	26,642
11	Diseases and disorders of the kidney and urinary tract	359,881	321,450	192,004	120,251	74,144	18,697	23,994	60,835	1,171,256
12	Diseases and disorders of the male reproductive system	6,530	7,600	4,709	4,237	2,259	581	406	295	26,617
13	Diseases and disorders of the female reproductive system	20,395	24,337	13,952	5,756	6,082	1,694	905	835	73,956
14	Pregnancy, childbirth and puerperium	25,773	18,658	27,644	5,879	8,407	1,250	1,263	3,941	92,815
15	Newborns and other neonates	3,640	789	1,065	317	203	22	67	57	6,160
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	16,482	30,225	9,199	9,818	4,819	2,325	1,115	719	74,702
17	Neoplastic disorders(haematological and solid neoplasms)	8,947	101,833	11,508	33,736	3,005	4,850	951	920	165,750
18	Infectious and parasitic diseases	3,461	3,413	4,444	1,140	743	246	155	218	13,820
19	Mental diseases and disorders	11,500	10,517	7,684	1,817	3,017	917	180	524	36,156
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	2,242	1,798	3,694	1,456	848	83	125	581	10,827
21	Injuries, poisoning and toxic effects of drugs	18,617	14,214	16,913	5,702	4,221	1,065	1,305	1,228	63,265
22	Burns	1,234	458	708	253	197	88	26	101	3,065
23	Factors influencing health status and other contacts with health services	24,218	31,240	16,267	12,165	6,581	4,539	1,487	1,036	97,533
ED	Error DRGs ^(a)	881	380	137	165	90	12	13	26	1,704
Total		791,347	867,584	539,253	317,427	188,818	60,011	51,540	83,643	2,899,623

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membranous oxygenation; MDC—Major Diagnostic Category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.8: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 7.0, private hospitals, state and territories, 2013–14

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO))	122	62	107	17	89	n.p.	n.p.	n.p.	404
01	Diseases and disorders of the nervous system	10,445	10,026	14,065	5,740	2,954	n.p.	n.p.	n.p.	44,327
02	Diseases and disorders of the eye	73,779	51,828	59,013	27,563	19,421	n.p.	n.p.	n.p.	246,097
03	Diseases and disorders of the ear, nose, mouth and throat	46,678	41,699	32,314	23,064	14,167	n.p.	n.p.	n.p.	163,696
04	Diseases and disorders of the respiratory system	1,937	2,483	3,097	1,097	1,067	n.p.	n.p.	n.p.	9,852
05	Diseases and disorders of the circulatory system	17,763	10,996	9,895	6,485	4,352	n.p.	n.p.	n.p.	52,464
06	Diseases and disorders of the digestive system	142,880	145,892	119,198	39,740	32,937	n.p.	n.p.	n.p.	494,492
07	Diseases and disorders of the hepatobiliary system and pancreas	1,322	1,616	1,774	393	593	n.p.	n.p.	n.p.	5,878
08	Diseases and disorders of the musculoskeletal system and connective tissue	45,175	39,867	33,080	21,507	17,323	n.p.	n.p.	n.p.	163,013
09	Diseases and disorders of the skin, subcutaneous tissue and breast	38,436	35,348	34,750	18,116	17,232	n.p.	n.p.	n.p.	147,923
10	Endocrine, nutritional and metabolic diseases and disorders	4,325	5,311	4,769	3,137	1,380	n.p.	n.p.	n.p.	19,414
11	Diseases and disorders of the kidney and urinary tract	55,001	56,422	75,172	88,749	27,377	n.p.	n.p.	n.p.	305,485
12	Diseases and disorders of the male reproductive system	12,804	10,204	8,323	6,581	3,480	n.p.	n.p.	n.p.	42,841
13	Diseases and disorders of the female reproductive system	33,157	42,764	27,906	13,631	8,163	n.p.	n.p.	n.p.	130,737
14	Pregnancy, childbirth and puerperium	10,963	18,283	15,218	8,779	860	n.p.	n.p.	n.p.	54,799
15	Newborns and other neonates	281	304	219	114	119	n.p.	n.p.	n.p.	1,057
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	8,224	11,992	20,511	2,936	3,787	n.p.	n.p.	n.p.	49,116
17	Neoplastic disorders(haematological and solid neoplasms)	46,521	73,844	87,169	35,260	25,309	n.p.	n.p.	n.p.	274,839
18	Infectious and parasitic diseases	239	404	789	76	2,373	n.p.	n.p.	n.p.	3,926
19	Mental diseases and disorders	42,740	16,297	38,133	3,824	875	n.p.	n.p.	n.p.	108,199
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	12,581	6,724	6,099	2,456	4	n.p.	n.p.	n.p.	28,733
21	Injuries, poisoning and toxic effects of drugs	1,959	2,528	1,928	1,279	1,467	n.p.	n.p.	n.p.	9,484
22	Burns	15	36	18	11	15	n.p.	n.p.	n.p.	102
23	Factors influencing health status and other contacts with health services	53,796	63,012	50,026	21,187	14,631	n.p.	n.p.	n.p.	207,982
ED	Error DRGs ^(a)	713	800	174	115	148	n.p.	n.p.	n.p.	1,990
Total		661,856	648,742	643,747	331,857	200,123	n.p.	n.p.	n.p.	2,566,850

AR-DRG—Australian Refined Diagnosis Related Group; ECMO—extracorporeal membranous oxygenation; MDC—Major Diagnostic Category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.9: Separations for the 20 most common AR-DRGs version 7.0 for same-day acute separations, public and private hospitals, 2013–14

AR-DRG		Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
L61Z	Haemodialysis	1,067,980	136,430	99,137	1,303,547
R63Z	Chemotherapy	137,238	69,386	185,416	392,040
G48C	Colonoscopy, same-day	65,932	80,901	124,306	271,139
C16Z	Lens procedures	64,831	86,207	66,851	217,889
G46C	Complex endoscopy, same-day	33,586	56,143	83,916	173,645
Z40Z	Other contacts with health services with endoscopy, same-day	42,120	39,199	77,580	158,899
G47C	Gastroscopy, same-day	39,018	51,086	63,572	153,676
U60Z	Mental health treatment without ECT, same-day	22,873	224	100,842	123,939
Z64B	Other factors influencing health status, same-day	41,102	18,105	62,587	121,794
D40Z	Dental extractions and restorations	22,083	29,550	69,638	121,271
J11Z	Other skin, subcutaneous tissue and breast procedures	36,046	23,466	37,048	96,560
Q61C	Red blood cell disorders, same-day	49,512	10,939	20,003	80,454
I18Z	Other knee procedures	14,295	3,970	53,269	71,534
N07B	Other uterus and adnexa procedures for non-malignancy, same-day	16,080	18,540	34,165	68,785
F74B	Chest pain, <2 days	61,668	719	3,372	65,759
O05Z	Abortion with OR procedures	20,334	36,540	8,709	65,583
L41Z	Cystourethroscopy for urinary disorder, same-day	29,228	3,876	30,472	63,576
C03Z	Retinal procedures	6,052	45,994	11,386	63,432
O66C	Antenatal and other obstetric admissions, same-day	55,301	40	7,212	62,553
I82Z	Other same-day treatment for musculoskeletal disorders	36,621	3,098	16,838	56,557
	Other	1,037,723	158,166	537,952	1,733,841
Total		2,899,623	872,579	1,694,271	5,466,473

ECT—electroconvulsive therapy; OR—operating room.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Overnight acute care

MDCs

In 2013–14, the most common MDC reported for overnight acute separations was *Diseases and disorders of the musculoskeletal system and connective tissue* which accounted for about 13% of separations (tables 5.10 and 5.11).

For the MDC *Injuries, poisoning and toxic effects of drugs*, around 86% of the overnight acute separations were from public hospitals (tables 5.10 and 5.11).

About 55% of overnight acute separations for the MDC *Diseases and disorders of the male reproductive system* and 49% for *Diseases and disorders of the female reproductive system* were from private hospitals (tables 5.10 and 5.11).

Table 5.10: Overnight acute separations by Major Diagnostic Category AR-DRG version 7.0, public hospitals, states and territories, 2013–14

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	3,935	3,098	2,288	1,064	951	223	203	136	11,898
01	Diseases and disorders of the nervous system	59,469	39,746	33,000	17,425	13,868	3,843	2,576	1,910	171,837
02	Diseases and disorders of the eye	6,234	3,938	2,879	2,140	1,272	168	344	292	17,267
03	Diseases and disorders of the ear, nose, mouth and throat	33,305	26,227	19,979	11,251	9,060	1,900	1,586	2,000	105,308
04	Diseases and disorders of the respiratory system	89,066	58,343	45,195	24,483	21,490	5,441	3,783	4,178	251,979
05	Diseases and disorders of the circulatory system	105,969	63,487	65,285	26,293	26,869	5,894	4,642	3,518	301,957
06	Diseases and disorders of the digestive system	104,548	68,831	56,905	29,284	23,900	6,192	4,872	3,468	298,000
07	Diseases and disorders of the hepatobiliary system and pancreas	28,413	21,128	15,608	8,226	6,017	1,800	1,564	1,205	83,961
08	Diseases and disorders of the musculoskeletal system and connective tissue	89,260	61,294	48,320	29,015	19,775	5,361	4,533	3,628	261,186
09	Diseases and disorders of the skin, subcutaneous tissue and breast	38,015	23,349	24,408	12,552	8,585	1,872	1,548	3,354	113,683
10	Endocrine, nutritional and metabolic diseases and disorders	17,751	13,053	10,723	5,517	4,745	1,039	741	954	54,523
11	Diseases and disorders of the kidney and urinary tract	41,617	29,408	25,333	12,123	12,004	2,082	2,217	2,061	126,845
12	Diseases and disorders of the male reproductive system	6,344	4,802	3,863	2,137	1,595	346	375	252	19,714
13	Diseases and disorders of the female reproductive system	14,454	12,446	9,261	4,700	3,769	1,014	706	636	46,986
14	Pregnancy, childbirth and puerperium	91,582	67,699	55,280	29,931	19,146	4,980	5,715	4,752	279,085
15	Newborns and other neonates	36,652	15,410	12,419	6,943	4,793	1,587	1,412	989	80,205
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	11,873	7,940	5,648	3,050	3,107	578	453	423	33,072
17	Neoplastic disorders(haematological and solid neoplasms)	6,266	5,797	3,121	1,772	1,738	459	293	109	19,555
18	Infectious and parasitic diseases	21,697	13,687	11,085	5,995	3,671	1,045	909	995	59,084
19	Mental diseases and disorders	34,505	23,102	18,595	11,810	9,866	2,035	1,170	991	102,074
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	11,633	3,780	5,457	3,659	1,980	554	704	514	28,281
21	Injuries, poisoning and toxic effects of drugs	37,625	20,611	20,766	11,223	7,860	1,912	1,708	1,984	103,689
22	Burns	1,302	930	1,030	851	664	117	30	243	5,167
23	Factors influencing health status and other contacts with health services	15,358	11,236	7,637	2,295	3,903	769	233	619	42,050
ED	Error DRGs ^(a)	3,482	1,130	662	379	360	66	72	76	6,227
Total		910,355	600,472	504,747	264,118	210,988	51,277	42,389	39,287	2,623,633

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.11: Overnight acute separations by Major Diagnostic Category AR-DRG version 7.0, private hospitals, states and territories, 2013–14

Major Diagnostic Category		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	819	864	1,095	379	289	n.p.	n.p.	n.p.	3,511
01	Diseases and disorders of the nervous system	7,894	10,089	10,302	3,565	2,229	n.p.	n.p.	n.p.	35,059
02	Diseases and disorders of the eye	2,940	1,729	1,493	2,385	952	n.p.	n.p.	n.p.	9,868
03	Diseases and disorders of the ear, nose, mouth and throat	21,072	14,670	14,724	7,714	6,196	n.p.	n.p.	n.p.	67,830
04	Diseases and disorders of the respiratory system	19,943	27,736	30,207	12,084	7,178	n.p.	n.p.	n.p.	100,568
05	Diseases and disorders of the circulatory system	28,008	37,053	36,528	11,998	9,681	n.p.	n.p.	n.p.	126,862
06	Diseases and disorders of the digestive system	24,660	32,235	33,651	12,033	9,084	n.p.	n.p.	n.p.	117,283
07	Diseases and disorders of the hepatobiliary system and pancreas	7,569	8,235	7,917	3,157	2,328	n.p.	n.p.	n.p.	30,639
08	Diseases and disorders of the musculoskeletal system and connective tissue	58,648	59,716	53,468	31,326	20,554	n.p.	n.p.	n.p.	233,670
09	Diseases and disorders of the skin, subcutaneous tissue and breast	14,127	15,988	14,504	6,236	4,282	n.p.	n.p.	n.p.	57,519
10	Endocrine, nutritional and metabolic diseases and disorders	9,298	7,430	8,127	5,262	2,438	n.p.	n.p.	n.p.	33,881
11	Diseases and disorders of the kidney and urinary tract	11,193	14,436	12,673	4,907	4,017	n.p.	n.p.	n.p.	49,561
12	Diseases and disorders of the male reproductive system	7,027	5,984	5,639	2,515	1,727	n.p.	n.p.	n.p.	24,041
13	Diseases and disorders of the female reproductive system	12,805	10,502	10,591	5,150	3,814	n.p.	n.p.	n.p.	44,934
14	Pregnancy, childbirth and puerperium	26,155	22,337	20,778	12,098	5,097	n.p.	n.p.	n.p.	91,493
15	Newborns and other neonates	6,991	3,555	2,800	2,028	735	n.p.	n.p.	n.p.	16,649
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	1,663	3,225	2,788	1,107	958	n.p.	n.p.	n.p.	10,085
17	Neoplastic disorders(haematological and solid neoplasms)	1,438	3,283	3,127	1,488	787	n.p.	n.p.	n.p.	10,408
18	Infectious and parasitic diseases	2,087	3,197	4,150	1,192	712	n.p.	n.p.	n.p.	11,816
19	Mental diseases and disorders	9,463	6,919	7,996	3,132	1,309	n.p.	n.p.	n.p.	30,029
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	3,026	2,144	2,185	828	268	n.p.	n.p.	n.p.	8,670
21	Injuries, poisoning and toxic effects of drugs	3,002	4,517	4,745	2,620	1,137	n.p.	n.p.	n.p.	16,795
22	Burns	27	43	47	21	16	n.p.	n.p.	n.p.	163
23	Factors influencing health status and other contacts with health services	4,852	4,887	3,171	1,139	1,116	n.p.	n.p.	n.p.	16,063
ED	Error DRGs ^(a)	479	787	549	204	164	n.p.	n.p.	n.p.	2,233
Total		285,186	301,561	293,255	134,568	87,068	n.p.	n.p.	n.p.	1,149,630

DRG—Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(a) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

AR-DRGs

In 2013–14, the two most common AR-DRGs for overnight acute separations were both childbirth-related, followed by *Sleep apnoea* (Table 5.12).

Public hospitals provided the majority of overnight separations for *Vaginal delivery, single uncomplicated* (79%) and *Chest pain* (89%).

Private hospitals provided almost 90% of overnight separations for *Sleep apnoea* and 83% of overnight separations for *Other shoulder procedures*.

Table 5.12: Separations for the 20 most common AR-DRGs version 7.0 for overnight acute separations, public and private hospitals, 2013–14

AR-DRG		Public hospitals	Private hospitals	Total
O60C	Vaginal delivery, single uncomplicated	112,258	29,183	141,441
O01C	Caesarean delivery without catastrophic or severe CC	46,570	28,871	75,441
E63Z	Sleep apnoea	5,937	51,434	57,371
G70B	Other digestive system disorders without catastrophic or severe CC	42,220	8,576	50,796
J64B	Cellulitis without catastrophic or severe CC	43,595	5,933	49,528
G10B	Hernia procedures without CC	19,267	27,619	46,886
F74B	Chest pain, <2 days	40,153	4,893	45,046
E65B	Chronic obstructive airways disease without catastrophic CC	36,277	6,344	42,621
G66A	Abdominal pain and mesenteric adenitis	36,474	5,206	41,680
I16Z	Other shoulder procedures	6,776	32,943	39,719
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	21,103	17,021	38,124
P68D	Neonate, admission weight $\geq 2500\text{g}$ without significant OR procedure ≥ 37 completed weeks gestation without problem	30,170	6,925	37,095
O66B	Antenatal and other obstetric admissions without catastrophic or severe CC	29,923	6,885	36,808
G67B	Oesophagitis and gastroenteritis without catastrophic or severe CC	30,718	4,497	35,215
I04B	Knee replacement without catastrophic or severe CC	10,778	24,281	35,059
D11Z	Tonsillectomy and/or adenoidectomy	14,576	20,341	34,917
L63B	Kidney and urinary tract infections without catastrophic or severe CC	29,157	5,651	34,808
O60B	Vaginal delivery without catastrophic or severe CC	23,548	10,738	34,286
F42B	Circulatory disorders, not admitted for AMI with invasive cardiac investigation without catastrophic or severe CC	12,141	21,998	34,139
F76B	Arrhythmia, cardiac arrest and conduction disorders without CSCC	24,739	7,661	32,400
	Other	2,007,253	822,630	2,829,883
Total		2,623,633	1,149,630	3,773,263

AMI—acute myocardial infarction; CC—complications and comorbidities; CDE—common duct exploration; CSCC—catastrophic or severe complications or comorbidities; OR—operating room.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about diagnosis related groups is in data cubes and tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Information on data limitations and methods is available in appendixes A and B.

5.3 Intensive care

This section presents information on the numbers of hours that patients stayed in an intensive care unit and the number of hours of continuous ventilatory support (CVS) received.

Data for hours in intensive care unit are required to be reported by public hospitals that have either an approved level 3 adult ICU or an approved paediatric ICU. Information on ICU hours was also provided for private hospitals in Victoria, Queensland, Western Australia and South Australia.

A level 3 adult ICU must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for patients in need of intensive care services and have extensive backup laboratory and clinical service facilities to support the tertiary referral role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period; or care of a similar nature.

A paediatric ICU must be capable of providing complex, multisystem life support for an indefinite period; be a tertiary referral centre for children needing intensive care; and have extensive backup laboratory and clinical service facilities to support this tertiary role. It must be capable of providing mechanical ventilation, extracorporeal renal support services and invasive cardiovascular monitoring for an indefinite period to infants and children less than 16 years of age; or care of a similar nature.

If a patient's episode involves more than one period in an ICU, then the total number of hours in ICU are summed for reporting.

Continuous ventilatory support (CVS, also known as invasive ventilatory support or mechanical ventilation) refers to the use of a machine to assist breathing.

If a patient undergoes CVS on more than one occasion during their admitted patient episode, then the CVS hours are summed for reporting. For example, if a patient is on continuous ventilatory support on the first day of their admission, then again on the fourth day of their admission, the two periods of ventilation are added together for reporting.

Periods of ventilatory support that are associated with anaesthesia during surgery, and which are considered an integral part of the surgical procedure are not included.

Information on CVS hours was not available for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory.

CVS is usually, but not always, provided within an intensive care unit. Some stays in intensive care units do not involve ventilatory support.

How many stays in ICU involve CVS?

In 2013–14, about 127,000 separations reported a stay in ICU and about 48,000 separations reported periods of ventilatory support.

For 2013–14, overall, about 30% of separations (almost 38,000) that reported hours in an ICU also reported hours of CVS (Table 5.13), about 33% for public hospitals and about 18% for private hospitals. About 80% of separations that reported hours of CVS also reported a stay in an ICU.

Table 5.13: Numbers of separations reporting a stay in ICU or involving CVS, public and private hospitals, 2013–14

	Separations that involved a stay in ICU	Separations that did not involve a stay in ICU	ICU hours not reported	Total
Public hospitals				
Separations that involved CVS	32,778	6,002	0	38,780
Separations that did not involve CVS	65,814	5,610,276	0	5,676,090
CVS hours not reported	0	0	0	0
<i>Total public hospitals</i>	<i>98,592</i>	<i>5,616,278</i>	<i>0</i>	<i>5,714,870</i>
Private hospitals				
Separations that involved CVS	5,104	625	3,100	8,829
Separations that did not involve CVS	23,100	2,718,491	1,096,711	3,838,302
CVS hours not reported	0	0	140,303	140,303
<i>Total private hospitals</i>	<i>28,204</i>	<i>2,719,116</i>	<i>1,240,114</i>	<i>3,987,434</i>
All hospitals				
Separations that involved CVS	37,882	6,627	3,100	47,609
Separations that did not involve CVS	88,914	8,328,767	1,096,711	9,514,392
CVS hours not reported	0	0	140,303	140,303
Total	126,796	8,335,394	1,240,114	9,702,304

Note: See Boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Hours in intensive care, 2013–14

In 2013–14, about 10.9 million hours in ICU were reported for about 127,000 separations (Table 5.14).

Over 9.4 million hours (392,000 patient days) were spent in an intensive care unit for about 98,600 separations in public hospitals. In public hospitals, 1.7% of separations involved a stay in an ICU and the average stay was 95 hours per separation (just under 4 days).

For private hospitals in Victoria, Queensland, Western Australia and South Australia, about 1.5 million hours (62,500 patient days) were spent in an intensive care unit for about 28,000 separations. For private hospitals in Victoria, Queensland, Western Australia and South Australia, 0.7% of separations involved a stay in an ICU and the average stay in ICU was 53 hours per separation (under 3 days).

Hours of continuous ventilatory support, 2013–14

In 2013–14, about 4.1 million hours of CVS were reported for more than 47,600 separations (Table 5.15).

Over 3.6 million hours (152,000 patient days) of continuous ventilatory support was provided for about 38,800 separations in public hospitals. In public hospitals, about 1 in 15 separations (6.8%) involved CVS and the average duration of CVS was 94 hours per separation (just under 4 days).

For private hospitals in New South Wales, Victoria, Queensland, Western Australia and South Australia, about 461,000 hours (19,200 patient days) of continuous ventilatory support was provided for about 8,800 separations. For private hospitals in New South Wales, Victoria, Queensland, Western Australia and South Australia, about 1 in 45 separations (2.2%) in private hospitals involved CVS and the average duration of CVS was 52 hours per separation (more than 2 days).

Table 5.14: Separations involving a stay in intensive care unit, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Number of hospitals reporting separations involving a stay in ICU	41	27	12	9	9	2	2	2	104
Separations involving a stay in ICU	31,444	30,146	12,593	8,353	8,857	2,892	2,868	1,439	98,592
Hours in ICU	2,636,833	3,139,000	1,124,164	962,906	823,208	300,723	288,894	141,319	9,417,047
Average duration of stay in ICU (hours) ^(a)	83.9	104.1	89.3	115.3	92.9	104.0	100.7	98.2	95.5
Separations that involved a stay in ICU per 1,000 separations	17.8	20.0	11.6	14.0	21.3	25.4	29.6	11.6	17.3
Private hospitals									
Separations involving a stay in ICU	n.a.	12,872	6,212	4,821	4,299	n.a.	n.a.	n.a.	28,204
Hours in ICU	n.a.	691,783	337,044	206,847	265,502	n.a.	n.a.	n.a.	1,501,176
Average duration of stay in ICU (hours) ^(a)	n.a.	53.7	54.3	42.9	61.8	n.a.	n.a.	n.a.	53.2
Separations that involved a stay in ICU per 1,000 separations ^(b)	n.a.	13.2	6.3	10.2	13.9	n.a.	n.a.	n.a.	7.1

ICU—intensive care unit; n.a.—not available.

(a) For separations involving a stay in ICU.

(b) For private hospitals, the total number of separations that involved a stay in ICU per 1,000 separations excludes separations for New South Wales, Tasmania, the Australian Capital Territory and the Northern Territory.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations

Table 5.15: Separations involving continuous ventilatory support, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Number of hospitals reporting separations involving CVS	85	27	66	30	35	6	1	5	255
Separations involving CVS	11,124	11,962	6,658	3,269	3,581	1,074	756	356	38,780
Hours of CVS	1,217,888	930,880	686,184	349,115	308,755	83,689	37,580	38,978	3,653,069
Average duration of CVS ^(a)	109.5	77.8	103.1	106.8	86.2	77.9	49.7	109.5	94.2
Separations that involved CVS per 1,000 separations	6.3	7.9	6.1	5.5	8.6	9.4	7.8	2.9	6.8
Private hospitals^(b)									
Separations involving CVS	3,100	3,203	1,232	239	1,055	n.a.	n.a.	n.a.	8,829
Hours of CVS	127,745	106,256	138,936	26,836	61,390	n.a.	n.a.	n.a.	461,163
Average duration of CVS ^(a)	41.2	33.2	112.8	112.3	58.2	n.a.	n.a.	n.a.	52.2
Separations that involved CVS per 1,000 separations	2.8	3.3	1.3	0.5	3.4	n.a.	n.a.	n.a.	2.2

CVS—continuous ventilatory support; n.a.—not available.

(a) For separations involving CVS.

(b) For private hospitals, the total number of separations that involved a CVS per 1,000 separations excludes separations for Tasmania, the Australian Capital Territory and the Northern Territory.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations

5.4 Rehabilitation care

This section presents an overview of rehabilitation care provided for admitted patients in both public and private hospitals in Australia. It includes counts of separations over time and, for 2013–14, includes information about who used these services, why they received care, who paid for the care and how the episode ended.

Rehabilitation care is care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Changes over time

Between 2009–10 and 2013–14, *Rehabilitation care* consistently accounted for the about three-quarters of subacute and non-acute separations (Table 4.5).

Over the five-year period, *Rehabilitation care* increased by an average of 10.9% per year in private hospitals and by 4.6% per year in public hospitals.

From 1 July 2013, care types have been reported using revised definitions, with the aim to improve consistency in reporting for the subacute and non-acute care types. Therefore, changes in the care type definitions should be considered when interpreting changes over time.

Between 2012–13 and 2013–14, public hospital reporting for *Rehabilitation care* decreased by 38% in Western Australia, by 11% in Queensland and by 36% in the Australian Capital Territory (AIHW 2014a). Public hospital reporting for *Rehabilitation care* increased by 10% in New South Wales between 2012–13 and 2013–14. For private hospitals, reporting for *Rehabilitation care* increased between 2012–13 and 2013–14.

How much activity in 2013–14?

In 2013–14, there were almost 355,000 separations for *Rehabilitation care*. The majority (72%) of *Rehabilitation care* separations occurred in private hospitals. It accounted for just over half of subacute and non-acute separations for public hospitals and over 94% for private hospitals.

There was some variation among states and territories in the proportion of admitted patient care that was *Rehabilitation care*, ranging from 1% of all separations in Western Australia to 7% of separations in New South Wales (Table 4.6).

Who used these services?

This section presents information by the patient's sex, age group, Indigenous status and for the remoteness and socioeconomic status of the patient's area of usual residence.

Age group and sex

Females accounted for more than half (56%) of all *Rehabilitation care* separations (Table 5.16) and there were more separations for females than for males in the age groups 50 years and above. People aged 60 and over accounted for around 80% of all *Rehabilitation care* separations.

Table 5.16: Separations for Rehabilitation care, by age group and sex, all hospitals, 2013–14

Age group	Male	Female	Total ^(a)
0–4	64	94	158
5–9	176	82	258
10–14	236	280	516
15–19	923	872	1,795
20–24	1,511	1,021	2,532
25–29	1,713	1,116	2,829
30–34	2,000	1,724	3,724
35–39	2,739	2,617	5,356
40–44	3,823	3,647	7,470
45–49	4,282	4,862	9,144
50–54	7,200	9,025	16,225
55–59	10,862	12,783	23,645
60–64	16,458	20,723	37,181
65–69	22,925	26,822	49,747
70–74	20,792	27,293	48,085
75–79	21,411	26,376	47,787
80–84	17,676	26,927	44,603
85+	20,324	33,253	53,577
Total	155,115	199,517	354,658

(a) The total includes 26 records for which age group and sex were not reported.

Note: See boxes 1.1, 1.2 and appendices A and B for notes on definitions and data limitations.

Aboriginal and Torres Strait Islanders

In 2013–14, Indigenous Australians had lower separation rates for *Rehabilitation care* than other Australians (6 per 1,000 and 14 per 1,000, respectively) (Table 5.17). *Rehabilitation care* also accounted for a smaller proportion of all separations for Indigenous Australians compared with other Australians (0.5% and 3.8%, respectively).

Table 5.17: Separations for Rehabilitation care, by Indigenous status, all hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)	Per 1,000 population
Indigenous Australians										
Separations	719	124	780	251	114	31	7	121	2,232	6.1
Proportion of all hospital separations (%)	0.9	0.6	0.8	0.3	0.5	0.8	0.3	0.1	0.5	
Other Australians										
Separations	190,769	37,060	66,613	11,437	32,444	864	1,650	127	352,426	13.6
Proportion of all hospital separations (%)	6.8	1.5	3.4	1.2	4.6	0.8	1.7	0.3	3.8	
Total	191,488	37,184	67,393	11,688	32,558	895	1,657	248	354,658	13.6

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the *Total* column.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Remoteness

Overall, people usually resident in *Major cities* had much higher rates for *Rehabilitation care* than people usually resident in other remoteness areas (17 separations per 1,000 population, compared with 14 per 1,000 nationwide) (Table 5.18).

The separation rate ratios (SRRs) also 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 *Remote* areas to 4.2 per 1,000 for people residing in *Major cities*. There were more marked variations for private hospitals, with the rate of *Rehabilitation care* ranging from 1.8 per 1,000 for people residing in *Very Remote* areas to 12.3 per 1,000 for people residing in *Major cities*.

Table 5.18: Separation statistics for Rehabilitation care, by remoteness area of usual residence, public and private hospitals, 2013–14

	Remoteness area of usual residence					Total ^(a)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Public hospitals						
Separations	74,180	16,608	6,715	721	375	99,091
Separations per 1,000 population	4.2	3.1	2.8	2.4	2.5	3.8
Separation rate ratio	1.1	0.8	0.7	0.6	0.7	
Private hospitals						
Separations	217,297	32,060	5,054	406	198	255,567
Separations per 1,000 population	12.3	5.8	2.1	1.9	1.8	9.8
Separation rate ratio	1.3	0.6	0.2	0.2	0.2	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Socioeconomic status

Separation rates for *Rehabilitation care* varied from 22 per 1,000 population for patients living in areas classified as being the highest SES group (least disadvantaged) to 10 per 1,000 for the lowest SES group (most disadvantaged) (Table 5.19).

For public hospitals, the rate of *Rehabilitation care* was broadly similar across all SES groups.

The SRRs indicate notable differences in the separation rates for *Rehabilitation care* across SES groups for private hospitals. For private hospitals, the rate varied from 6 per 1,000 population for people living in areas classified as the lowest SES group to 19 per 1,000 for people living in areas classified as the highest SES group.

Table 5.19: Separation statistics for Rehabilitation care, by socioeconomic status of area of residence, public and private hospitals, 2013–14

	Socioeconomic status of area of residence					Total ^(a)
	1—Lowest	2	3	4	5—Highest	
Public hospitals						
Separations	20,537	22,152	19,518	19,178	17,205	99,091
Separations per 1,000 population	3.8	4.0	3.8	4.1	3.6	3.8
Separation rate ratio	1.0	1.0	1.0	1.1	0.9	
Private hospitals						
Separations	33,323	38,563	42,861	49,217	91,045	255,567
Separations per 1,000 population	6.0	6.9	8.2	10.4	18.8	9.8
Separation rate ratio	0.6	0.7	0.8	1.1	1.9	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in various ways including the mode of admission, the urgency of admission and the diagnoses reported.

Mode of admission

Almost two-thirds of *Rehabilitation care* separations were a *New admission to hospital*, which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 5.20).

Statistical admission: care type change was the second most common admission mode for *Rehabilitation care* separations in public hospitals, accounting for 33% of *Rehabilitation care* separations. 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 a higher proportion (31%) of *Admitted patient transferred from another hospital* than private hospitals (16%).

Table 5.20: Separations for Rehabilitation care, by mode of admission, public and private hospitals, 2013–14

Admission mode	Public hospitals	Private hospitals	Total
New admission to hospital ^(a)	35,701	195,902	231,603
Admitted patient transferred from another hospital	30,556	41,277	71,833
Statistical admission: care type change	32,789	18,316	51,105
Not reported	45	72	117
Total	99,091	255,567	354,658

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How urgent was the care?

In 2013–14, 75% of separations for *Rehabilitation care* 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 88% of *Rehabilitation care* separations in private hospitals and 42% in public hospitals. About 24% of *Rehabilitation care* separations had a *Not assigned* urgency of admission (Table 5.21).

Table 5.21: Separations for Rehabilitation care, by urgency of admission, public and private hospitals, 2013–14

Urgency of admission	Public hospitals	Private hospitals	Total ^(a)
Emergency	3,489	431	3,920
Elective	41,968	225,118	267,086
Not assigned	53,634	30,018	83,652
Total^(a)	99,091	255,567	354,658

(a) The totals include separations for which the urgency of admission was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Diagnoses

Care involving use of rehabilitation procedures is required to be reported as the principal diagnosis for *Rehabilitation care*.

For *Rehabilitation care*, 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 or injuries (Table 5.22). Over one-half of rehabilitation separations in private hospitals and over one-quarter of rehabilitation separations in public hospitals reported one of these 10 first additional diagnoses.

Table 5.22: Separations for the 10 most common first additional diagnoses in 3-character ICD-10-AM groupings for Rehabilitation care separations, public and private hospitals, 2013–14

First additional diagnosis		Public hospitals	Private hospitals	Total
M17	Gonarthrosis [arthritis of knee]	3,389	59,342	62,731
M16	Coxarthrosis [arthritis of hip]	1,952	23,119	25,071
S72	Fracture of femur	7,385	8,335	15,720
Z96	Presence of other functional implants	2,700	9,916	12,616
I63	Cerebral infarction	6,390	4,926	11,316
M54	Dorsalgia	1,216	9,364	10,580
M25	Other joint disorders, not elsewhere classified	550	7,996	8,546
S32	Fracture of lumbar spine and pelvis	2,440	4,203	6,643
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	796	5,297	6,093
M48	Other spondylopathies	730	5,275	6,005
Other		71,543	117,794	189,337
Total		99,091	255,567	354,658

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Procedures

In 2013–14, allied health interventions (which lie within the ACHI chapter *Non-invasive, cognitive and other interventions, not elsewhere classified*) were the most frequently reported procedures for *Rehabilitation care* separations (Table 5.23). The 10 most common procedures reported accounted for 90% of procedures reported. They included physiotherapy, occupational therapy and social work. Some procedures were predominantly performed in private hospitals, such as hydrotherapy and exercise therapy.

Table 5.23: The 10 most common ACHI procedures for Rehabilitation care, public and private hospitals, 2013–14

Procedure code		Public hospitals	Private hospitals	Total
95550–03	Allied health intervention, physiotherapy	79,600	230,250	309,850
95550–02	Allied health intervention, occupational therapy	59,472	117,963	177,435
96153–00	Hydrotherapy	6,731	88,358	95,089
95550–01	Allied health intervention, social work	40,108	19,416	59,524
96129–00	Exercise therapy, total body	1,951	55,596	57,547
95550–00	Allied health intervention, dietetics	27,868	15,465	43,333
95550–05	Allied health intervention, speech pathology	19,543	12,398	31,941
95550–11	Allied health intervention, other	5,488	22,006	27,494
95550–09	Allied health intervention, pharmacy	13,911	5,087	18,998
95550–10	Allied health intervention, psychology	6,967	5,669	12,636
Other		32,206	64,747	96,953
No procedure or not reported		13,167	562	13,729
Total procedures		293,845	636,955	930,800

ACHI—Australian Classification of Health Interventions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Length of stay

In 2013–14, the average length of stay for *Rehabilitation* episodes was 16.2 days in public hospitals, and 4.4 days in private hospitals. In part, this reflects a high proportion of same-day rehabilitation separations in private hospitals, as well as a number of very long stays for rehabilitation separations in public hospitals (tables 4.6 and 4.7).

Who paid for the care?

About 69% of *Rehabilitation care* separations from public hospitals were for *Public patients*, and *Private health insurance* funded 85% of *Rehabilitation care* separations from private hospitals (Table 5.24). The *Department of Veterans' Affairs* funded 4% of *Rehabilitation care* separations in public hospitals and 9% in private hospitals. See Chapter 7 'Costliness and funding' for similar information for all separations.

Table 5.24: Separations for Rehabilitation care, by principal source of funds, public and private hospitals, 2013–14

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients ^(a)	68,075	1,237	69,312
Private health insurance	22,549	217,250	239,799
Self-funded	368	4,464	4,832
Workers compensation	540	6,391	6,931
Motor vehicle third party personal claim	1,521	1,242	2,763
Department of Veterans Affairs	3,613	24,141	27,754
Other ^(b)	2,425	842	3,267
Total	99,091	255,567	354,658

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(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*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How was the care completed?

In 2013–14, the most common mode of separation for *Rehabilitation care* separations was *Discharged home* (87%) (Table 5.25).

About 9% of *Rehabilitation care* separations in public hospitals and 1% in private hospitals, ended with a *Discharge/transfer to an (other) acute hospital*, indicating that the patient's care continued at another hospital. A further 8% of *Rehabilitation care* separations in public hospitals ended with a *Statistical discharge: type change* (indicating that the patient remained in hospital but the intent of care had changed, for example to acute care).

Table 5.25: Separations for Rehabilitation care, by mode of separation, public and private hospitals, 2013–14

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home ^(a)	76,040	232,110	308,150
Discharge/transfer to an (other) acute hospital	9,044	3,248	12,292
Discharge/transfer to residential aged care service ^(b)	3,077	1,141	4,218
Discharge/transfer to an (other) psychiatric hospital	38	9	47
Discharge/transfer to other health-care accommodation	1,128	16,028	17,156
Statistical discharge type change	7,974	2,656	10,630
Left against medical advice	845	186	1,031
Statistical discharge from leave	536	49	585
Died	375	140	515
Total^(c)	99,091	255,567	354,658

(a) The separation mode *Discharged home* includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

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

(c) *Total* includes records where the mode of separation was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about Rehabilitation care is in Chapter 4 'Why did people receive care'. Information on data limitations and methods is available in appendixes A and B.

5.5 Palliative care

This section presents an overview of palliative care provided for admitted patients in both public and private hospitals in Australia. It includes information for 2013–14 covering who used these services, why they received care, who paid for the care and how the episode ended.

Palliative care is care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary assessment and management plan, which is documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Changes over time

Between 2009–10 and 2013–14, *Palliative care* increased by an average of 6.2% per year for private hospitals and by 5.2% per year for public hospitals (see Table 4.5 in 'Why did people receive care?'). *Palliative care* accounted for less than 0.5% of all hospital separations over the five-year period.

From 1 July 2013, care types have been reported using revised definitions, with the aim to improve consistency in reporting for the subacute and non-acute care types. Therefore, changes in the care type definitions should be considered when interpreting changes over time.

Between 2012–13 and 2013–14, public hospital reporting for *Palliative care* decreased for New South Wales, Queensland and the Australian Capital Territory; it increased in South Australia (AIHW 2014a).

How much activity in 2013–14?

In 2013–14, there were almost 39,000 separations with a care type of *Palliative care*, and these 39,000 separations are the focus of this section, and presented in tables 5.27 to 5.35.

However, there were more than 62,000 separations identified as providing some form of palliative care regardless of the care type specified (Table 5.26). These separations are identified by either the assignment of the ICD-10-AM code Z51.5 *Palliative care as any* (principal or 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 a diagnosis code of Z51.5, is unknown.

Table 5.26: Palliative care separations as identified by care type and/or any (principal or additional) diagnosis of Z51.5, all hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)
Care type	12,538	8,082	10,400	4,147	2,190	569	550	327	38,977
Diagnosis	16,922	20,496	10,400	4,147	4,899	1,810	772	642	60,700
Care type and/or diagnosis	18,010	20,503	10,400	4,147	5,093	1,838	804	729	62,164

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Who used these services?

This section presents information by the patient's Indigenous status and for the remoteness and socioeconomic status of the patient's area of usual residence.

Aboriginal and Torres Strait Islander people

In 2013–14, Indigenous Australians had higher separation rates for *Palliative care* than other Australians (2.6 and 1.5 per 1,000 population, respectively) (Table 5.27).

Table 5.27: Separations for Palliative care, by Indigenous status, all hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas ^(a)	ACT ^(a)	NT ^(a)	Total ^(b)	Per 1,000 population
Indigenous Australians										
Separations	250	34	277	131	33	12	3	60	801	2.6
Proportion of all hospital separations (%)	0.3	0.2	0.3	0.2	0.1	0.3	0.1	0.1	0.2	
Other Australians										
Separations	12,288	8,048	10,123	4,016	2,157	557	547	267	38,176	1.5
Proportion of all hospital separations (%)	0.4	0.3	0.5	0.4	0.3	0.5	0.6	0.7	0.4	
Total	12,538	8,082	10,400	4,147	2,190	569	550	327	38,977	1.5

(a) Data for Tasmania, the Australian Capital Territory and the Northern Territory are for public hospitals only.

(b) Data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory are included in the Total column.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Remoteness

Overall, separation rates for *Palliative care* were similar across remoteness areas for both public and private hospitals.

For public hospitals, the rate of *Palliative care* varied from 1.2 per 1,000 population for people residing in *Major cities* and *Remote* areas to 1.5 per 1,000 for people residing in *Outer regional* areas (Table 5.28).

Table 5.28: Separation statistics for Palliative care, by remoteness area of usual residence, public and private hospitals, 2013–14

	Remoteness area of usual residence					Total^(a)
	Major cities	Inner regional	Outer regional	Remote	Very remote	
Public hospitals						
Separations	20,749	7,281	3,935	369	181	32,585
Separations per 1,000 population	1.2	1.3	1.5	1.2	1.4	1.2
Separation rate ratio	0.9	1.0	1.3	1.0	1.1	
Private hospitals						
Separations	4,111	1,761	468	36	12	6,392
Separations per 1,000 population	0.2	0.3	0.2	0.1	0.1	0.2
Separation rate ratio	1.0	1.3	0.8	0.6	0.5	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Socioeconomic status

The separation rates varied from 1.2 per 1,000 population for people living in areas classified as being the highest SES group to 1.7 per 1,000 for the lowest and second lowest SES groups (Table 5.29).

The SRRs indicate notable differences in the separation rates across SES groups for both public and private hospitals.

For public hospitals, the rate of *Palliative care* varied from 0.9 per 1,000 population for people living in areas classified as the highest SES group to 1.5 per 1,000 for people living in areas classified as the lowest SES group.

Table 5.29: Separation statistics for Palliative care, by socioeconomic status of area of residence, public and private hospitals, 2013–14

	Socioeconomic status of area of usual residence					Total^(a)
	1—Lowest	2	3	4	5—Highest	
Public hospitals						
Separations	8,343	7,878	6,354	5,318	4,621	32,585
Separations per 1,000 population	1.5	1.4	1.2	1.1	0.9	1.2
Separation rate ratio	1.2	1.1	1.0	0.9	0.8	
Private hospitals						
Separations	959	1,458	1,111	1,355	1,503	6,392
Separations per 1,000 population	0.2	0.3	0.2	0.3	0.3	0.2
Separation rate ratio	0.7	1.1	0.9	1.2	1.3	

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Why did people receive the care?

The reason that a patient receives admitted patient care can be described in various ways including the mode of admission, the urgency of admission and the diagnoses reported.

Mode of admission

About 44% of *Palliative care* separations were a *New admission to hospital*, which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 5.30).

Statistical admission: care type change accounted for 35% of *Palliative care* separations in public hospitals. This indicates that the clinical intent of the patient's care had changed (for example, from *Acute care*) within the one hospital.

Private hospitals recorded a higher proportion (35%) of *Admitted patient transferred from another hospital* than public hospitals (23%).

Table 5.30: Separations for Palliative care by mode of admission, public and private hospitals, 2013–14

Admission mode	Public hospitals	Private hospitals	Total
New admission to hospital ^(a)	13,542	3,480	17,022
Admitted patient transferred from another hospital	7,418	2,239	9,657
Statistical admission: care type change	11,551	672	12,223
Not reported	74	1	75
Total	32,585	6,392	38,977

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How urgent was the care?

In 2013–14, 20% of patients admitted for *Palliative care* were reported as *Emergency* admissions. The proportion of *Elective* admissions varied between public and private hospitals, accounting for 68% of *Palliative care* separations in private hospitals and 29% in public hospitals. About 44% of *Palliative care* separations had a *Not assigned* urgency of admission (Table 5.31).

Table 5.31: Separations for Palliative care by urgency of admission, public and private hospitals, 2013–14

Urgency of admission	Public hospitals	Private hospitals	Total
Emergency	6,884	998	7,882
Elective	9,530	4,347	13,877
Not assigned	16,171	1,047	17,218
Total^(a)	32,585	6,392	38,977

(a) The totals include separations for which the urgency of admission was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Principal diagnosis

Neoplasm-related conditions accounted for 60% of principal diagnoses reported for *Palliative care* separations. The five most common neoplasm-related principal diagnoses (at the 3-character level) are presented in Table 5.32, as are the top five non-neoplasm-related principal diagnoses for *Palliative care*, which included heart failure and respiratory disorders.

Table 5.32: Separations for the 5 most common neoplasm-related and the 5 most common other principal diagnoses in 3-character ICD-10-AM groupings for *Palliative care* separations, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
Neoplasm-related				
C34	Malignant neoplasm of bronchus and lung	3,369	675	4,044
C79	Secondary malignant neoplasm of other and unspecified sites	1,972	452	2,424
C78	Secondary malignant neoplasm of respiratory and digestive organs	1,631	398	2,029
C25	Malignant neoplasm of pancreas	1,047	259	1,306
C61	Malignant neoplasm of prostate	905	221	1,126
	Other neoplasm-related principal diagnosis	10,355	2,558	12,913
Other				
I50	Heart failure	916	145	1,061
J44	Other chronic obstructive pulmonary disease	836	98	934
J18	Pneumonia, organism unspecified	636	68	704
J69	Pneumonitis due to solids and liquids	599	48	647
A41	Other sepsis	566	47	613
	Other (excludes neoplasm-related principal diagnoses)	9,753	1,423	11,176
Total		32,585	6,392	38,977

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Procedures

For *Palliative care*, where a procedure was involved, 9 of the 10 most commonly reported procedures were allied health interventions and included social work, physiotherapy and pastoral care (Table 5.33). About 15% of *Palliative care* separations had no procedures reported.

Length of stay

The average length of stay for *Palliative care* episodes was 10.5 days in public hospitals, and 11.3 days in private hospitals (see tables 4.6 and 4.7 in ‘Why did people receive care’).

Table 5.33: The 10 most common ACHI procedures for *Palliative care*, public and private hospitals, 2013–14

Procedure code		Public hospitals	Private hospitals	Total
95550–01	Allied health intervention, social work	13,231	1,483	14,714
95550–03	Allied health intervention, physiotherapy	12,141	1,765	13,906
95550–02	Allied health intervention, occupational therapy	7,851	534	8,385
95550–00	Allied health intervention, dietetics	6,880	698	7,578
95550–12	Allied health intervention, pastoral care	5,975	1,032	7,007
95550–05	Allied health intervention, speech pathology	4,942	327	5,269
95550–09	Allied health intervention, pharmacy	3,537	258	3,795
96027–00	Prescribed/self-selected medication assessment	1,649	3	1,652
13706–02	Administration of packed cells	1,185	428	1,613
96104–00	Music therapy	786	336	1,122
	Other	7,476	3,407	10,883
	No procedure or not reported	8,670	2,105	10,775
Total procedures		65,653	10,271	75,924

ACHI—Australian Classification of Health Interventions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Who paid for the care?

About 72% of *Palliative care* separations from public hospitals were for *Public patients*, and *Private health insurance* funded 52% of *Palliative care* separations from private hospitals (Table 5.34). The *Department of Veterans' Affairs* funded 5% of *Palliative care* separations in public hospitals and 7% in private hospitals. For private hospitals, about 35% of *Palliative care* separations were *Public patients*.

Table 5.34: Separations for *Palliative care*, by principal source of funds and care type, public and private hospitals, 2013–14

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients ^(a)	23,529	2,239	25,768
Private health insurance	6,531	3,334	9,865
Self-funded	95	23	118
Workers compensation	35	3	38
Motor vehicle third party personal claim	9	77	86
Department of Veterans Affairs	1,525	471	1,996
Other ^(b)	861	245	1,106
Total	32,585	6,392	38,977

(a) Includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(b) 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*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How was the care completed?

In 2013–14, the most common mode of separation for palliative care separations was *Died* (61%) (Table 5.35). About 26% had a mode of separation of *Discharged home*—indicating that these patients were discharged to their place of usual residence.

Table 5.35: Separations for Palliative care, by mode of separation, public and private hospitals, 2013–14

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home ^(a)	8,294	2,010	10,304
Discharge/transfer to an (other) acute hospital	1,921	521	2,442
Discharge/transfer to residential aged care service ^(b)	1,149	97	1,246
Discharge/transfer to an (other) psychiatric hospital	5	1	6
Discharge/transfer to other health-care accommodation	267	22	289
Statistical discharge type change	494	76	570
Left against medical advice	83	1	84
Statistical discharge from leave	169	9	178
Died	20,168	3,655	23,823
Total^(c)	32,585	6,392	38,977

(a) The separation mode *Discharged home* includes *Discharge to usual residence/own accommodation/welfare institution* (including prisons, hostels and group homes providing primarily welfare services).

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

(c) *Total* includes records where the mode of separation was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about Palliative care is in Chapter 4 ‘Why did people receive care?’.
Information on data limitations and methods is available in appendixes A and B.

5.6 How much hospital care was provided in the patient's home?

This section presents information on whether the patient received 'hospital-in-the-home' care, by state and territory and by hospital sector.

Most states and territories have hospital-in-the-home (HITH) programs under which admitted patients are provided with hospital care in the home. However, there is variation in reporting of this information.

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 (AIHW 2012b). HITH days are counted as patient days in the data presented in this report.

In 2013–14, almost 545,000 days of 'hospital-in-the-home' care were reported for almost 93,000 separations (Table 5.36).

Overall, for separations that reported hospital-in-the-home days, the average length of stay was 12.4 days, of which an average of 8.2 days were hospital-in-the-home days.

Table 5.36: Separations with hospital-in-the-home care, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Same day separations	3,633	3,741	331	148	244	0	1	17	8,115
Overnight separations	15,717	24,654	6,564	7,504	7,271	74	1,185	865	63,834
<i>Total patient days^(a)</i>	<i>153,998</i>	<i>324,890</i>	<i>70,193</i>	<i>103,312</i>	<i>91,563</i>	<i>952</i>	<i>14,722</i>	<i>16,771</i>	<i>776,401</i>
Hospital-in-the-home days	113,630	201,839	45,623	67,400	64,856	673	9,781	11,024	514,826
Average length of stay	9.8	13.2	10.7	13.8	12.6	12.9	12.4	19.4	12.2
Average number of hospital-in-the-home days	7.2	8.2	7.0	9.0	8.9	9.1	8.3	12.7	8.1
Private hospitals									
Same day separations	n.a.	480	4,167	1	13,811	n.p.	n.p.	n.p.	18,459
Overnight separations	n.a.	1,936	249	362	2	n.p.	n.p.	n.p.	2,549
<i>Total patient days^(a)</i>	<i>n.a.</i>	<i>34,803</i>	<i>1,773</i>	<i>8,147</i>	<i>14</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>44,737</i>
Hospital-in-the-home days	n.a.	22,630	1,770	5,383	14	n.p.	n.p.	n.p.	29,797
Average length of stay	n.a.	18.0	7.1	22.5	7.0	n.p.	n.p.	n.p.	17.6
Average number of hospital-in-the-home days	n.a.	11.7	7.1	14.9	7.0	n.p.	n.p.	n.p.	11.7
All hospitals									
Same day separations	3,633	4,221	4,498	149	14,055	n.p.	n.p.	n.p.	26,574
Overnight separations	15,717	26,590	6,813	7,866	7,273	n.p.	n.p.	n.p.	66,383
<i>Total patient days^(a)</i>	<i>153,998</i>	<i>359,693</i>	<i>71,966</i>	<i>111,459</i>	<i>91,577</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>821,138</i>
Hospital-in-the-home days	113,630	224,469	47,393	72,783	64,870	n.p.	n.p.	n.p.	544,623
Average length of stay	9.8	13.5	10.6	14.2	12.6	n.p.	n.p.	n.p.	12.4
Average number of hospital-in-the-home days	7.2	8.4	7.0	9.3	8.9	n.p.	n.p.	n.p.	8.2

(a) Patient days reported for separations that involved hospital-in-the-home care.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

5.7 How was care completed?

This section presents information on how the admitted patient episode ended. It presents counts of separations by the mode of separation, overall and for acute care, for 2013–14.

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.

Separations

In 2013–14, about 92% of separations (8.9 million) had a mode of separation of *Discharged home*—indicating that these patients were discharged to their place of usual residence (Table 5.37). This was particularly the case in the private sector, where 95% of separations (3.8 million) were reported as *Discharged home*, compared with 89% (5.1 million) in the public sector.

About 5.7% of public hospital separations and 1.6% of private hospital separations had a mode of separation of *Discharge/transfer to an (other) hospital*, indicating that their care continued at another hospital.

The number of separations with a mode of separation of *Discharge/transfer to an (other) hospital* (acute and psychiatric) (390,000) does not match the number of separations with a mode of admission of *Admitted patient transferred from another hospital* (388,000; see Table 4.1 in ‘Why did people receive care?’). This may indicate that not all patients who are transferred from one hospital to another are having this recorded as their mode of admission. There may also be discrepancies because some patients were admitted and separated in different reporting years.

Same-day acute separations

About 96% of same-day acute separations had a mode of separation of *Discharged home*, and the proportion was higher for private hospitals compared with public hospitals (98% and 95%, respectively) (Table 5.38). A higher proportion of public hospital same-day separations ended with a *Transfer to another hospital (acute or psychiatric)* compared with private hospital same-day separations (4.0% and 0.7%, respectively).

Overnight acute separations

About 87% of overnight acute separations had a mode of separation of *Discharged home* (Table 5.39). This was particularly the case in private hospitals, where 91% of separations reported a mode of separation of *Discharged home* compared with 85% in public hospitals. A higher proportion of public hospital overnight separations ended with a *Transfer to another hospital (acute or psychiatric)* compared with private hospital same-day separations (7.4% and 3.9%, respectively).

Table 5.37: Separations, by mode of separation, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Discharged home ^(a)	1,556,135	1,366,260	963,728	541,467	366,153	103,712	89,222	112,319	5,098,996
Discharge/transfer to an (other) acute hospital	111,408	78,511	70,169	27,251	25,771	4,748	3,336	3,643	324,837
Discharge/transfer to residential aged care service ^(b)	17,864	21,674	4,850	7,114	8,313	857	534	297	61,503
Discharge/transfer to an (other) psychiatric hospital	1,823	1,642	205	628	1,151	491	26	2	5,968
Discharge/transfer to other health care accommodation ^(c)	4,203	3,855	2,290	1,047	1,360	207	169	1,840	14,971
Statistical discharge: type change	34,429	15,037	23,963	7,881	4,617	1,990	2,216	1,397	91,530
Left against medical advice/discharge at own risk	18,913	7,815	10,856	5,048	3,332	472	469	3,717	50,622
Statistical discharge from leave	2,814	14	743	1,278	177	0	0	0	5,026
Died	23,345	14,958	10,269	4,170	4,878	1,548	995	536	60,699
<i>Total^(d)</i>	<i>1,771,521</i>	<i>1,509,766</i>	<i>1,087,073</i>	<i>595,884</i>	<i>415,778</i>	<i>114,033</i>	<i>96,968</i>	<i>123,847</i>	<i>5,714,870</i>
Private hospitals									
Discharged home ^(a)	994,627	946,594	960,220	464,885	298,684	n.p.	n.p.	n.p.	3,801,402
Discharge/transfer to an (other) acute hospital	23,726	21,172	8,324	2,940	7,562	n.p.	n.p.	n.p.	65,170
Discharge/transfer to residential aged care service ^(b)	1,256	2,900	1,196	835	701	n.p.	n.p.	n.p.	7,155
Discharge/transfer to an (other) psychiatric hospital	51	58	24	27	18	n.p.	n.p.	n.p.	180
Discharge/transfer to other health care accommodation ^(c)	68,554	35	900	58	939	n.p.	n.p.	n.p.	70,676
Statistical discharge: type change	5,603	4,146	8,454	3,437	735	n.p.	n.p.	n.p.	23,847
Left against medical advice/discharge at own risk	902	505	454	150	59	n.p.	n.p.	n.p.	2,105
Statistical discharge from leave	3,140	0	86	13	0	n.p.	n.p.	n.p.	3,241
Died	1,952	3,502	4,399	2,170	1,002	n.p.	n.p.	n.p.	13,522
<i>Total^(d)</i>	<i>1,099,811</i>	<i>978,912</i>	<i>984,057</i>	<i>474,515</i>	<i>309,836</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,987,434</i>

(a) Includes discharge to usual residence/ own accommodation/ welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(b) Unless this is the usual place of residence.

(c) Includes Mothercraft hospitals, except in jurisdictions where Mothercraft facilities are considered acute.

(d) Includes separations for which mode of separation was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.38: Same-day acute separations, by mode of separation, public and private hospitals, 2013–14

	Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
Discharged home ^(a)	2,743,603	860,971	1,650,289	5,254,863
Discharge/transfer to an (other) acute hospital	115,458	11,232	5,682	132,372
Discharge/transfer to residential aged care service ^(b)	10,710	23	173	10,906
Discharge/transfer to an (other) psychiatric hospital	1,396	2	12	1,410
Discharge/transfer to other health care accommodation ^(c)	1,994	99	34,337	36,430
Statistical discharge: type change	2,912	7	514	3,433
Left against medical advice/discharge at own risk	17,871	49	553	18,473
Statistical discharge from leave	324	67	2,396	2,787
Died	4,989	1	311	5,301
Total^(d)	2,899,623	872,579	1,694,271	5,466,473

Notes

1. See Table 5.37 for footnotes for this table.
2. See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 5.39: Overnight acute separations, by mode of separation, public and private hospitals, 2013–14

	Public hospitals	Private hospitals	Total
Discharged home ^(a)	2,243,372	1,048,246	3,291,618
Discharge/transfer to an (other) acute hospital	190,755	44,281	235,036
Discharge/transfer to residential aged care service ^(b)	34,244	5,185	39,429
Discharge/transfer to an (other) psychiatric hospital	4,364	155	4,519
Discharge/transfer to other health care accommodation ^(c)	8,807	20,163	28,970
Statistical discharge: type change	73,055	20,284	93,339
Left against medical advice/discharge at own risk	31,442	1,305	32,747
Statistical discharge from leave	3,782	720	4,502
Died	33,600	9,287	42,887
Total^(d)	2,623,633	1,149,630	3,773,263

Notes

1. See Table 5.37 for footnotes for this table.
2. See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about mode of separation is available in:

- Chapter 5 ‘What services were provided?’ – for Rehabilitation and Palliative care
- Chapter 6 ‘What procedures were performed?’ – for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

6 What procedures were performed?

This chapter presents information on the procedures and other interventions provided for admitted patients.

The procedures reported for admitted patients can include surgical (operating room) procedures, non-operating room procedures (for example, dialysis), procedures of a patient support nature (for example, general anaesthesia) and other interventions (for example, physiotherapy and other allied health interventions).

The information in this chapter includes:

- an overview of procedures
- how Australia compares with other countries (OECD) for selected procedures
- rates of service for selected procedures – a performance indicator related to accessibility for 15 selected procedures
- emergency surgery (a subset of all procedures) – including information on who used these services, why they required care, what services were provided and who paid for the care
- elective surgery (a subset of all procedures) – including information on who used these services, why they required care, what services were provided and who paid for the care
- elective surgery waiting times by Indigenous status, remoteness and socioeconomic status area of usual residence. Information is presented for patients admitted from public hospital elective surgery waiting lists.

Key findings

Procedures

In 2013–14, about 19.1 million procedures were reported. About 75% of public hospital separations and 95% of private hospital separations involved a procedure.

About 1 in 5 hospitalisations involved surgery and about 61% of surgical separations occurred in private hospitals.

Emergency surgery

In 2013–14, there were 305,000 emergency admissions involving surgery and 87% of these occurred in public hospitals. The most common emergency surgery performed was appendicectomy.

Elective surgery

Between 2009–10 and 2013–14, elective admissions involving surgery rose by an average of 2.3% per year; by 1.4% for public hospitals and by 2.7% for private hospitals.

Waiting times

In 2013–14, median waiting times for elective surgery varied by remoteness area of usual residence, ranging from 30 days in *Remote* areas to 41 days in *Very remote* areas.

Patients with a cancer-related principal diagnosis had shorter median waiting times compared with patients waiting for surgery for other reasons (17 days and 41 days, respectively).

6.1 Overview of procedures

This section presents an overview of the procedures performed in public and private hospitals in Australia. It presents information on procedures at the Australian Classification of Health Interventions (ACHI) chapter level for public and private hospitals and, for same-day and overnight acute care, by states and territories. It also presents information on the 20 most common procedures (at the more detailed block level) for same-day acute and overnight acute separations.

Procedure chapters

In 2013–14, about 19.1 million procedures were reported, with about 9.8 million procedures performed in public hospitals and 9.2 million in private hospitals (Table 6.1).

About 75% (4.3 million) of public hospital separations and 95% (3.8 million) of private hospital separations involved a procedure.

Public hospitals accounted for 76% of separations with a procedure in the ACHI chapter *Procedures on the urinary system* (mainly for dialysis), 74% of *Procedures on the respiratory system* and 72% of *Obstetric procedures* (which includes childbirth).

Private hospitals accounted for 79% of *Dental services* and 72% of *Procedures on the eye and adnexa* (which includes cataract extractions).

Table 6.1: Separations^(a), by procedure in ACHI chapters, public and private hospitals, 2013–14

Procedure		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	77,765	118,565	196,330
110–129	Procedures on endocrine system	8,444	9,519	17,963
160–256	Procedures on eye and adnexa	96,326	247,368	343,694
300–333	Procedures on ear and mastoid process	24,737	33,544	58,281
370–422	Procedures on nose, mouth and pharynx	64,354	92,095	156,449
450–490	Dental services	29,969	112,603	142,572
520–571	Procedures on respiratory system	118,345	40,993	159,338
600–777	Procedures on cardiovascular system	164,750	143,171	307,921
800–817	Procedures on blood and blood-forming organs	37,237	27,340	64,577
850–1011	Procedures on digestive system	458,257	806,946	1,265,203
1040–1129	Procedures on urinary system	1,229,421	385,654	1,615,075
1160–1203	Procedures on male genital organs	41,283	70,940	112,223
1240–1299	Gynaecological procedures	134,990	219,430	354,420
1330–1347	Obstetric procedures	205,807	78,563	284,370
1360–1580	Procedures on musculoskeletal system	269,435	348,354	617,789
1600–1718	Dermatological and plastic procedures	209,460	213,742	423,202
1740–1759	Procedures on breast	21,235	40,846	62,081
1786–1799	Radiation oncology procedures	10,689	3,892	14,581
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	2,865,735	3,235,643	6,101,378
1940–2016	Imaging services	48,137	37,746	85,883
	Procedures reported	9,867,912	9,201,896	19,069,808
	Separations with no procedure reported	1,453,296	218,155	1,671,451
Total separations		5,714,870	3,987,434	9,702,304

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Information on procedures for same-day and overnight acute separations at the ACHI chapter level for public and private hospitals by states and territories is available in tables 6.2, 6.3, 6.5, and 6.6.

Same-day acute care

In 2013–14, 8.7 million procedures were reported for same-day acute separations (Table 6.4).

About 80% of same-day acute separations in public hospitals and 97% of same-day acute separations in private hospitals involved a procedure (tables 6.2 and 6.3).

In 2013–14, *Cerebral anaesthesia* (general anaesthesia) was the most common procedure block for same-day acute separations, reflecting that it is a companion procedure for many other procedures (Table 6.4). Apart from *Cerebral anaesthesia*, the most frequently reported procedure groups were *Haemodialysis* (1.3 million procedures), *Administration of pharmacotherapy* (including chemotherapy) and *Fibreoptic colonoscopy with excision*.

Overnight acute care

In 2013–14, almost 9.2 million procedures were reported for overnight acute separations (Table 6.7).

About 68% of overnight acute separations in public hospitals and 88% of overnight acute separations in private hospitals involved a procedure (tables 6.5 and 6.6).

In 2013–14, *Generalised 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 6.7).

Where to go for more information:

More information on procedures is available in:

- Chapter 5 'What services were provided?' – for Rehabilitation care and Palliative care
- Section 6.3 in this chapter for selected procedures
- Sections 6.4 and 6.5 in this chapter – for emergency and elective admissions involving surgery.

Additional information is available in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

Information on data limitations and methods is available in appendixes A and B.

Table 6.2: Procedures^(a) reported for same-day acute separations, by ACHI chapter, public hospitals, states and territories, 2013–14

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	6,664	8,180	4,628	3,247	3,035	536	241	196	26,727
110–129	Procedures on endocrine system	78	116	35	13	8	6	1	2	259
160–256	Procedures on eye and adnexa	23,648	24,264	10,232	12,881	8,210	1,998	1,545	982	83,760
300–333	Procedures on ear and mastoid process	3,022	3,830	4,192	1,594	1,542	195	193	257	14,825
370–422	Procedures on nose, mouth and pharynx	4,877	6,162	6,133	1,471	1,384	210	241	154	20,632
450–490	Dental services	5,349	7,901	4,008	2,696	2,670	664	432	383	24,103
520–570	Procedures on respiratory system	5,358	5,664	4,166	1,640	882	649	229	166	18,754
600–777	Procedures on cardiovascular system	12,547	17,353	5,410	6,084	3,355	1,898	1,128	408	48,183
800–817	Procedures on blood and blood-forming organs	2,666	6,218	1,180	1,409	1,539	239	33	71	13,355
850–1011	Procedures on digestive system	72,515	78,853	22,434	39,152	5,752	5,603	2,613	2,321	229,243
1040–1129	Procedures on urinary system	354,861	316,153	182,458	118,935	73,230	17,734	23,773	60,517	1,147,661
1160–1203	Procedures on male genital organs	5,864	7,020	3,603	3,625	2,187	533	319	229	23,380
1240–1299	Gynaecological procedures	22,225	29,037	12,728	7,056	9,993	1,696	1,019	1,466	85,220
1330–1347	Obstetric procedures	2,662	1,850	1,645	1,031	786	184	331	166	8,655
1360–1579	Procedures on musculoskeletal system	23,925	22,754	13,189	8,901	6,120	1,604	1,661	715	78,869
1600–1718	Dermatological and plastic procedures	23,345	27,955	18,869	9,698	9,681	1,806	1,206	1,054	93,614
1740–1759	Procedures on breast	2,773	2,506	1,212	629	473	180	61	51	7,885
1786–1799	Radiation oncology procedures	535	1,020	315	186	94	5	1	1	2,157
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	259,022	393,346	146,225	145,318	68,307	31,185	16,977	9,743	1,070,123
1940–2016	Imaging services	6,694	6,644	2,973	2,591	1,872	763	261	95	21,893
	No procedure or not reported	173,358	126,931	186,869	37,615	39,076	8,117	10,023	12,220	594,209
Total separations		791,347	867,584	539,253	317,427	188,818	60,011	51,540	83,643	2,899,623

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of separations that reported at least one procedure within the ACHI procedure chapter.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.3: Procedures^(a) reported for same-day acute separations, by ACHI chapter, private hospitals, state and territories, 2013–14

Procedure chapter		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	15,517	15,727	14,472	10,136	5,335	n.p.	n.p.	n.p.	63,085
110–129	Procedures on endocrine system	78	50	33	9	6	n.p.	n.p.	n.p.	190
160–256	Procedures on eye and adnexa	71,534	50,289	57,095	26,516	18,777	n.p.	n.p.	n.p.	238,314
300–333	Procedures on ear and mastoid process	7,329	5,678	4,166	3,378	2,375	n.p.	n.p.	n.p.	23,913
370–422	Procedures on nose, mouth and pharynx	12,612	7,427	7,328	4,801	2,858	n.p.	n.p.	n.p.	36,088
450–490	Dental services	28,937	29,179	21,149	16,755	9,407	n.p.	n.p.	n.p.	109,332
520–571	Procedures on respiratory system	1,953	2,028	3,220	818	852	n.p.	n.p.	n.p.	9,077
600–777	Procedures on cardiovascular system	16,721	11,865	11,323	4,993	3,070	n.p.	n.p.	n.p.	51,043
800–817	Procedures on blood and blood-forming organs	1,296	1,993	3,726	515	716	n.p.	n.p.	n.p.	8,583
850–1011	Procedures on digestive system	189,986	191,443	150,937	56,589	41,349	n.p.	n.p.	n.p.	648,275
1040–1129	Procedures on urinary system	62,577	62,705	79,593	92,470	28,792	n.p.	n.p.	n.p.	330,064
1160–1203	Procedures on male genital organs	13,851	10,154	7,688	5,568	3,450	n.p.	n.p.	n.p.	42,177
1240–1299	Gynaecological procedures	40,814	57,309	40,192	21,155	8,311	n.p.	n.p.	n.p.	173,245
1330–1347	Obstetric procedures	248	423	499	141	54	n.p.	n.p.	n.p.	1,423
1360–1580	Procedures on musculoskeletal system	42,168	34,418	27,374	17,216	14,867	n.p.	n.p.	n.p.	141,621
1600–1718	Dermatological and plastic procedures	41,186	38,148	34,216	19,971	17,301	n.p.	n.p.	n.p.	155,559
1740–1759	Procedures on breast	5,587	3,164	4,998	1,735	1,091	n.p.	n.p.	n.p.	16,917
1786–1799	Radiation oncology procedures	1,223	49	62	5	148	n.p.	n.p.	n.p.	1,502
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	571,475	516,900	523,505	196,795	141,293	n.p.	n.p.	n.p.	2,012,770
1940–2016	Imaging services	6,270	3,095	4,578	1,686	1,187	n.p.	n.p.	n.p.	17,172
	No procedure or not reported	8,931	21,535	20,372	8,592	9,771	n.p.	n.p.	n.p.	73,643
Total separations		661,856	648,742	643,747	331,857	200,123	n.p.	n.p.	n.p.	2,566,850

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of separations that reported at least one procedure within the ACHI procedure chapter.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.4: Procedures^(a) reported for the 20 most common ACHI procedure blocks for same-day acute separations, public and private hospitals, 2013–14

Procedure block		Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
1910	Cerebral anaesthesia	658,367	469,860	1,022,896	2,151,123
1060	Haemodialysis	1,069,314	142,067	99,181	1,310,562
1920	Administration of pharmacotherapy	228,853	76,997	225,303	531,153
911	Fibreoptic colonoscopy with excision	68,153	95,185	162,514	325,852
1008	Panendoscopy with excision	72,226	90,304	151,818	314,348
905	Fibreoptic colonoscopy	67,969	90,746	131,356	290,071
197	Extracapsular crystalline lens extraction by phacoemulsification	64,917	85,095	64,675	214,687
1909	Conduction anaesthesia	68,041	64,948	62,102	195,091
1620	Excision of lesion(s) of skin and subcutaneous tissue	50,611	38,285	65,735	154,631
1265	Curettage and evacuation of uterus	54,117	41,134	49,346	144,597
1893	Administration of blood and blood products	85,786	20,773	36,144	142,703
458	Surgical removal of tooth	11,801	25,068	64,115	100,984
1089	Examination procedures on bladder	39,624	6,226	45,881	91,731
1916	Generalised allied health interventions	55,050	400	32,686	88,136
1005	Panendoscopy	18,905	35,186	27,737	81,828
1259	Examination procedures on uterus	28,906	3,687	33,628	66,221
1873	Psychological/psychosocial therapies	86	0	61,017	61,103
1297	Procedures for reproductive medicine	4,861	32,029	23,788	60,678
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	3,371	43,313	10,227	56,911
1922	Other procedures related to pharmacotherapy	6,145	7,872	34,406	48,423
	Other	726,411	239,197	823,915	1,789,523
	Procedures reported	3,529,635	1,713,500	3,458,806	8,701,941
	No procedure or not reported	594,209	2,413	71,230	667,852
Total separations		2,899,623	872,579	1,694,271	5,466,473

ACHI—Australian Classification of Health Interventions.

(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 table may not equal the sum of counts in the rows.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.5: Procedures^(a) reported for overnight acute separations by ACHI chapter, public hospitals, states and territories, 2013–14

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	17,357	13,019	8,535	5,300	3,726	1,302	899	545	50,683
110–129	Procedures on endocrine system	2,854	2,261	1,353	881	524	123	110	61	8,167
160–256	Procedures on eye and adnexa	4,539	3,037	1,860	1,598	980	98	261	116	12,489
300–333	Procedures on ear and mastoid process	2,453	2,550	1,943	1,235	925	142	132	234	9,614
370–422	Procedures on nose, mouth and pharynx	12,098	13,736	6,960	4,761	4,271	664	670	478	43,638
450–490	Dental services	1,344	1,280	1,221	830	542	84	142	299	5,742
520–571	Procedures on respiratory system	33,209	24,998	18,135	9,501	6,923	2,539	1,924	1,320	98,549
600–777	Procedures on cardiovascular system	36,986	28,675	22,862	11,775	9,783	2,418	2,578	1,237	116,314
800–817	Procedures on blood and blood-forming organs	7,895	5,960	4,522	2,321	2,025	477	419	181	23,800
850–1011	Procedures on digestive system	74,647	59,073	41,707	23,359	17,262	4,948	4,284	2,359	227,639
1040–1129	Procedures on urinary system	23,809	21,008	14,531	7,625	7,928	1,378	1,605	2,316	80,200
1160–1203	Procedures on male genital organs	5,415	4,966	3,199	1,964	1,454	390	319	174	17,881
1240–1299	Gynaecological procedures	15,201	12,767	9,892	5,253	4,083	1,118	807	625	49,746
1330–1347	Obstetric procedures	63,278	50,075	36,838	22,984	13,649	3,454	4,156	2,682	197,116
1360–1580	Procedures on musculoskeletal system	63,157	44,686	34,882	21,515	14,013	4,305	3,825	3,154	189,537
1600–1718	Dermatological and plastic procedures	33,686	27,823	22,440	13,120	9,216	1,883	1,972	3,561	113,701
1740–1759	Procedures on breast	4,080	3,093	2,772	1,517	1,296	218	200	151	13,327
1786–1799	Radiation oncology procedures	2,993	1,930	1,405	630	584	181	212	56	7,991
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	526,366	406,674	317,765	169,812	132,623	34,754	27,484	20,711	1,636,189
1940–2016	Imaging services	10,495	5,485	4,463	2,702	1,432	593	693	196	26,059
	No procedure or not reported	326,609	154,508	161,371	77,868	67,091	13,414	11,554	14,972	827,387
Total separations		910,355	600,472	504,747	264,118	210,988	51,277	42,389	39,287	2,623,633

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of 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.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.6: Procedures^(a) reported for overnight acute separations by ACHI chapter, private hospitals, states and territories, 2013–14

Procedure		NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
1–86	Procedures on nervous system	14,958	13,936	13,034	7,646	3,478	n.p.	n.p.	n.p.	55,185
110–129	Procedures on endocrine system	3,284	2,223	1,910	1,086	563	n.p.	n.p.	n.p.	9,324
160–256	Procedures on eye and adnexa	2,730	1,512	1,311	2,275	916	n.p.	n.p.	n.p.	9,046
300–333	Procedures on ear and mastoid process	3,170	1,768	1,879	1,475	867	n.p.	n.p.	n.p.	9,609
370–422	Procedures on nose, mouth and pharynx	17,822	11,685	10,613	7,810	5,020	n.p.	n.p.	n.p.	55,998
450–490	Dental services	992	836	533	387	384	n.p.	n.p.	n.p.	3,265
520–571	Procedures on respiratory system	6,471	7,985	11,113	2,756	2,748	n.p.	n.p.	n.p.	31,749
600–777	Procedures on cardiovascular system	24,335	26,996	23,623	9,108	5,646	n.p.	n.p.	n.p.	92,062
800–817	Procedures on blood and blood-forming organs	5,300	4,432	4,645	1,863	1,773	n.p.	n.p.	n.p.	18,726
850–1011	Procedures on digestive system	38,840	40,399	41,585	17,971	12,350	n.p.	n.p.	n.p.	158,354
1040–1129	Procedures on urinary system	14,529	14,778	13,291	5,501	4,764	n.p.	n.p.	n.p.	55,375
1160–1203	Procedures on male genital organs	8,823	7,405	6,225	2,852	1,994	n.p.	n.p.	n.p.	28,753
1240–1299	Gynaecological procedures	13,304	10,612	11,132	5,130	3,888	n.p.	n.p.	n.p.	46,170
1330–1347	Obstetric procedures	22,189	19,043	17,137	10,661	4,455	n.p.	n.p.	n.p.	77,140
1360–1580	Procedures on musculoskeletal system	51,990	52,642	46,353	28,019	18,547	n.p.	n.p.	n.p.	206,290
1600–1718	Dermatological and plastic procedures	15,461	15,712	12,862	7,397	4,212	n.p.	n.p.	n.p.	57,856
1740–1759	Procedures on breast	6,648	5,786	4,797	3,544	2,094	n.p.	n.p.	n.p.	23,926
1786–1799	Radiation oncology procedures	574	1,046	368	130	181	n.p.	n.p.	n.p.	2,324
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	244,249	249,987	238,615	113,262	74,901	n.p.	n.p.	n.p.	959,543
1940–2016	Imaging services	6,120	5,608	5,784	1,544	1,196	n.p.	n.p.	n.p.	20,519
	No procedure or not reported	24,286	37,462	44,161	14,129	9,918	n.p.	n.p.	n.p.	136,969
Total separations		285,186	301,561	293,255	134,568	87,068	n.p.	n.p.	n.p.	1,149,630

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(a) These are counts of 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.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.7: Procedures^(a) reported for the 20 most common ACHI procedure blocks for overnight acute separations, public and private hospitals, 2013–14

Procedure block		Public hospitals	Private hospitals	Total
1916	Generalised allied health interventions	1,122,495	421,586	1,544,081
1910	Cerebral anaesthesia	699,813	680,428	1,380,241
1909	Conduction anaesthesia	131,060	134,438	265,498
1893	Administration of blood and blood products	137,845	55,363	193,208
1340	Caesarean section	65,308	35,681	100,989
1822	Assessment of personal care and other activities of daily/independent living	97,881	2,937	100,818
1920	Administration of pharmacotherapy	70,128	26,988	97,116
1344	Postpartum suture	70,526	22,133	92,659
668	Coronary angiography	45,367	39,539	84,906
1334	Medical or surgical induction of labour	60,256	23,236	83,492
1333	Analgesia and anaesthesia during labour and delivery procedure	55,743	27,727	83,470
570	Non-invasive ventilatory support	47,194	16,541	63,735
1828	Sleep study	9,023	54,585	63,608
986	Division of abdominal adhesions	32,178	29,681	61,859
1335	Medical or surgical augmentation of labour	45,555	14,016	59,571
965	Cholecystectomy	30,985	21,157	52,142
607	Examination procedures on ventricle	23,658	28,281	51,939
412	Tonsillectomy or adenoidectomy	20,741	29,560	50,301
1566	Excision procedures on other musculoskeletal sites	27,357	19,671	47,028
1518	Arthroplasty of knee	14,674	29,647	44,321
	Other	1,572,245	1,318,154	2,890,399
	Procedures reported	5,798,840	3,371,681	9,170,521
	No procedure or not reported	827,387	136,969	964,356
Total separations		2,623,633	1,149,630	3,773,263

ACHI—Australian Classification of Health Interventions.

(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.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

6.2 How does Australia compare?

This section presents selected comparisons of procedures reported for Australian admitted patient care with other OECD countries. It includes information on:

- the proportion of cataract surgeries that were performed on a same-day basis
- the number of caesarean sections per 100 live births
- the number of coronary revascularisation procedures per 100,000 population, and the proportion of those that were coronary angioplasties
- the number of hip replacement surgeries per 100,000 population
- the number of knee replacement surgeries per 100,000 population.

The selected indicators were sourced from the OECD (OECD 2013), as this was the most current set of OECD indicators available at the time of planning this report. However, an expanded list of OECD indicators is included in OECD Health Statistics 2014 (OECD 2014) and, where relevant, these will be included in future Australian hospital statistics reports.

It should be noted that these statistics may be affected by variation in admission practices both within Australia and internationally.

OECD indicator: Proportion of cataract surgeries that were performed on a same-day basis

Australia's proportion of cataract surgeries that were performed on a same-day basis was higher than the OECD average (96.6% and 85.6%, respectively) (Table 6.8).

In 2013–14, all states and territories had higher rates of cataract surgeries performed as same-day surgery than the OECD average. Tasmania had the highest rate (98.2%) and the Northern Territory the lowest (89.5%). For more international comparisons, see chapter 2.

Table 6.8: Proportion of cataract surgeries undertaken as same-day separations, all hospitals, states and territories (2013–14) and OECD statistics (2011)^(a)

	Proportion of cataract surgeries undertaken as same-day separations (%)
New South Wales	96.9
Victoria	97.2
Queensland	97.5
Western Australia	93.8
South Australia	95.0
Tasmania	98.2
Australian Capital Territory	97.2
Northern Territory	89.5
Australia	96.6
OECD average	85.6
OECD interquartile range ^(b)	81.3–97.1
Number of OECD countries	27

(a) For some OECD countries, the data relate to a year other than 2011.

(b) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD *Health Statistics 2013* (OECD 2013).

OECD indicator: Number of caesarean sections per 100 live births

Australia's rate of *Caesarean sections* was higher than the OECD average (33.3 and 26.9 per 100 births, respectively) and was also above the interquartile range for the OECD (19.9 to 32.2) (Table 6.9).

Western Australia and South Australia had the highest rates of *Caesarean sections* (34.8 per 100 births).

OECD indicator: Number of coronary revascularisation procedures per 100,000 population

In 2013–14, the *Coronary revascularisation procedure* rate for Australia was below the 2011 OECD average (196.0 and 220.7 per 100,000 population, respectively), but within the interquartile range (Table 6.9).

Coronary angioplasty accounted for 75% of all revascularisation procedures in Australia, compared to 79% across OECD countries (interquartile range 75% to 83%). The Australian Capital Territory had the highest proportion of revascularisation procedures that were coronary angioplasties (83%).

OECD indicator: Number of hip replacement surgeries per 100,000 population

Australia's rate of *Hip replacement surgery* was similar to the 2011 OECD average (155.4 and 160.4 per 100,000 population, respectively) (Table 6.9).

Australia's rate of *Knee replacement surgery* was above the 2011 OECD average (190.5 and 118.6 per 100,000 population, respectively), and was also above the interquartile range.

The Australian Capital Territory had the highest population rates for *Hip replacement surgery* and *Knee replacement surgery*. However, these rates should be interpreted with caution due to the high proportion of interstate patients treated in hospitals in the Australian Capital Territory.

Where to go for more information:

More information about how Australia's hospitals compare is in Chapter 2 'How much activity?' – for overnight separation rates (hospital discharges) and average length of stay.

More information on OECD comparisons is available at
<http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>.

Information on data limitations and methods is available in appendixes A and B.

Table 6.9: Selected indicators, all hospitals, states and territories (2013–14) and OECD statistics (2011)^(a)

	Caesarean sections (per 100 live births)	Coronary revascularisation procedures (per 100,000 population) ^(b)	Coronary angioplasty (% of coronary revascularisation procedures)	Hip replacement surgery (per 100,000 population)	Knee replacement surgery (per 100,000 population)
New South Wales	32.2	195.7	75.9	139.6	190.1
Victoria	33.6	199.3	73.9	171.0	168.8
Queensland	33.6	204.8	72.3	142.0	201.7
Western Australia	34.8	182.4	78.9	170.7	217.6
South Australia	34.8	178.9	69.2	170.9	207.7
Tasmania	31.1	153.3	78.4	186.6	163.6
Australian Capital Territory	33.3	386.2	83.2	226.0	245.0
Northern Territory	32.9	27.9	100.0	74.0	83.3
Australia	33.3	196.0	74.7	155.4	190.5
OECD average	26.9	220.7	79.4	160.4	118.6
OECD interquartile range ^(c)	19.9–32.2	173.3–256.2	75.0–83.0	102.0–225.4	85.9–166.9
Number of OECD countries	32	29	29	32	30

(a) For some OECD countries, the data relate to a year other than 2011.

(b) Revascularisation procedures include coronary bypass and angioplasty.

(c) The interquartile range is a measure of statistical dispersion, being equal to the difference between the upper and lower quartiles.

Source: OECD *Health Statistics 2013* (OECD 2013).

6.3 Performance indicator: Rates of selected hospital procedures

'Rates of service—hospital procedures' is an NHPF indicator related to accessibility of hospital services and may also relate to the appropriateness of hospital care (see Appendix C).

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.

Table 6.10 presents separations per 1,000 population for selected hospital procedures. *Cataract extraction* was the most common procedure (8.9 per 1,000 population). The rates for *Cataract extraction* varied between public and private sectors (2.7 and 6.2 per 1,000 population, respectively) but were fairly similar by Indigenous status and by socioeconomic status. Persons usually resident in *Inner regional* areas had the highest separation rates for *Cataract extraction*.

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 8.3 per 1,000 population in New South Wales to 10.6 per 1,000 in Western Australia (Table 6.11). As data are not available for private free-standing day hospitals in the Australian Capital Territory, the rate presented in Table 6.11 is likely to underestimate the separation rate for *Cataract extraction* in the Australian Capital Territory.

Variation in separation rates can reflect the numbers of interstate patients receiving treatment. For example, for the Australian Capital Territory, 43% of *Coronary angioplasty* and 51% of *Coronary artery bypass graft* procedures were provided to patients resident in a different state/territory (Table 6.11). For South Australia, there were also relatively large proportions of these procedures provided to patients usually resident in a different state.

Any interpretation of this information should take into consideration the limitations of the data from which they are derived. While variation in separation 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.

Where to go for more information

More information about these procedures by states and territories is in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

For selected relevant international comparisons, see section 6.2 'How does Australia compare?'

Information on data limitations and methods is available in appendixes A and B.
Information on performance indicators is in Appendix C.

Table 6.10: Rates of service: selected hospital procedures^(a), all hospitals, 2013–14

	Cataract extraction	Cholecystectomy	Coronary angioplasty	Coronary artery bypass graft	Cystoscopy	Haemorrhoidectomy	Hip replacement	Hysterectomy ^(b)
Hospital sector								
Public	2.7	1.3	0.8	0.3	2.3	0.7	0.7	1.1
Private	6.2	0.9	0.6	0.2	3.1	1.3	0.9	1.3
Indigenous status^(c)								
Indigenous	7.1	2.6	2.0	1.0	3.4	1.0	0.7	2.1
Other Australians	8.6	2.2	1.4	0.5	5.3	2.0	1.6	2.4
Remoteness of residence								
Major cities	8.6	2.2	1.5	0.5	5.5	1.8	1.5	2.2
Inner regional	9.6	2.6	1.4	0.5	5.3	2.5	1.8	2.9
Outer regional	9.3	2.3	1.4	0.6	4.7	2.0	1.6	2.8
Remote	8.4	2.2	1.3	0.5	4.4	1.4	1.4	2.5
Very remote	8.9	1.8	1.3	0.6	3.6	0.7	1.1	2.2
Socioeconomic status of area of residence								
1—Lowest	8.9	2.6	1.5	0.6	5.0	2.1	1.4	2.5
2	9.2	2.4	1.5	0.5	5.3	2.2	1.6	2.6
3	8.8	2.2	1.4	0.5	5.4	1.8	1.6	2.4
4	8.9	2.1	1.4	0.5	5.8	1.8	1.6	2.4
5—Highest	8.7	1.8	1.4	0.4	5.4	1.8	1.6	2.0
Total	8.9	2.2	1.5	0.5	5.4	1.9	1.6	2.4

(continued)

Table 6.10 (continued): Rates of service: selected hospital procedures^(a), all hospitals, 2013–14

	Inguinal herniorrhaphy	Knee replacement	Myringotomy	Prostatectomy ^(d)	Septoplasty	Tonsillectomy	Varicose veins stripping and ligation
Hospital sector							
Public	0.9	0.6	0.6	0.8	0.3	1.0	0.2
Private	1.1	1.3	1.1	1.7	0.8	1.5	0.4
Indigenous status^(c)							
Indigenous	1.2	1.1	1.4	1.4	0.3	1.3	0.2
Other Australians	2.1	1.9	1.7	2.6	1.1	2.5	0.6
Remoteness of residence							
Major cities	2.1	1.8	1.7	2.6	1.2	2.3	0.6
Inner regional	2.2	2.2	1.8	2.6	1.0	3.0	0.7
Outer regional	2.1	2.1	1.5	2.4	1.0	2.5	0.5
Remote	1.8	2.0	1.6	2.2	0.6	2.0	0.4
Very remote	1.5	1.7	1.6	1.5	0.3	1.1	0.2
Socioeconomic status of area of residence							
1—Lowest	2.0	1.9	1.4	2.4	1.0	2.2	0.5
2	2.1	2.0	1.7	2.5	1.1	2.6	0.6
3	2.1	1.9	1.7	2.5	1.1	2.5	0.6
4	2.1	1.9	1.9	2.8	1.2	2.4	0.6
5—Highest	2.1	1.8	1.9	2.7	1.3	2.4	0.7
Total	2.1	1.9	1.7	2.6	1.1	2.4	0.6

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

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

(c) Separation rates by Indigenous status were directly age-standardised, using the projected Indigenous population (low series) as at 30 June 2013, based on the 2011 Census data. As the projected estimates use a highest age group of 65 and over, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.11: Rates of service: selected hospital procedures^(a) and other selected statistics, all hospitals, states and territories, 2013–14

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cataract extraction									
Separations	71,682	56,738	47,030	26,233	17,206	7,039	2,503	1,262	229,693
Separations not within state of residence (%)	2	3	2	<1	2	<1	22	3	2
Proportion of separations public patients (%)	29	32	15	38	36	12	52	58	28
Separations per 1,000 population	8.3	8.7	9.6	10.6	8.0	10.4	7.4	9.1	8.9
Standardised separation rate ratio	0.9	1.0	1.1	1.2	0.9	1.2	0.8	1.0	
Cholecystectomy									
Separations	16,743	14,026	11,151	5,201	3,814	1,325	958	381	53,599
Separations not within state of residence (%)	2	2	2	1	1	1	24	3	2
Proportion of separations public patients (%)	53	55	48	50	56	54	52	65	53
Separations per 1,000 population	2.2	2.3	2.4	2.0	2.1	2.4	2.5	1.7	2.2
Standardised separation rate ratio	1.0	1.0	1.1	0.9	1.0	1.1	1.1	0.7	
Coronary angioplasty									
Separations	12,680	9,402	7,383	3,664	2,527	787	1,142	..	37,646
Separations not within state of residence (%)	1	4	9	2	9	1	43	..	5
Proportion of separations public patients (%)	43	44	43	42	52	55	48	..	44
Separations per 1,000 population	1.5	1.5	1.5	1.4	1.2	1.2	3.2	..	1.5
Standardised separation rate ratio	1.0	1.0	1.0	1.0	0.8	0.8	2.2	..	
Coronary artery bypass graft									
Separations	4,110	3,400	2,876	991	1,134	219	239	..	12,969
Separations not within state of residence (%)	4	4	7	1	13	<1	51	..	6
Proportion of separations public patients (%)	51	49	50	48	55	53	57	..	51
Separations per 1,000 population	0.5	0.5	0.6	0.4	0.6	0.3	0.7	..	0.5
Standardised separation rate ratio	1.0	1.1	1.1	0.8	1.1	0.6	1.4	..	

(continued)

Table 6.11 (continued): Rates of service: selected hospital procedures^(a) and other selected statistics, all hospitals, states and territories, 2013–14

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Cystoscopy									
Separations	33,073	38,581	26,962	19,791	12,153	3,102	2,081	513	136,256
Separations not within state of residence (%)	2	2	3	<1	1	<1	27	3	2
Proportion of separations public patients (%)	35	44	34	39	40	30	47	62	39
Separations per 1,000 population	3.9	6.1	5.5	7.8	6.0	4.8	5.8	3.1	5.4
Standardised separation rate ratio	0.7	1.1	1.0	1.5	1.1	0.9	1.1	0.6	
Haemorrhoidectomy									
Separations	21,101	10,647	7,446	3,020	2,783	1,103	396	437	46,933
Separations not within state of residence (%)	2	2	2	<1	<1	<1	19	1	2
Proportion of separations public patients (%)	30	39	18	39	26	27	33	29	30
Separations per 1,000 population	2.7	1.8	1.5	1.2	1.5	1.9	1.0	1.9	1.9
Standardised separation rate ratio	1.4	0.9	0.8	0.6	0.8	1.0	0.5	1.0	
Hip replacement									
Separations	12,201	11,209	7,111	4,357	3,678	1,270	805	118	40,749
Separations not within state of residence (%)	2	3	5	1	3	<1	35	1	3
Proportion of separations public patients (%)	37	35	34	38	33	27	40	52	35
Separations per 1,000 population	1.4	1.7	1.4	1.7	1.7	1.9	2.3	0.7	1.6
Standardised separation rate ratio	0.9	1.1	0.9	1.1	1.1	1.2	1.5	0.5	
Hysterectomy, females aged 15–69^(b)									
Separations	7,984	6,893	6,441	3,201	2,255	707	427	159	28,067
Separations not within state of residence (%)	2	2	4	<1	2	<1	25	0	3
Proportion of separations public patients (%)	41	44	37	36	44	38	42	42	40
Separations per 1,000 population ^(b)	2.1	2.3	2.7	3.8	1.8	2.7	3.8	0.8	2.4
Standardised separation rate ratio	0.9	1.0	1.1	1.6	0.7	1.1	1.6	0.4	

(continued)

Table 6.11 (continued): Rates of service: selected hospital procedures^(a) and other selected statistics, all hospitals, states and territories, 2013–14

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Inginal herniorrhaphy									
Separations	16,202	12,945	10,413	5,455	3,671	1,243	912	353	51,194
Separations not within state of residence (%)	2	2	3	<1	1	<1	20	3	2
Proportion of separations public patients (%)	40	41	35	39	42	35	34	48	39
Separations per 1,000 population	2.0	2.1	2.1	2.1	2.0	2.1	2.4	1.7	2.1
Standardised separation rate ratio	1.0	1.0	1.0	1.0	0.9	1.0	1.2	0.8	
Knee replacement									
Separations	16,526	10,992	10,277	5,594	4,384	1,130	891	124	49,918
Separations not within state of residence (%)	2	3	5	<1	4	0	34	2	3
Proportion of separations public patients (%)	33	32	26	29	25	23	29	46	30
Separations per 1,000 population	1.9	1.7	2.0	2.2	2.1	1.6	2.4	0.8	1.9
Standardised separation rate ratio	1.0	0.9	1.1	1.1	1.1	0.9	1.3	0.4	
Myringotomy (with insertion of tube)									
Separations	10,128	9,473	6,320	5,032	3,942	583	849	197	36,524
Separations not within state of residence (%)	2	2	4	<1	2	0	25	0	2
Proportion of separations public patients (%)	28	34	34	29	37	32	23	49	32
Separations per 1,000 population	1.4	1.7	1.4	2.0	2.6	1.2	2.3	0.7	1.6
Standardised separation rate ratio	0.9	1.1	0.8	1.3	1.6	0.7	1.4	0.5	
Prostatectomy^(c)									
Separations	10,378	8,773	6,665	2,908	2,306	857	525	40	32,452
Separations not within state of residence (%)	3	2	4	<1	2	<1	30	n.p.	3
Proportion of separations public patients (%)	31	30	27	32	30	23	22	n.p.	29
Separations per 1,000 population ^(c)	2.5	2.8	2.7	2.9	1.9	2.6	8.1	n.p.	2.6
Standardised separation rate ratio	1.0	1.1	1.0	1.1	0.7	1.0	3.1	n.p.	

(continued)

Table 6.11 (continued): Rates of service: selected hospital procedures^(a) and other selected statistics, all hospitals, states and territories, 2013–14

Procedure	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Septoplasty									
Separations	8,653	7,666	4,138	2,447	2,359	268	453	134	26,118
Separations not within state of residence (%)	3	2	5	<1	3	1	32	0	3
Proportion of separations public patients (%)	25	32	18	20	29	17	30	25	26
Separations per 1,000 population	1.2	1.3	0.9	1.0	1.4	0.5	1.2	0.5	1.1
Standardised separation rate ratio	1.0	1.2	0.8	0.8	1.2	0.5	1.0	0.5	
Tonsillectomy									
Separations	16,272	14,103	10,599	6,758	4,241	855	1,463	307	54,598
Separations not within state of residence (%)	2	3	3	<1	2	<1	25	1	3
Proportion of separations public patients (%)	35	47	31	31	43	32	19	52	37
Separations per 1,000 population	2.3	2.6	2.3	2.8	2.8	1.8	4.0	1.2	2.5
Standardised separation rate ratio	0.9	1.1	0.9	1.1	1.1	0.7	1.6	0.5	
Varicose veins stripping and ligation									
Separations	4,572	4,529	2,313	1,439	1,071	222	373	106	14,625
Separations not within state of residence (%)	1	1	2	<1	2	<1	31	0	2
Proportion of separations public patients (%)	29	35	20	24	34	12	38	44	29
Separations per 1,000 population	0.6	0.7	0.5	0.6	0.6	0.4	1.0	0.5	0.6
Standardised separation rate ratio	1.0	1.2	0.8	0.9	1.0	0.7	1.6	0.8	

(a) The procedures are defined using Australian Classification of Health Interventions (ACHI) codes as detailed in tables accompanying this report online in Appendix B.

(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 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

6.4 Emergency surgery

This section presents an overview of care provided for emergency admissions involving surgery in both public and private hospitals, over time and for 2013–14. It includes information covering who used these services (and whether this is the same for elective surgery), why they received care, who paid for the care and how the episode ended.

Emergency admissions involving surgery are identified as acute care separations with a ‘surgical procedure’ reported, based on the procedures used to define ‘surgical’ DRGs in AR-DRG version 7.0 (NCCC 2012b) and for which the urgency of admission was reported as *Emergency*, indicating that the patient required admission within 24 hours.

Changes over time

Between 2009–10 and 2013–14, the number of emergency admissions involving surgery increased by an average of 3.8% per year (Table 6.12).

Between 2009–10 and 2013–14, the number of emergency admissions involving surgery increased for public hospitals in most states and territories (Table 6.12). Over this period, public hospitals accounted for the majority (87%) of emergency admissions involving surgery. The number of emergency admissions involving surgery in private hospitals also rose in most states and territories.

For public hospitals, Queensland had the highest increase in emergency admissions involving surgery (6.2%) between 2009–10 and 2013–14.

For private hospitals, South Australia had the highest increase in emergency admissions involving surgery (9.8%) between 2009–10 and 2013–14.

How much activity was there in 2013–14?

In 2013–14, there were about 305,000 emergency admissions involving surgery in Australian hospitals (Table 6.13).

Nationally, there were 13 emergency admissions involving surgery per 1,000 population. There was some variation among states and territories, ranging from 12 per 1,000 in New South Wales to 15 per 1,000 in South Australia.

The Northern Territory had the highest rate of emergency admissions involving surgery in public hospitals (21 per 1,000 population).

For private hospitals, the rates of emergency admissions involving surgery ranged from less than 1 per 1,000 in New South Wales to 4 per 1,000 in South Australia.

Table 6.12: Emergency admissions involving surgery, public and private hospitals, states and territories, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
New South Wales							
Public hospitals	77,905	79,858	84,980	86,019	87,486	2.9	1.7
Private hospitals	4,204	4,046	4,296	4,175	3,756	-2.8	-10.0
<i>All hospitals</i>	82,109	83,904	89,276	90,194	91,242	2.7	1.2
Victoria							
Public hospitals	57,817	59,997	62,528	61,784	63,124	2.2	2.2
Private hospitals	7,874	8,964	9,988	10,574	10,629	7.8	0.5
<i>All hospitals</i>	65,691	68,961	72,516	72,358	73,753	2.9	1.9
Queensland							
Public hospitals	36,979	39,814	42,632	45,608	46,998	6.2	3.0
Private hospitals	10,533	11,241	11,047	11,162	11,363	1.9	1.8
<i>All hospitals</i>	47,512	51,055	53,679	56,770	58,361	5.3	2.8
Western Australia							
Public hospitals	26,076	28,025	29,296	29,945	30,536	4.0	2.0
Private hospitals	4,842	5,501	5,433	5,441	5,206	1.8	-4.3
<i>All hospitals</i>	30,918	33,526	34,729	35,386	35,742	3.7	1.0
South Australia							
Public hospitals	18,720	19,531	20,238	20,675	20,500	2.3	-0.8
Private hospitals	5,013	6,233	7,331	7,207	7,284	9.8	1.1
<i>All hospitals</i>	23,733	25,764	27,569	27,882	27,784	4.0	-0.4
Tasmania^(a)							
Public hospitals	2,500	5,770	5,902	5,819	6,244	n.p.	7.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory							
Public hospitals	5,788	6,377	6,600	6,522	5,886	0.4	-9.8
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory^(b)							
Public hospitals	3,922	4,399	4,628	4,431	4,843	5.4	9.3
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total							
Public hospitals	229,707	243,771	256,804	260,803	265,617	3.7	1.8
Private hospitals	33,069	36,556	38,634	39,173	39,124	4.3	-0.1
All hospitals	262,776	280,327	295,438	299,976	304,741	3.8	1.6

(a) For Tasmania in 2009–10, urgency of admission was not reported for a large number of records. Therefore, the counts for both emergency and elective admissions involving surgery are likely to be underestimated.

(b) For 2012–13, urgency of admission was missing for all records from private hospitals in the Northern Territory. All Northern Territory private hospital separations involving surgery were categorised as elective admissions. Therefore, the counts of emergency admissions involving surgery are likely to be under-estimated.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.13: Emergency admissions involving surgery per 1,000 population, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Separations	87,486	63,124	46,998	30,536	20,500	6,244	5,886	4,843	265,617
Separations per 1,000 population	11.3	10.6	10.0	12.1	11.5	11.6	15.8	21.1	11.1
Private hospitals									
Separations	3,756	10,629	11,363	5,206	7,284	n.p.	n.p.	n.p.	39,124
Separations per 1,000 population	0.5	1.7	2.3	2.0	3.6	n.p.	n.p.	n.p.	1.6
All hospitals^(a)									
Separations	91,242	73,753	58,361	35,742	27,784	n.p.	n.p.	n.p.	304,741
Separations per 1,000 population	11.7	12.3	12.3	14.1	15.1	n.p.	n.p.	n.p.	12.7

(a) The total includes private hospital data for Tasmania, Australian Capital Territory and Northern Territory.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Who used these services?

This section presents information by the patient's sex, age group, Indigenous status and for the remoteness and socioeconomic status of the patient's area of usual residence.

Sex and age group

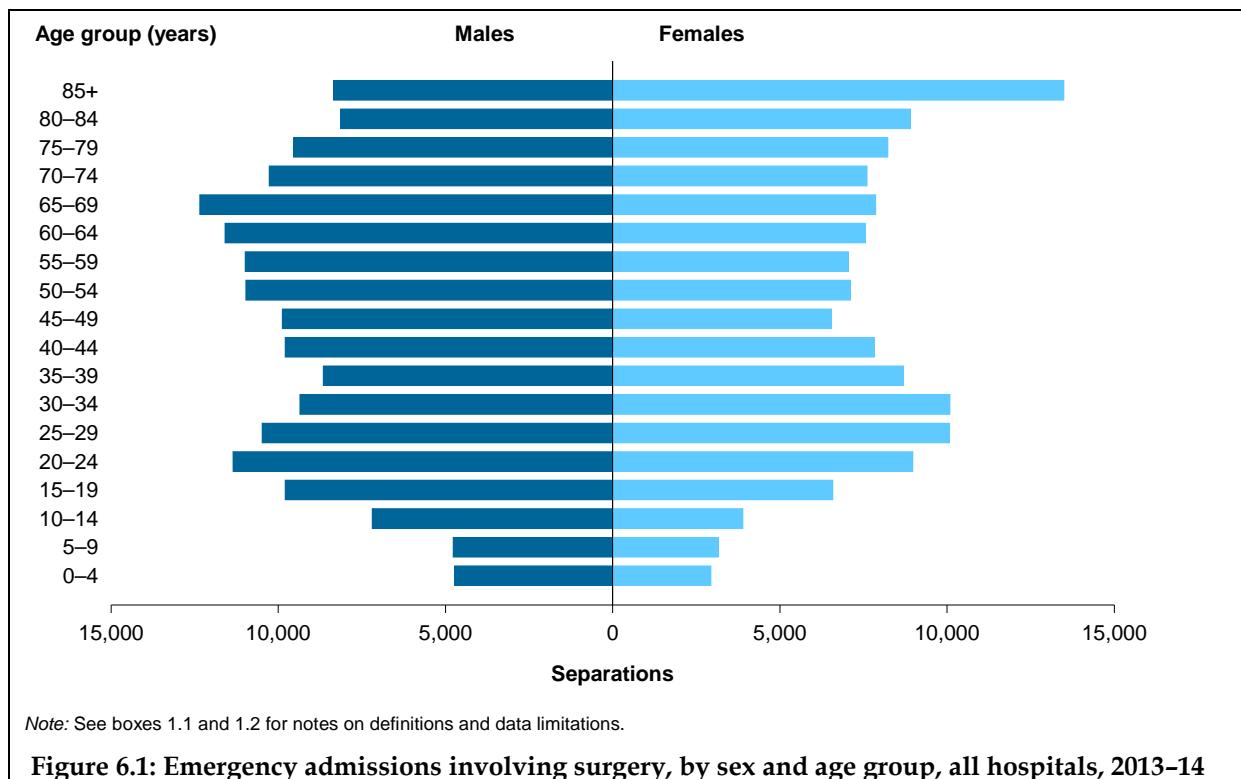
Males accounted for more than half (55%) of emergency admissions involving surgery (Figure 6.1). There were more emergency admissions involving surgery for males than females in almost all age groups except 30 to 39 and those aged 80 and over. Persons aged 15 to 29 accounted for about 19% of all emergency admissions involving surgery.

For children aged 10 to 14, there were almost twice as many emergency admissions for boys as for girls.

Aboriginal and Torres Strait Islander people

Separations for Aboriginal and Torres Strait Islander people are likely to be under-counted. The quality of the data provided for Indigenous status in 2013–14 for admitted patient care varied by jurisdiction. See Chapter 3 'Who used these services' and Appendix A for more information on the quality of Indigenous data in the NHMD.

There were more than 13,000 emergency admissions involving surgery for Indigenous Australians in 2013–14. The rate of emergency admissions involving surgery for Indigenous Australians was almost twice the rate for other Australians (23 per 1,000 and 12 per 1,000 population, respectively) (Table 6.14).



Remoteness

In 2013–14, the separation rate for emergency admissions involving surgery was highest for those living in *Very remote* areas (22 per 1,000) and decreased with decreasing remoteness (Table 6.14).

Socioeconomic status

The separation rate for emergency admissions involving surgery was highest for those living in areas in the lowest SES group (14 per 1,000) and decreased with decreasing disadvantage (Table 6.14).

How did people access these services?

Most emergency admissions involving surgery were a *New admission to hospital* (88%), which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 6.15). About 12% of emergency admissions involving surgery were transferred from another hospital.

Table 6.14: Emergency admissions involving surgery per 1,000 population, Indigenous status, remoteness and socioeconomic status of area of usual residence, public and private hospitals, 2013–14

	Separations per 1,000 population			
	Public hospitals	Private hospitals	Total	Separations
Indigenous status				
Indigenous	22.7	0.2	22.9	13,234
Other Australians	10.8	1.6	12.4	291,507
Remoteness area of usual residence				
Major cities	10.3	1.7	12.1	203,179
Inner regional	12.1	1.3	13.4	59,413
Outer regional	12.7	1.0	13.7	29,168
Remote	16.0	0.8	16.8	5,333
Very remote	20.8	0.7	21.5	4,234
Socioeconomic status of area of usual residence				
1—Lowest	13.6	0.8	14.3	69,339
2	12.1	1.1	13.2	64,405
3	11.0	1.5	12.4	59,898
4	9.9	2.1	12.1	56,522
5—Highest	8.4	2.4	10.8	51,105
Total	11.1	1.6	12.7	304,741

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.15: Emergency admissions involving surgery by mode of admission, public and private hospitals, 2013–14

	Public hospitals	Private hospitals	Total
New admission to hospital ^(a)	233,812	35,084	268,896
Admitted patient transferred from another hospital	31,567	4,036	35,603
Not reported	238	4	242
Total	265,617	39,124	304,741

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Why did people receive the care?

The reason that a patient receives surgical care can be described in terms of the principal diagnosis. This section presents information for all principal diagnoses at the ICD-10-AM chapter level. For the 20 most common principal diagnoses, information is presented at the more detailed 3-character level.

In 2013–14, about 38% of emergency admissions involving surgery had principal diagnoses in the ICD-10-AM chapter *Injury, poisoning and certain other consequences of external causes* (Table 6.16). *Diseases of the digestive system* accounted for 23%, and *Diseases of the circulatory system* accounted a further 11%.

Table 6.16: Emergency admissions involving surgery, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	2,179	242	2,421
C00–D48	Neoplasms	9,994	2,634	12,628
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	379	55	434
E00–E89	Endocrine, nutritional and metabolic diseases	3,396	349	3,745
F00–F99	Mental and behavioural disorders	90	10	100
G00–G99	Diseases of the nervous system	1,449	350	1,799
H00–H59	Diseases of the eye and adnexa	2,894	1,654	4,548
H60–H95	Diseases of the ear and mastoid process	379	121	500
I00–I99	Diseases of the circulatory system	29,099	5,574	34,673
J00–J99	Diseases of the respiratory system	4,838	577	5,415
K00–K93	Diseases of the digestive system	61,248	8,861	70,109
L00–L99	Diseases of the skin and subcutaneous tissue	6,734	848	7,582
M00–M99	Diseases of the musculoskeletal system and connective tissue	7,806	2,679	10,485
N00–N99	Diseases of the genitourinary system	11,807	2,434	14,241
O00–O99	Pregnancy, childbirth and the puerperium	11,793	560	12,353
P00–P96	Certain conditions originating in the perinatal period	291	12	303
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	1,208	95	1,303
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	4,205	989	5,194
S00–T98	Injury, poisoning and certain other consequences of external causes	105,016	10,940	115,956
Z00–Z99	Factors influencing health status and contact with health services	812	140	952
Total		265,617	39,124	304,741

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

The 20 most common principal diagnoses for emergency admissions involving surgery accounted for half of the principal diagnoses reported (Table 6.17). The most common principal diagnosis for emergency admissions was *Acute appendicitis*, with 89% of those separations in public hospitals.

Table 6.17: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for emergency admissions involving surgery, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
K35	Acute appendicitis	25,545	3,230	28,775
S72	Fracture of femur	17,377	2,318	19,695
I21	Acute myocardial infarction	12,473	1,890	14,363
S82	Fracture of lower leg, including ankle	11,208	1,200	12,408
K80	Cholelithiasis	8,812	1,671	10,483
S52	Fracture of forearm	8,784	1,078	9,862
S61	Open wound of wrist and hand	6,403	582	6,985
S62	Fracture at wrist and hand level	6,436	547	6,983
T81	Complications of procedures, not elsewhere classified	4,948	894	5,842
K61	Abscess of anal and rectal regions	5,183	480	5,663
S42	Fracture of shoulder and upper arm	4,788	533	5,321
K56	Paralytic ileus and intestinal obstruction without hernia	3,859	642	4,501
S66	Injury of muscle and tendon at wrist and hand level	3,993	302	4,295
O03	Spontaneous abortion	4,005	201	4,206
O02	Other abnormal products of conception	3,161	122	3,283
L02	Cutaneous abscess, furuncle and carbuncle	3,062	198	3,260
S01	Open wound of head	2,850	251	3,101
O00	Ectopic pregnancy	2,952	126	3,078
S81	Open wound of lower leg	2,682	324	3,006
E11	Type 2 diabetes mellitus	2,719	255	2,974
	Other	124,377	22,280	146,657
Total		265,617	39,124	304,741

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

What care was provided?

This section presents information on emergency admissions involving surgery describing care using:

- MDCs and AR-DRGs – based on the AR-DRG classification of acute care separations
- type of surgical procedure undertaken.

MDCs and AR-DRGs

About 26% of emergency admissions involving surgery were for *Diseases and disorders of the musculoskeletal system and connective tissue* (Table 6.18). However, comparing this table with Table 6.33, the majority of separations involving surgery for this category were elective admissions (84%). In contrast, almost 60% of separations involving surgery for *Injuries, poisoning and toxic effects of drugs* were emergency admissions.

Table 6.18: Emergency admissions involving surgery, by Major Diagnostic Category^(a), AR-DRG version 7.0, public and private hospitals, 2013–14

Major Diagnostic Category		Public hospitals	Private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	7,344	373	7,717
01	Diseases and disorders of the nervous system	9,296	1,003	10,299
02	Diseases and disorders of the eye	4,082	1,707	5,789
03	Diseases and disorders of the ear, nose, mouth and throat	6,570	655	7,225
04	Diseases and disorders of the respiratory system	2,833	393	3,226
05	Diseases and disorders of the circulatory system	27,280	5,641	32,921
06	Diseases and disorders of the digestive system	52,819	7,265	60,084
07	Diseases and disorders of the hepatobiliary system and pancreas	12,666	2,255	14,921
08	Diseases and disorders of the musculoskeletal system and connective tissue	70,364	9,819	80,183
09	Diseases and disorders of the skin, subcutaneous tissue and breast	7,936	2,113	10,049
10	Endocrine, nutritional and metabolic diseases and disorders	2,502	274	2,776
11	Diseases and disorders of the kidney and urinary tract	4,954	1,906	6,860
12	Diseases and disorders of the male reproductive system	3,084	472	3,556
13	Diseases and disorders of the female reproductive system	6,342	696	7,038
14	Pregnancy, childbirth and puerperium	11,780	561	12,341
15	Newborns and other neonates	721	22	743
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	709	83	792
17	Neoplastic disorders(haematological and solid neoplasms)	1,290	189	1,479
18	Infectious and parasitic diseases	3,708	641	4,349
21	Injuries, poisoning and toxic effects of drugs	24,654	2,391	27,045
22	Burns	1,948	33	1,981
23	Factors influencing health status and other contacts with health services	181	37	218
ED	Error DRGs ^(b)	2,554	595	3,149
Total		265,617	39,124	304,741

AR-DRG—Australian Refined-Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(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.

(b) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

In 2013–14, the 20 most common AR-DRGs accounted for almost half of the AR-DRGs reported for emergency admissions involving surgery (Table 6.19). About 7% of emergency admissions involving surgery had an AR-DRG of *Appendicectomy without malignancy or peritonitis without catastrophic or severe complications or comorbidities*. For *Implantation or replacement of pacemaker, total system without catastrophic complications or comorbidities*, about 29% of emergency admissions involving surgery were in private hospitals.

Table 6.19: The 20 most common AR-DRGs version 7.0 reported for emergency admissions involving surgery, public and private hospitals, 2013–14

AR-DRG		Public hospitals	Private hospitals	Total
G07B	Appendicectomy without malignancy or peritonitis without CSCC	18,808	2,607	21,415
I30Z	Hand procedures	10,858	1,053	11,911
F10B	Interventional coronary procedures admitted for AMI without catastrophic CC	8,503	1,396	9,899
G07A	Appendicectomy with malignancy or peritonitis or with CSCC	8,063	705	8,768
I13B	Humerus, tibia, fibula and ankle procedures without CC, age >=17	7,448	1,012	8,460
O05Z	Abortion with OR procedures	7,947	365	8,312
I08B	Other hip and femur procedures without catastrophic CC	7,093	1,029	8,122
I19B	Other elbow and forearm procedures without CC	7,063	904	7,967
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	6,300	1,378	7,678
X06B	Other procedures for other injuries without catastrophic or severe CC	6,830	647	7,477
G11Z	Anal and stomal procedures	5,916	720	6,636
I08A	Other hip and femur procedures with catastrophic CC	5,364	497	5,861
X05B	Other procedures for injuries to hand without CC	5,230	498	5,728
G02A	Major small and large bowel procedures with catastrophic CC	4,198	562	4,760
H08A	Laparoscopic cholecystectomy with closed CDE or with CSCC	3,695	573	4,268
F12B	Implantation or replacement of pacemaker, total system without catastrophic CC	2,534	1,038	3,572
I03B	Hip replacement without catastrophic CC	2,756	697	3,453
X06A	Other procedures for other injuries with catastrophic or severe CC	3,107	254	3,361
I13A	Humerus, tibia, fibula and ankle procedures with CC	3,027	306	3,333
I13C	Humerus, tibia, fibula and ankle procedures without CC, age <17	3,197	134	3,331
Other		137,680	22,749	160,429
Total		265,617	39,124	304,741

AMI—acute myocardial infarction; CC—complications or comorbidities; CDE—Common bile duct exploration; CSCC—catastrophic or severe complications or comorbidities; OR—operating room.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Procedures

This section presents information for all procedures at the ACHI chapter level. For the 20 most common procedures, information is presented at the more detailed procedure block level.

In 2013–14, more than 381,000 surgical procedures were reported for emergency admissions involving surgery. Emergency admissions accounted for about 13% of the procedures reported for separations involving surgery (see tables 6.20 and 6.35).

Almost 32% of all surgical procedures reported for emergency admissions involving surgery were in the ACHI chapter *Procedures on musculoskeletal system* (Table 6.20), with 87% of these occurring in public hospitals.

Table 6.20: Procedures^{(a)(b)} reported for emergency admissions involving surgery by ACHI chapter, public and private hospitals, 2013–14

Procedure		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	12,922	2,613	15,535
110–129	Procedures on endocrine system	208	47	255
160–256	Procedures on eye and adnexa	5,734	1,795	7,529
300–333	Procedures on ear and mastoid process	387	114	501
370–422	Procedures on nose, mouth and pharynx	3,703	587	4,290
450–490	Dental services	59	45	104
520–571	Procedures on respiratory system	12,557	978	13,535
600–777	Procedures on cardiovascular system	42,272	9,060	51,332
800–817	Procedures on blood and blood-forming organs	2,079	252	2,331
850–1011	Procedures on digestive system	75,565	11,026	86,591
1040–1129	Procedures on urinary system	6,387	1,974	8,361
1160–1203	Procedures on male genital organs	4,259	735	4,994
1240–1299	Gynaecological procedures	17,779	1,289	19,068
1330–1347	Obstetric procedures	566	47	613
1360–1580	Procedures on musculoskeletal system	106,726	15,339	122,065
1600–1718	Dermatological and plastic procedures	35,382	4,784	40,166
1740–1759	Procedures on breast	353	122	475
1786–1799	Radiation oncology procedures	41	4	45
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	3,702	289	3,991
1940–2016	Imaging services	2	0	2
Total surgical procedures		330,683	51,100	381,783

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(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 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

In 2013–14, *Appendicectomy* was the most common surgical procedure (at the procedure block level) for emergency admissions involving surgery (Table 6.21). Around 89% 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 (26%).

Table 6.21: Procedures^(a) reported for the 20 most common ACHI procedure blocks for emergency admissions involving surgery, public and private hospitals, 2013–14

Procedure block		Public hospitals	Private hospitals	Total
926	Appendicectomy	27,723	3,353	31,076
671	Transluminal coronary angioplasty with stenting	12,009	2,599	14,608
1566	Excision procedures on other musculoskeletal sites	12,799	1,766	14,565
965	Cholecystectomy	12,221	600	12,821
1628	Other debridement of skin and subcutaneous tissue	10,693	2,017	12,710
1479	Fixation of fracture of pelvis or femur	9,883	1,242	11,125
1265	Curettage and evacuation of uterus	8,288	391	8,679
1539	Open reduction of fracture of ankle or toe	6,314	758	7,072
569	Ventilatory support	5,798	1,040	6,838
1489	Arthroplasty of hip	6,351	274	6,625
1429	Open reduction of fracture of radius	5,339	778	6,117
986	Division of abdominal adhesions	5,115	921	6,036
930	Incision procedures on rectum or anus	5,320	509	5,829
650	Insertion of cardiac pacemaker generator	3,534	1,250	4,784
1466	Repair of tendon of hand	3,989	286	4,275
1636	Repair of nail	3,871	208	4,079
1256	Procedures for management of ectopic pregnancy	2,799	479	3,278
913	Colectomy	2,960	128	3,088
83	Repair of nerve or nerve trunk	2,440	204	2,644
1414	Open reduction of fracture of humerus or elbow	2,274	320	2,594
	Other	180,963	31,977	212,940
Total		330,683	51,100	381,783

ACHI—Australian Classification of Health Interventions.

(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 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Length of stay

The length of stay for emergency admissions involving surgery was similar for both public and private hospitals. For overnight separations, the length of stay for emergency admissions involving surgery was about 8 days (Table 6.22).

Table 6.22: Patient days and average length of stay for emergency admissions involving surgery, public and private hospitals, 2013–14

	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	22,261	1.0	5,280	1.0	27,541	1.0
Overnight	1,843,470	7.6	266,275	7.9	2,109,745	7.6
Total	1,865,731	7.0	271,555	6.9	2,137,286	7.0

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Who paid for the care?

About 75% of emergency admissions involving surgery in public hospitals were for *Public patients* and *Private health insurance* funded about 18% (Table 6.23).

For private hospitals, *Private health insurance* funded about 86% of emergency admissions involving surgery and the *Department of Veterans' Affairs* funded about 7%.

Table 6.23: Emergency admissions involving surgery, by principal source of funds, public and private hospitals, 2013–14

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients ^(a)	198,273	298	198,571
Private health insurance	46,530	33,677	80,207
Self-funded	2,427	691	3,118
Workers compensation	5,900	1,402	7,302
Motor vehicle third party personal claim	5,084	78	5,162
Department of Veterans Affairs	3,832	2,725	6,557
Other ^(b)	3,571	253	3,824
Total	265,617	39,124	304,741

(a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(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*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

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 84% of emergency admissions involving surgery had a mode of separation of *Discharged home* (Table 6.24). A relatively high proportion of emergency admissions involving surgery were *Discharged/transferred to an (other) acute hospital* for both public and private hospitals (9% and 7% respectively).

Table 6.24: Emergency admissions involving surgery, by mode of separation, public and private hospitals, 2013–14

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home ^(a)	221,617	33,821	255,438
Discharge/transfer to an (other) acute hospital	23,759	2,870	26,629
Discharge/transfer to residential aged care service ^(b)	2,696	301	2,997
Discharge/transfer to an (other) psychiatric hospital	59	1	60
Discharge/transfer to other health care accommodation ^(c)	1,058	344	1,402
Statistical discharge: type change	9,284	1,244	10,528
Left against medical advice/discharge at own risk	2,577	23	2,600
Statistical discharge from leave	98	2	100
Died	4,463	518	4,981
Total^(d)	265,617	39,124	304,741

(a) Includes Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services).

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

(d) The total includes records for which the mode of separation was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about emergency admissions involving surgery is in Chapter 5 ‘What services were provided’ in section 5.1 ‘Broad categories of service’.

Information on data limitations and methods is available in appendixes A and B.

6.5 Elective surgery

This section presents an overview of care provided for elective admissions involving surgery in both public and private hospitals, over time and for 2013–14. It includes information covering who used these services (and whether access was the same for all), why they received care, who paid for the care and how the episode ended.

Elective admissions involving surgery are identified as acute care separations with a ‘surgical procedure’ reported, based on the procedures used to define ‘surgical’ DRGs in AR-DRG version 7.0 (NCCC 2012b) and for which the Urgency of admission was reported as *Elective* (indicating that admission could be delayed).

The elective admissions involving surgery using admitted patient care data from the NHMD are not necessarily the same as elective surgery as defined for the National Elective Surgery Waiting Times Data Collection (NESWTDC).

This section also presents information on indicator procedures, including separation rates by Indigenous status, remoteness area of usual residence and socioeconomic status of area of usual residence. Indicator procedures are defined as those of high volume, and are often associated with long waits.

Information presented on indicator procedures is based on data sourced from the AIHW’s NESWTDC linked to the NHMD. About 84% of records sourced from the linked NESWTDC data were also classified as elective admissions involving surgery, and 1% were classified as emergency admissions involving surgery. Almost 15% of records sourced from the linked NESWTDC data were not classified as involving surgery. Therefore, variations in coverage of the linked data should be considered when interpreting the information presented for indicator procedures.

The proportion of records that were sourced from the linked NESWTDC data that were also classified as elective admissions involving surgery varied among states and territories; from 59% in Victoria to 80% in Western Australia.

Changes over time

Between 2009–10 and 2013–14, the number of elective admissions involving surgery rose by an average of 2.3% per year (Table 6.25). The average annual rise in elective admissions involving surgery was higher in private hospitals than in public hospitals (2.7% and 1.4% per year, respectively).

States and territories

Between 2009–10 and 2013–14, the number of elective admissions involving surgery for public hospitals increased in most states and territories (Table 6.25). Western Australia had the highest average annual rise in elective admissions involving surgery (6.2%) in private hospitals.

Over this period, private hospitals accounted for the majority (65% to 67%) of elective admissions involving surgery.

Between 2012–13 and 2013–14, there were increases in the numbers of elective admissions involving surgery for public hospitals in Victoria and the Australian Capital Territory.

Table 6.25: Elective admissions involving surgery, public and private hospitals, states and territories, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change(%)	
						Average since 2009–10	Since 2012–13
New South Wales							
Public hospitals	184,325	189,681	193,730	196,926	195,813	1.5	-0.6
Private hospitals	382,465	391,822	409,531	410,613	401,341	1.2	-2.3
<i>All hospitals</i>	566,790	581,503	603,261	607,539	597,154	1.3	-1.7
Victoria							
Public hospitals	201,661	202,715	199,876	198,973	212,505	1.3	6.8
Private hospitals	306,155	313,182	331,335	337,107	343,744	2.9	2.0
<i>All hospitals</i>	507,816	515,897	531,211	536,080	556,249	2.3	3.8
Queensland							
Public hospitals	112,458	114,288	115,709	114,334	116,560	0.9	1.9
Private hospitals	270,111	275,223	288,108	295,551	305,938	3.2	3.5
<i>All hospitals</i>	382,569	389,511	403,817	409,885	422,498	2.5	3.1
Western Australia							
Public hospitals	65,452	69,188	70,892	73,498	75,461	3.6	2.7
Private hospitals	132,185	145,057	153,090	157,876	167,899	6.2	6.3
<i>All hospitals</i>	197,637	214,245	223,982	231,374	243,360	5.3	5.2
South Australia							
Public hospitals	63,060	64,087	65,644	64,458	63,107	<0.1	-2.1
Private hospitals	101,183	100,106	101,816	105,699	108,295	1.7	2.5
<i>All hospitals</i>	164,243	164,193	167,460	170,157	171,402	1.1	0.7
Tasmania^(a)							
Public hospitals	14,349	13,832	13,945	13,818	13,749	-1.1	-0.5
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Australian Capital Territory							
Public hospitals	9,522	10,149	10,317	10,421	11,344	4.5	8.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Northern Territory^(b)							
Public hospitals	5,914	5,944	6,035	6,656	6,396	2.0	-3.9
Private hospitals	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
<i>All hospitals</i>	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.	n.p.
Total							
Public hospitals	656,741	669,884	676,148	679,084	694,935	1.4	2.3
Private hospitals	1,245,704	1,279,501	1,339,422	1,363,566	1,385,221	2.7	1.6
All hospitals	1,902,445	1,949,385	2,015,570	2,042,650	2,080,156	2.3	1.8

(a) For Tasmania in 2009–10, urgency of admission was not reported for a large number of records. Therefore, the counts for both emergency and elective admissions involving surgery are likely to be underestimated.

(b) For 2012–13, urgency of admission was missing for all records for private hospitals in the Northern Territory. All Northern Territory private hospital separations involving surgery were categorised as elective admissions. Therefore, the counts of elective admissions involving surgery are likely to be over-estimated.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How much activity was there in 2013–14?

In 2013–14, there were almost 2.1 million elective admissions involving surgery in Australia's public and private hospitals.

Nationally, there were 86 elective admissions involving surgery per 1,000 population (Table 6.26). There was some variation among states and territories in separation rates, ranging from 75 per 1,000 in New South Wales to 96 per 1,000 in Western Australia. For public hospitals, rates ranged from 25 per 1,000 in New South Wales, Queensland and Tasmania to 36 per 1,000 in Victoria.

Public hospitals provided about 29 elective admissions involving surgery per 1,000 population and private hospitals provided about 57 per 1,000.

Table 6.26: Elective admissions involving surgery per 1,000 population, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total ^(a)
Public hospitals									
Separations	195,813	212,505	116,560	75,461	63,107	13,749	6,396	11,344	694,935
Separations per 1,000 population	24.9	35.5	24.5	30.0	35.1	24.6	30.9	30.9	28.9
Private hospitals									
Separations	401,341	343,744	305,938	167,899	108,295	n.p.	n.p.	n.p.	1,385,221
Separations per 1,000 population	50.3	56.5	63.6	65.9	57.6	n.p.	n.p.	n.p.	56.6
All hospitals									
Separations	597,154	556,249	422,498	243,360	171,402	n.p.	n.p.	n.p.	2,080,156
Separations per 1,000 population	75.2	92.1	88.1	95.9	92.6	n.p.	n.p.	n.p.	85.5

(a) The total includes private hospital data for Tasmania, Australian Capital Territory and Northern Territory.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Who used these services?

This section presents information by the patient's sex, age group, Indigenous status and for the remoteness and socioeconomic status of the patient's area of usual residence.

Sex and age group

Females accounted for more than half (56%) of elective admissions involving surgery (Figure 6.2). There were more elective admissions involving surgery for females than males in the age groups from 15 to 59 and 85 and over. In particular, for the age groups from 30 to 39, there were more than two and half times as many elective admissions involving surgery for females as for males.

Aboriginal and Torres Strait Islander people

The separation rate for elective admissions involving surgery for other Australians (86 per 1,000) was about 1.7 times of the rate for Indigenous Australians (51 per 1,000) (Table 6.27).

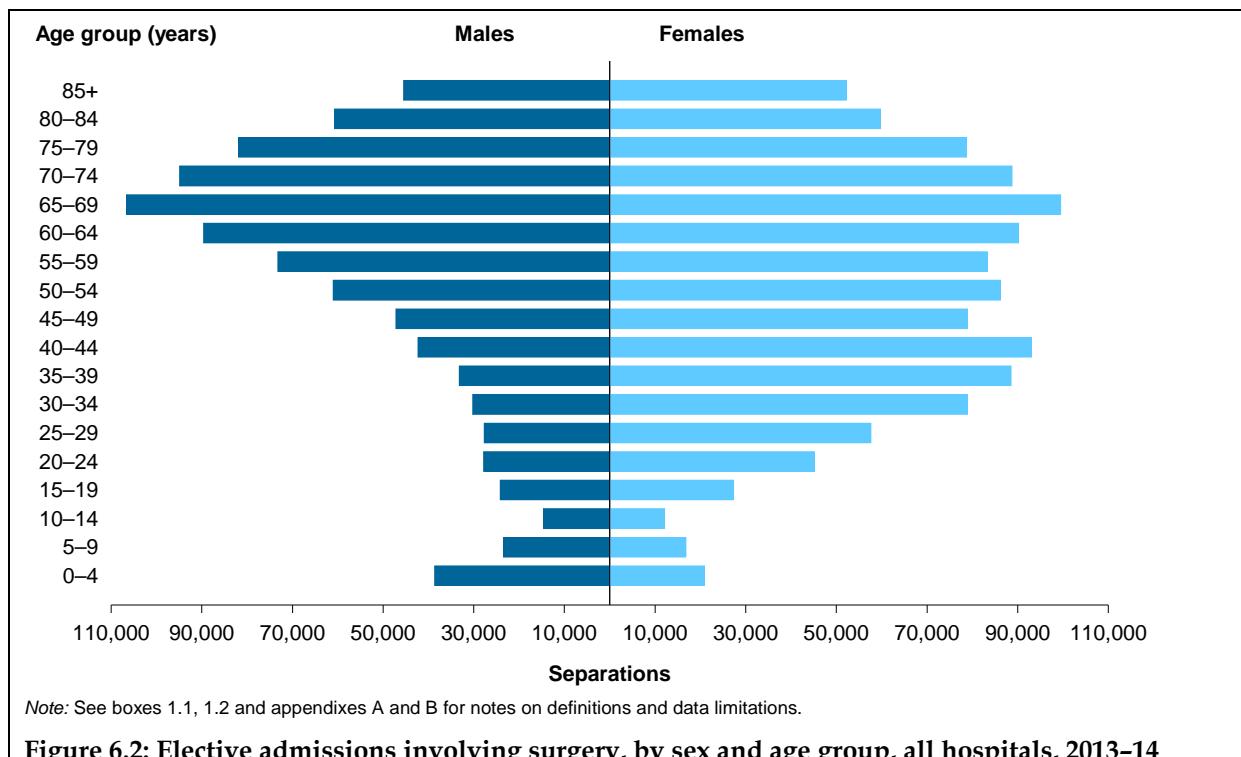


Figure 6.2: Elective admissions involving surgery, by sex and age group, all hospitals, 2013-14

Table 6.27: Elective admissions involving surgery per 1,000 population by Indigenous status, remoteness and socioeconomic status of area of usual residence, public and private hospitals, 2013-14

	Separations per 1,000 population			
	Public hospitals	Private hospitals	Total	Separations
Indigenous status				
Indigenous	40.9	9.7	50.6	25,024
Other Australians	28.4	57.4	85.8	2,055,132
Remoteness area of usual residence				
Major cities	25.7	59.0	84.7	1,424,207
Inner regional	35.3	54.9	90.2	427,447
Outer regional	37.4	46.0	83.4	188,291
Remote	39.4	35.9	75.3	24,057
Very remote	33.0	24.5	57.4	10,362
Socioeconomic status of area of usual residence				
1—Lowest	38.3	40.5	78.8	394,422
2	35.2	49.4	84.6	423,141
3	29.4	56.3	85.7	419,086
4	24.1	65.2	89.3	418,213
5—Highest	16.3	72.0	88.3	419,069
Total	28.9	56.6	85.5	2,080,156

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Indicator procedures

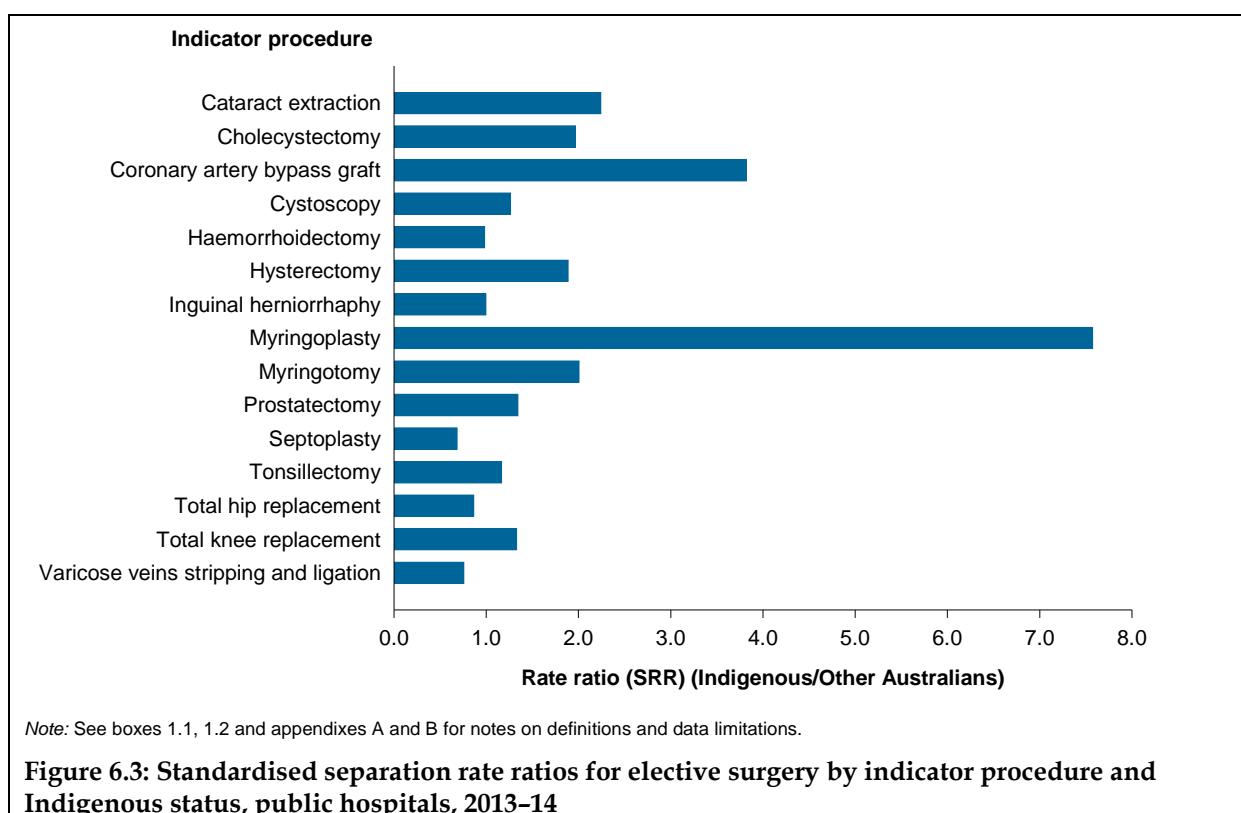
Figure 6.3 presents separation rates by indicator procedure and Indigenous status for the 671,000 patients admitted from elective surgery waiting lists in 2013–14.

The standardised separation rate ratios (SRRs) presented in Figure 6.3 compare the separation rates for indicator procedures for Indigenous Australians with the rates for other Australians for public hospitals in 2013–14. An SRR greater than 1.0 indicates that the separation rate for the indicator procedure for Indigenous Australians was higher than for other Australians admitted for the same indicator procedure.

The SRR is not shown for indicator procedures for which there were fewer than 100 separations for Indigenous Australians.

For 8 of the 12 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*, *Septoplasty*, *Inguinal herniorrhaphy*, and *Total hip replacement*.

The highest SRRs were reported for *Myringoplasty* (9.5) and *Coronary artery bypass graft* (3.4). Indigenous Australians had an SRR less than 1.0 for *Varicose veins stripping and ligation*.



Remoteness

In 2013–14, the rate of elective admissions involving surgery was lowest for those living in *Very remote* areas (57 per 1,000) and highest for those living in *Inner regional* areas (90 per 1,000) (Table 6.27).

For public hospitals, the rate of elective admissions involving surgery was lowest for those living in *Major cities* (26 per 1,000) and highest for those living in *Remote* areas (39 per 1,000). In contrast, for private hospitals the rate was highest for those living in *Major cities* (59 per 1,000) and fell 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.

Indicator procedures

Table 6.28 presents separation rates by indicator procedure and remoteness area for the 671,000 patients admitted from elective surgery waiting lists in 2013–14. For people living in *Very remote* areas, the rate for *Myringoplasty* was 11 times the national rate and the rate for *Cataract extraction* was about twice the national rate.

Table 6.28: Separations per 1,000 population^(a) for admissions from public hospital elective surgery waiting lists, by indicator procedure and remoteness area of usual residence, public hospitals, 2013–14

Indicator procedure	Remoteness area of usual residence					
	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Total ^(b)
Cataract extraction	2.3	2.3	3.1	3.9	4.5	2.4
Cholecystectomy	0.7	0.9	0.9	1.1	0.8	0.8
Coronary artery bypass graft	0.1	0.2	0.2	0.2	0.2	0.2
Cystoscopy	1.9	1.7	1.6	2.0	1.5	1.8
Haemorrhoidectomy	0.2	0.2	0.3	0.4	0.2	0.2
Hysterectomy	0.4	0.6	0.6	0.6	0.5	0.4
Inguinal herniorrhaphy	0.6	0.7	0.6	0.8	0.6	0.6
Myringoplasty	0.1	0.1	0.1	0.3	1.1	0.1
Myringotomy	0.2	0.3	0.3	0.4	0.6	0.3
Prostatectomy	0.3	0.3	0.3	0.3	0.2	0.3
Septoplasty	0.2	0.2	0.2	0.2	0.1	0.2
Tonsillectomy	0.7	1.0	0.8	0.9	0.4	0.8
Total hip replacement	0.3	0.5	0.5	0.4	0.4	0.4
Total knee replacement	0.5	0.6	0.7	0.7	0.6	0.6
Varicose veins stripping and ligation	0.2	0.2	0.2	0.2	0.1	0.2
Not applicable/not stated	17.5	21.0	22.5	26.8	18.9	18.8
Total	26.2	30.7	32.6	39.2	30.6	27.9
Number of separations	435,777	142,271	73,110	12,528	5,599	671,268

(a) Separations per 1,000 population are not published where there are fewer than 100 separations in a remoteness area for the indicator procedure.

(b) The total includes records for which *Remoteness area* was not recorded or not known.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Socioeconomic status

Separation rates ranged from 79 per 1,000 population for those living in areas classified as being in the lowest SES group to 89 per 1,000 for those living in areas classified as being in the second highest SES group (Table 6.27).

In 2013–14, the separation rate in public hospitals was highest for people living in areas classified as being in the lowest SES group (38 per 1,000) and decreased with increasing SES to 16 per 1,000 for people living in areas classified in the highest SES group. In contrast, the rate in private hospitals was highest for people living in areas classified as being in the highest SES group (72 per 1,000) and lowest for people living in areas classified in the lowest SES group (41 per 1,000).

Indicator procedures

Across all indicator procedures, people living in areas classified as being in the highest SES group had the lowest separation rates for public elective surgery (Table 6.29).

The greatest variation in separation rates by SES were for *Myringoplasty*, with people living in areas classified as being in the lowest SES group having twice the overall rate. The rates for *Septoplasty* were more evenly distributed among SES groups, with people living in areas classified as being in the lowest SES group having separation rates about 50% higher than the overall rate, and those in the highest SES group having separation rates about 50% lower than the overall rate.

Table 6.29: Separations per 1,000 population for admissions from public hospital elective surgery waiting lists, by indicator procedure and socioeconomic status^(a) of area of usual residence, public hospitals, 2013–14

Indicator procedure	Socioeconomic status of area of usual residence					Total^(b)
	1—Lowest	2	3	4	5—Highest	
Cataract extraction	3.3	2.7	2.3	2.0	1.3	2.4
Cholecystectomy	1.2	0.9	0.8	0.6	0.4	0.8
Coronary artery bypass graft	0.2	0.2	0.1	0.1	0.1	0.2
Cystoscopy	2.3	1.9	1.9	1.7	1.1	1.8
Haemorrhoidectomy	0.3	0.2	0.2	0.2	0.1	0.2
Hysterectomy	0.6	0.5	0.4	0.3	0.2	0.4
Inguinal herniorrhaphy	0.9	0.7	0.6	0.5	0.4	0.6
Myringoplasty	0.2	0.1	0.1	0.1	0.0	0.1
Myringotomy	0.3	0.3	0.3	0.3	0.1	0.3
Prostatectomy	0.4	0.3	0.3	0.3	0.2	0.3
Septoplasty	0.3	0.2	0.2	0.2	0.1	0.2
Tonsillectomy	1.1	1.0	0.8	0.7	0.4	0.8
Total hip replacement	0.5	0.4	0.4	0.3	0.2	0.4
Total knee replacement	0.8	0.7	0.5	0.4	0.3	0.6
Varicose veins stripping and ligation	0.2	0.2	0.2	0.2	0.1	0.2
Not applicable/not stated	25.2	21.6	19.2	16.0	11.5	18.8
Total	37.6	32.0	28.3	23.9	16.7	27.9
Number of separations	185,315	157,890	136,980	110,896	78,084	671,268

(a) 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.

(b) The total includes records for which records for which *Socioeconomic status of area of usual residence* was not recorded or not known.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How did people access these services?

Most elective admissions involving surgery were a *New admission to hospital* (98%), which includes all planned and unplanned admissions except transfers from other hospitals and statistical admissions (Table 6.30).

Table 6.30: Elective admissions involving surgery by mode of admission, public and private hospitals, 2013–14

	Public hospitals	Private hospitals	Total
New admission to hospital ^(a)	680,375	1,365,533	2,045,908
Admitted patient transferred from another hospital	12,173	11,078	23,251
Not reported	2,387	8,610	10,997
Total	694,935	1,385,221	2,080,156

(a) *New admission to hospital* is equivalent to *Other* in the mode of admission definition. It refers to all planned and unplanned admissions except transfers from other hospitals and statistical admissions.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Why did people receive the care?

This section presents information for all principal diagnoses at the ICD-10-AM chapter level. For the 20 most common principal diagnoses, information is presented using the more detailed 3-character ICD-10-AM groupings.

In 2013–14, more than 16% of elective admissions involving surgery had a principal diagnosis in the ICD-10-AM chapters *Diseases of the musculoskeletal system and connective tissue* and *Diseases of the eye and adnexa*. Just over 15% had a principal diagnosis in the *Neoplasms* chapter (Table 6.31).

Comparing this table with Table 6.16, the majority (98%) of separations involving surgery for *Diseases of the eye and adnexa* and *Diseases of the ear and mastoid process* and *Factors influencing health status and contact with health services* were elective admissions.

For elective admissions involving surgery, the 20 most common principal diagnoses accounted for about 45% of the principal diagnoses reported (Table 6.32).

The most common principal diagnosis for elective admissions involving surgery was *Other cataract*, with 69% of those separations coming from private hospitals. About 94% of elective admissions involving surgery with a principal diagnosis of *Other retinal disorders* and about 92% with a principal diagnosis of *Procreative management* were from private hospitals.

Table 6.31: Elective admissions involving surgery, by principal diagnosis in ICD-10-AM chapters, all hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
A00–B99	Certain infectious and parasitic diseases	1,515	1,581	3,096
C00–D48	Neoplasms	124,685	192,415	317,100
D50–D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	422	393	815
E00–E89	Endocrine, nutritional and metabolic diseases	8,531	26,991	35,522
F00–F99	Mental and behavioural disorders	14	13	27
G00–G99	Diseases of the nervous system	21,239	32,949	54,188
H00–H59	Diseases of the eye and adnexa	87,440	246,793	334,233
H60–H95	Diseases of the ear and mastoid process	14,291	25,875	40,166
I00–I99	Diseases of the circulatory system	32,139	49,997	82,136
J00–J99	Diseases of the respiratory system	28,461	56,944	85,405
K00–K93	Diseases of the digestive system	69,980	101,111	171,091
L00–L99	Diseases of the skin and subcutaneous tissue	16,868	26,123	42,991
M00–M99	Diseases of the musculoskeletal system and connective tissue	81,383	251,859	333,242
N00–N99	Diseases of the genitourinary system	89,907	135,666	225,573
O00–O99	Pregnancy, childbirth and the puerperium	16,066	46,479	62,545
P00–P96	Certain conditions originating in the perinatal period	256	24	280
Q00–Q99	Congenital malformations, deformations and chromosomal abnormalities	12,937	8,042	20,979
R00–R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	9,626	13,082	22,708
S00–T98	Injury, poisoning and certain other consequences of external causes	42,317	65,672	107,989
Z00–Z99	Factors influencing health status and contact with health services	36,857	103,212	140,069
Total		694,935	1,385,221	2,080,156

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.32: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for elective admissions involving surgery, public and private hospitals, 2013–14

Principal diagnosis		Public hospitals	Private hospitals	Total
H26	Other cataract	59,708	132,554	192,262
C44	Other malignant neoplasms of skin	28,732	70,243	98,975
M23	Internal derangement of knee	13,053	49,867	62,920
M17	Gonarthrosis [arthrosis of knee]	18,174	43,135	61,309
Z31	Procreative management	4,839	55,635	60,474
H35	Other retinal disorders	3,176	49,660	52,836
O04	Medical abortion	7,933	36,341	44,274
K40	Inguinal hernia	17,639	24,885	42,524
J35	Chronic diseases of tonsils and adenoids	14,918	24,641	39,559
G56	Mononeuropathies of upper limb	12,420	20,473	32,893
K80	Cholelithiasis	17,109	15,711	32,820
N92	Excessive, frequent and irregular menstruation	15,126	15,932	31,058
H25	Senile cataract	8,060	22,653	30,713
M75	Shoulder lesions	4,903	25,211	30,114
M16	Coxarthrosis [arthrosis of hip]	8,671	19,215	27,886
J34	Other disorders of nose and nasal sinuses	7,291	18,117	25,408
Z47	Other orthopaedic follow-up care	11,239	11,181	22,420
C50	Malignant neoplasm of breast	9,106	11,248	20,354
H65	Nonsuppurative otitis media	5,999	12,527	18,526
N20	Calculus of kidney and ureter	7,535	10,230	17,765
	Other	419,304	715,762	1,135,066
Total		694,935	1,385,221	2,080,156

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

What services were provided?

This section presents information on elective admissions involving surgery describing care using:

- MDCs and AR-DRGs – based on the AR-DRG classification of acute care separations
- type of surgical procedure undertaken.

MDCs and AR-DRGs

About 21% of elective admissions involving surgery were for the MDC *Diseases and disorders of the musculoskeletal system and connective tissue*, and 16% were for *Diseases and disorders of the eye* (Table 6.33).

For elective admissions involving surgery, the 20 most common AR-DRGs accounted for over half (54%) of the AR-DRGs reported (Table 6.34). The most common AR-DRG for elective admissions was for *Lens procedures*, of which 70% were carried out in private hospitals and which accounted for about 11% of elective admissions involving surgery.

Table 6.33: Elective admissions involving surgery, by Major Diagnostic Category^(a), AR-DRG version 7.0, public and private hospitals, 2013–14

Major Diagnostic Category		Public hospitals	Private hospitals	Total
PR	Pre-MDC (tracheostomies, transplants, ECMO)	4,019	3,509	7,528
01	Diseases and disorders of the nervous system	21,218	32,483	53,701
02	Diseases and disorders of the eye	90,312	251,645	341,957
03	Diseases and disorders of the ear, nose, mouth and throat	53,821	107,456	161,277
04	Diseases and disorders of the respiratory system	10,316	11,290	21,606
05	Diseases and disorders of the circulatory system	38,368	55,650	94,018
06	Diseases and disorders of the digestive system	57,926	77,676	135,602
07	Diseases and disorders of the hepatobiliary system and pancreas	23,286	20,783	44,069
08	Diseases and disorders of the musculoskeletal system and connective tissue	122,104	304,488	426,592
09	Diseases and disorders of the skin, subcutaneous tissue and breast	83,405	176,185	259,590
10	Endocrine, nutritional and metabolic diseases and disorders	10,050	27,693	37,743
11	Diseases and disorders of the kidney and urinary tract	31,272	38,868	70,140
12	Diseases and disorders of the male reproductive system	20,859	35,891	56,750
13	Diseases and disorders of the female reproductive system	90,086	166,316	256,402
14	Pregnancy, childbirth and puerperium	16,069	46,478	62,547
15	Newborns and other neonates	506	21	527
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	1,703	1,151	2,854
17	Neoplastic disorders(haematological and solid neoplasms)	4,840	4,043	8,883
18	Infectious and parasitic diseases	1,006	2,004	3,010
21	Injuries, poisoning and toxic effects of drugs	6,162	12,225	18,387
22	Burns	1,437	158	1,595
23	Factors influencing health status and other contacts with health services	4,285	6,517	10,802
ED	Error DRGs ^(b)	1,885	2,691	4,576
Total		694,935	1,385,221	2,080,156

AR-DRG—Australian Refined-Diagnosis Related Group; ECMO—extracorporeal membrane oxygenation; MDC—Major Diagnostic Category.

(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.

(b) An Error DRG is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.34: The 20 most common AR-DRGs version 7.0 reported for elective admissions involving surgery, public and private hospitals, 2013–14

AR-DRG		Public hospitals	Private hospitals	Total
C16Z	Lens procedures	66,347	155,555	221,902
J11Z	Other skin, subcutaneous tissue and breast procedures	38,140	63,033	101,173
I18Z	Other Knee procedures	16,686	66,211	82,897
N07Z	Other uterine and adnexa procedures for non-malignancy	15,920	52,551	68,471
C03Z	Retinal procedures	8,314	59,096	67,410
G10B	Hernia procedures without CC	25,707	35,794	61,501
O05Z	Abortion with OR procedure	15,278	45,355	60,633
G11Z	Anal and stomal procedures	17,937	28,930	46,867
J08B	Other skin graft and/or debridement procedures without CC	16,756	29,570	46,326
D11Z	Tonsillectomy and/or adenoidectomy	7,076	35,483	42,559
I30Z	Hand procedures	19,265	22,679	41,944
I16Z	Other Shoulder procedures	7,616	31,282	38,898
N10Z	Diagnostic curettage or diagnostic hysteroscopy	9,751	27,747	37,498
J10Z	Skin, subcutaneous tissue and breast plastic OR procedures	10,664	24,115	34,779
I04B	Knee replacement without catastrophic or severe CC	15,671	15,907	31,578
H08B	Laparoscopic cholecystectomy without closed CDE without CSCC	15,247	14,708	29,955
N09Z	Conisation, vagina, cervix and vulva procedures	11,351	17,520	28,871
B05Z	Carpal tunnel release	2,644	25,966	28,610
N11Z	Other female reproductive system OR procedures	8,298	18,936	27,234
I03B	Hip replacement without catastrophic CC	7,120	18,926	26,046
	Other	359,147	595,857	955,004
Total		694,935	1,385,221	2,080,156

CC—complications or comorbidities; CDE—common bile duct exploration; CSCC—catastrophic or severe complications or comorbidities; OR—operating room.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Procedures

This section presents information for all procedures at the ACHI chapter level. For the 20 most common procedures, information is presented at the more detailed procedure block level.

In 2013–14, more than 2.5 million surgical procedures were reported for elective admissions involving surgery.

About 21% of the surgical procedures were in the ACHI chapter *Procedures on musculoskeletal system*, with 73% of these occurring in private hospitals (Table 6.35).

In 2013–14, *Extracapsular crystalline lens extraction by phacoemulsification* was the most common surgical procedure block for elective admissions, accounting for 8% of elective admissions (Table 6.36). Around 92% of elective admissions for *Procedures for reproductive medicine* were reported for private hospitals.

Table 6.35: Procedures^{(a)(b)} reported for elective admissions involving surgery by ACHI chapter, public and private hospitals, 2013–14

Procedure		Public hospitals	Private hospitals	Total
1–86	Procedures on nervous system	28,555	68,762	97,317
110–129	Procedures on endocrine system	7,577	9,278	16,855
160–256	Procedures on eye and adnexa	94,903	268,132	363,035
300–333	Procedures on ear and mastoid process	12,304	21,679	33,983
370–422	Procedures on nose, mouth and pharynx	46,821	103,136	149,957
450–490	Dental services	328	2,186	2,514
520–571	Procedures on respiratory system	9,143	8,006	17,149
600–777	Procedures on cardiovascular system	57,133	81,192	138,325
800–817	Procedures on blood and blood-forming organs	17,684	17,225	34,909
850–1011	Procedures on digestive system	97,819	136,957	234,776
1040–1129	Procedures on urinary system	40,127	52,707	92,834
1160–1203	Procedures on male genital organs	23,443	40,253	63,696
1240–1299	Gynaecological procedures	122,390	235,509	357,899
1330–1347	Obstetric procedures	283	417	700
1360–1580	Procedures on musculoskeletal system	147,107	398,786	545,893
1600–1718	Dermatological and plastic procedures	103,646	244,046	347,692
1740–1759	Procedures on breast	16,209	41,531	57,740
1786–1799	Radiation oncology procedures	1,149	828	1,977
1820–1922	Non-invasive, cognitive and other interventions, n.e.c.	1,485	522	2,007
1940–2016	Imaging services	2	1	3
Total surgical procedures		828,108	1,731,153	2,559,261

ACHI—Australian Classification of Health Interventions; n.e.c.—not elsewhere classified.

(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 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Table 6.36: Procedures^(a) reported for the 20 most common ACHI procedure blocks for elective admissions involving surgery, public and private hospitals, 2013–14

Procedure block		Public hospitals	Private hospitals	Total
197	Extracapsular crystalline lens extraction by phacoemulsification	64,534	149,050	213,584
1620	Excision of lesion(s) of skin and subcutaneous tissue	34,650	57,458	92,108
1265	Curettage and evacuation of uterus	28,114	57,142	85,256
1297	Procedures for reproductive medicine	4,755	55,796	60,551
412	Tonsillectomy or adenoidectomy	23,795	35,772	59,567
209	Application, insertion or removal procedures on retina, choroid or posterior chamber	3,111	50,705	53,816
1517	Arthroscopic meniscectomy of knee with repair	6,510	40,650	47,160
1518	Arthroplasty of knee	14,451	29,373	43,824
990	Repair of inguinal hernia	17,411	23,863	41,274
965	Cholecystectomy	18,987	18,077	37,064
1651	Local skin flap, single stage	7,769	27,819	35,588
1489	Arthroplasty of hip	9,609	20,318	29,927
76	Release of carpal and tarsal tunnel	11,463	17,866	29,329
1554	Other application, insertion or removal procedures on other musculoskeletal sites	12,927	10,705	23,632
1566	Excision procedures on other musculoskeletal sites	5,744	16,386	22,130
1266	Excision of lesion of uterus	8,189	13,912	22,101
1649	Other full thickness skin graft	7,160	13,504	20,664
1503	Arthroscopic excision of knee	6,407	13,873	20,280
309	Myringotomy	6,415	13,636	20,051
889	Procedures for morbid obesity	1,874	17,866	19,740
	Other	534,233	1,047,382	1,581,615
Total separations		694,935	828,108	1,731,153

ACHI—Australian Classification of Health Interventions.

(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 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Length of stay

The length of stay for elective admissions involving surgery varied between public and private hospitals. For overnight separations, the length of stay was 3.7 days for public hospitals and 3.2 days for private hospitals (Table 6.37).

Table 6.37: Patient days and average length of stay for elective admissions involving surgery, public and private hospitals, 2013–14

	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	362,716	1.0	809,952	1.0	1,172,668	1.0
Overnight	1,225,998	3.7	1,820,307	3.2	3,046,305	3.4
Total	1,588,714	2.3	2,630,259	1.9	4,218,973	2.0

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Who paid for the care?

For elective admissions involving surgery, 87% of separations in public hospitals were for *Public patients* and *Private health insurance* funded about 7% of separations (Table 6.38). In private hospitals, *Private health insurance* funded about 81% of elective admissions involving surgery and 11% were *Self-funded*.

Table 6.38: Elective admissions involving surgery, by principal source of funds, public and private hospitals, 2013–14

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients ^(a)	601,751	11,342	613,093
Private health insurance	50,767	1,123,195	1,173,962
Self-funded	20,618	152,079	172,697
Workers compensation	2,643	38,399	41,042
Motor vehicle third party personal claim	1,706	3,065	4,771
Department of Veterans Affairs	2,946	46,357	49,303
Other ^(b)	14,504	10,784	25,288
Total	694,935	1,385,221	2,080,156

- (a) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).
- (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*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

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 96% of separations involving surgery had a mode of separation of *Discharged home*, suggesting that most patients go home after their episode of care (Table 6.39).

Where to go for more information:

More information about elective admissions involving surgery is available in:

- Section 6.6 Elective surgery waiting times
- Chapter 5 ‘What services were provided?’ – for Broad categories of service.

More information about public hospital elective surgery is available in *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c).

Information on data limitations and methods is available in appendixes A and B.

Table 6.39: Elective admissions involving surgery, by mode of separation, public and private hospitals, 2013–14

Mode of separation	Public hospitals	Private hospitals	Total
Discharged home ^(a)	673,875	1,320,145	1,994,020
Discharge/transfer to an (other) acute hospital	12,001	24,856	36,857
Discharge/transfer to residential aged care service ^(b)	1,224	631	1,855
Discharge/transfer to an (other) psychiatric hospital	19	17	36
Discharge/transfer to other health care accommodation ^(c)	638	27,014	27,652
Statistical discharge: type change	4,370	11,224	15,594
Left against medical advice/discharge at own risk	1,876	297	2,173
Statistical discharge from leave	144	183	327
Died	776	729	1,505
Not reported	12	125	137
Total	694,935	1,385,221	2,080,156

(a) Includes *Discharge to usual residence/own accommodation/welfare institution (including prisons, hostels and group homes providing primarily welfare services)*.

(b) Unless this is the usual place of residence.

(c) Includes mothercraft hospitals, except in jurisdictions where mothercraft facilities are considered acute.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

6.6 Elective surgery waiting times

This section presents waiting times information for 671,000 patients admitted from public hospital elective surgery waiting lists in 2013–14.

The numbers of admissions from public hospital elective surgery waiting lists presented in this section differs from the numbers of elective admissions involving surgery presented in section 6.5. This is because the information in this section used data sourced from the AIHW's NESWTDC linked to the NHMD.

Variations in coverage of the linked data should be considered when interpreting the information because information was only available for about 96% of admissions from public hospital elective surgery waiting lists in 2013–14. There was some variation in the linked data coverage between states and territories; from 92% in Queensland and the Northern Territory to 100% for Tasmania. Therefore, the waiting times presented in this section may differ from those previously reported in *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c).

The information in the section includes waiting times statistics for indicator procedures by Indigenous status, remoteness and socioeconomic status of area of usual residence of the patient. This section also presents waiting times information by principal diagnosis of the patient, with a focus on waiting times for patients with a cancer-related principal diagnosis.

This section supplements the information reported in *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c) by the use of data in the NHMD, that allows analysis of public hospital waiting times for elective surgery by Indigenous status, remoteness area and socioeconomic status of the patient's usual residence.

How long did people wait for care?

This section presents information about the length of time waited by patients on public hospital elective surgery waiting lists before being admitted for surgery. The waiting times data presented are for patients who complete their wait and are admitted for surgery as either an elective or emergency admission. About 1% of the 671,000 records were emergency admissions.

In 2013–14, there were 671,268 admissions from public hospital elective surgery waiting lists for which linked NHMD data were available. The median waiting time for care was 37 days and the 90th percentile waiting time was 262 days.

How did waiting times differ for Indigenous and other Australians?

In 2013–14, there were more than 20,000 admissions from public hospital waiting lists for elective surgery for patients identified as Aboriginal and/or Torres Strait Islander.

Overall, the median waiting time for Indigenous Australians was greater than the median waiting time for other Australians (42 days and 36 days respectively; Table 6.40).

Indicator procedures

Indigenous Australians had higher median waiting times for 8 of the 15 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* (244 days for Indigenous Australians and 197 days for other Australians). *Cholecystectomy* and *Coronary artery bypass graft* had the smallest differences in median waiting times by Indigenous status.

Table 6.40: Median waiting time (days) to admission for elective surgery by indicator procedure and Indigenous status, public hospitals, 2013–14

Indicator procedure	Indigenous Australians	Other Australians	Total
Cataract extraction	112	81	82
Cholecystectomy	46	47	47
Coronary artery bypass graft	17	18	18
Cystoscopy	29	23	23
Haemorrhoidectomy	n.p.	59	59
Hysterectomy	57	52	52
Inguinal herniorrhaphy	45	56	56
Myringoplasty	119	134	131
Myringotomy	59	54	55
Prostatectomy	64	43	43
Septoplasty	n.p.	218	220
Tonsillectomy	108	102	102
Total hip replacement	129	109	109
Total knee replacement	244	197	198
Varicose veins stripping and ligation	n.p.	97	97
Not applicable/not stated	29	28	28
Total	42	36	37
Number of separations	20,503	650,765	671,268

Notes:

1. Some indicator procedures are not shown due to small numbers of admissions for Indigenous Australians.
2. See boxes 1.1, 1.2, and 1.3, and appendixes A and B for notes on definitions and data limitations.

How did waiting times vary by remoteness area of usual residence?

Overall, about 65% of admissions from waiting lists for elective surgery were for patients living in *Major cities*, 21% were for patients in *Inner regional* areas and 11% were for patients in *Outer regional* areas (Table 6.28).

The median waiting time varied somewhat by remoteness, ranging from 30 days for people living in *Remote* areas to 40 days for people living in *Inner regional* areas (Table 6.41).

Indicator procedures

There was some variation in the median waiting time for remoteness areas by indicator procedure. For indicator procedures with at least 100 admissions in each remoteness area, *Cataract extraction* had the greatest variation in waiting times by remoteness area. People from *Inner regional* areas had the highest median waiting time of 165 days, and people from *Major cities* had the lowest (65 days). *Cystoscopy* had the least variation by remoteness area, ranging from 22 days for people from *Inner regional* areas to 28 days for people from *Very remote* areas.

Table 6.41: Median waiting time (days) to admission for elective surgery by indicator procedure and remoteness area of usual residence, public hospitals, 2013–14

Indicator procedure	Remoteness area of usual residence ^(a)					Total
	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	
Cataract extraction	65	165	133	78	89	82
Cholecystectomy	47	46	46	38	50.5	47
Coronary artery bypass graft	20	12	19	n.p.	n.p.	18
Cystoscopy	24	22	25	25	28	23
Haemorrhoidectomy	63	59	38	42	n.p.	59
Hysterectomy	53	54	49	49.5	n.p.	52
Inguinal herniorrhaphy	56	59	52	34	35.5	56
Mycingoplasty	142	105	132	n.p.	139	131
Mycingotomy	53	57	64	11	85	55
Prostatectomy	43	36	50	53	n.p.	43
Septoplasty	234	201	173	n.p.	n.p.	220
Tonsillectomy	109	91	104	67	n.p.	102
Total hip replacement	100	120	138	116	n.p.	109
Total knee replacement	172	244	227	214	n.p.	198
Varicose veins stripping and ligation	96	111	87	n.p.	n.p.	97
Not applicable/not stated	29	29	28	26	28	28
Total	36	40	37	30	41	37

(a) Median waiting times are not published where there are fewer than 100 separations in a remoteness area for the indicator procedure.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How did waiting vary by socioeconomic status of area of usual residence?

Overall, about 28% of admissions from waiting lists were for people living in areas classified as being in the lowest SES group, dropping to about 12% for people living in areas classified as being in the highest SES group (Table 6.29).

Median waiting times varied by SES, ranging from 31 days for people living in areas classified as the highest SES group to 42 days for people living in areas classified as the lowest SES group (Table 6.42).

Indicator procedures

Septoplasty was the indicator procedure with the greatest variation in waiting times by socioeconomic status, ranging from 268 days for people living in areas classified as being in the lowest SES group to 179 days for people in the second highest SES group. *Cystoscopy* had the least variation by socioeconomic status group.

Table 6.42: Median waiting times (days) for elective surgery by indicator procedure and socioeconomic status of area of usual residence, public hospitals, 2013–14

Indicator procedure	Socioeconomic status of area of usual residence					Total
	1—Lowest	2	3	4	5—Highest	
Cataract extraction	110	92	70	62	62	82
Cholecystectomy	50	47	45	44	42	47
Coronary artery bypass graft	18	19	17	18	18	18
Cystoscopy	24	23	22	23	24	23
Haemorrhoidectomy	63	58	56	62	56	59
Hysterectomy	54	52	54	56	40	52
Inguinal herniorrhaphy	62	56	56	51	49	56
Myringoplasty	141	132	112	125	124	131
Myringotomy	61	55	56	49	43	55
Prostatectomy	48	48	36	38	40	43
Septoplasty	268	224	203	179	189	220
Tonsillectomy	115	108	97	91	91	102
Total hip replacement	122	115	102	98	100	109
Total knee replacement	233	209	176	176	154	198
Varicose veins stripping and ligation	109	101	84	91	96	97
Not applicable/not stated	30	29	28	28	26	28
Total	42	39	35	35	31	37

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

How did waiting times vary by diagnosis?

The diagnosis information available in the data from the NHMD can be used to compare the waiting times for patients for whom elective surgery may be more urgent with the waiting times for other patients. In this way, the waiting times for patients awaiting surgery for cancer can be compared with the waiting times for patients awaiting the same surgery for other conditions.

This section present information for patients with any cancer-related principal diagnosis (ICD-10-AM diagnosis codes C00–C99, D00–D09, D45, D46, D47.1 and D47.3) by surgical specialty and for patients with a principal diagnosis of selected types of cancer.

Surgical specialty

In 2013–14, there were shorter overall waiting times for admissions with a principal diagnosis of a cancer (median of 17 days) compared with other admissions (41 days; Table 6.43). There were shorter waiting times for admissions with a principal diagnosis of a cancer compared with other admissions for most surgical specialties. Median waiting times varied according to the type of cancer (see Table 6.44).

The largest variation in median waiting times by surgical specialty (for which there were at least 100 cancer-related separations) was for *General surgery* for which patients with a cancer-related principal diagnosis had a median waiting time of 13 days, compared with 38 days for other diagnoses and 30 days overall.

The surgical specialties that had the least variation in median waiting times for separations with a cancer-related principal diagnosis compared with other diagnoses were *Urology* (23 days for cancer, compared with 26 days for other diagnoses) and *Cardiothoracic surgery* (12 days for cancer, compared with 20 days).

Table 6.43: Median waiting time (days) for patients admitted from waiting lists for elective surgery with a cancer-related principal diagnoses (or other principal diagnosis), by surgical specialty, public hospitals, 2013–14

Surgical specialty	Cancer-related principal diagnosis ^(a)	Other principal diagnosis	Overall
Cardio-thoracic surgery	12	20	18
Ear, nose and throat surgery	n.p.	71	71
General surgery	13	38	30
Gynaecology	22	34	32
Neurosurgery	n.p.	32	32
Ophthalmology	n.p.	69	69
Orthopaedic surgery	n.p.	66	66
Plastic surgery	14	27	25
Urology	23	26	25
Vascular surgery	n.p.	20	20
Other	25.5	24	24
Total	17	41	37

(a) Median waiting times are not published where there are fewer than 100 separations for the indicator procedure.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Waiting times for selected types of cancer

The selected types of cancer presented in Table 6.44 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, D06.9, D07.0–D07.3)
- Kidney cancer (C64)
- Lung cancer (C33–34, D02.1–D02.2)
- Melanoma (C43, D03)
- Prostate cancer (C61, D07.5).

In 2013–14, for patients with one of the selected types of cancer, patients with a principal diagnosis of lung cancer had the shortest median waiting time of 12 days, with 90% of patients admitted for surgery within 29 days (Table 6.44).

Patients with a principal diagnosis of prostate cancer had a median waiting time of 27 days and 90% of patients had been admitted for surgery within 93 days.

Table 6.44: Waiting time statistics for admissions from waiting lists for elective surgery, for selected principal diagnoses for cancer, public hospitals, 2013–14

Cancer type	Separations	Days waited at 50th percentile	Days waited at 90th percentile
Bladder cancer	7,971	20	72
Bowel cancer	5,057	14	31
Breast cancer	10,587	13	27
Gynaecological cancer	7,813	22	81
Kidney cancer	1,413	23	77
Lung cancer	1,328	12	29
Melanoma	4,343	14	30
Prostate cancer	6,603	27	93
All other principal diagnoses	626,153	41	277
Total	671,268	37	265

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on definitions and data limitations.

Where to go for more information:

More information about these procedures for public hospitals by Indigenous status, remoteness area of usual residence and socioeconomic status of area of usual residence is in section 6.6 'Elective surgery' and in tables that accompany this report online at <www.aihw.gov.au/hospitals/>.

For more information on elective surgery waiting times see *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c).

Information on data limitations and methods is available in appendixes A and B.

7 Costliness and funding

This chapter presents some information on estimates of the relative costliness of the care and who paid for the care (funding source). It also presents some information on how much care was contracted between hospitals.

In this chapter, average cost weights are presented as estimates of the relative costliness of admitted patient care.

The estimated public and private hospital cost weights presented in this chapter are sourced from the 2011–12 National Hospital Cost Data Collection (IHPA 2013a, 2013b), based on AR-DRG version 6.0x.

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 services.

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. An average cost weight greater than 1.00 indicates that the casemix for the hospital (or category) was more complex than the average.

Key findings

Relative costliness of care

In 2013–14, *Public* funded and *Self-funded* separations generally had the lowest average cost weights in public hospitals. Separations funded by *Motor vehicle third party personal claim* generally had high average cost weights. For private hospitals, *Public patient* and *Self-funded* separations generally had the lowest average cost weights.

Separations involving surgery were approximately 3 times more costly than medical separations.

Funding source

In 2013–14, 82% of separations in public hospitals were for *Public patients* and 83% of separations in private hospitals were funded by *Private health insurance*.

About 70% of same-day acute separations funded by the *Department of Veterans' Affairs* occurred in private hospitals.

Contracted care

In 2013–14, about 140,000 separations were reported as inter-hospital contracted care patients. 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.

7.1 What was the relative costliness of the care?

This section includes information on estimates of the relative costliness of admitted patient care, based on average cost weights for public and private hospitals, over time and for 2013–14. It also includes cost weight-based expenditure estimates for public hospitals.

Cost weights and cost estimates were prepared by the Independent Hospital Pricing Authority (IHPA) through the National Hospital Cost Data Collection (NHCDC) (IHPA 2013a, 2013b). The NHCDC estimates the average cost of each AR-DRG. The cost weight for each AR-DRG is the average cost for that AR-DRG divided by the average cost across all AR-DRGs.

Separate cost weights are usually estimated for the public and private sectors because of differences in the range of costs recorded in public and private hospitals. For example, imaging, pathology and medical costs are not generally reported for private hospitals as many are outsourced or charged directly to the patients by providers.

The most recent public and private hospital cost weights (based on AR-DRG version 6.0x) relate to the 2011–12 reporting period.

For private hospitals, the 2011–12 cost weights were calculated using data provided by overnight private hospitals. Therefore, the private hospital cost weights may not accurately reflect the average cost weights for *Private free standing day hospital facilities*.

For 2011–12, the national average cost for a public hospital separation (that is, for a cost weight of 1.00) was estimated as \$4,941. The average cost for a private hospital separation was not reported for 2011–12, and the most recent average cost estimate is based on data from 2008–09 and is therefore not used here.

The information presented in this section is limited to separations for which the care type was reported as *Acute*, as *Newborn* (with qualified days), or was not reported.

Average cost weights

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 (based on the year of the NHCDC cost weights).

The average cost weight for a hospital (or group of hospitals) is calculated as the sum of the average cost weights for each acute separation, divided by the total number of acute separations for the hospital. For example, a hospital with an average cost weight of 1.05 has a 5% more costly casemix than the national average.

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. See Appendix B for more information.

Changes over time

As noted above, the range of costs differ between public and private hospitals and separate cost weights are applicable to the two sectors. However, in part of Table 7.1, public sector cost weights were used for both public and private hospitals to enable a comparison of the costliness of admitted patient care between sectors.

Using public cost weights for both public and private hospitals, average cost weights were similar for *Other private hospitals* and for *Public acute hospitals* between 2009–10 and 2013–14 (Table 7.1). Average cost weights were lowest for *Private free-standing day hospital facilities*.

Using private hospital cost weights for separations for private hospitals, the average cost weight for private hospitals increased by about 1.5% per year on average between 2009–10 and 2013–14.

Table 7.1: Average cost weight of separations^(a), public and private hospitals, 2009–10 to 2013–14

	2009–10	2010–11	2011–12	2012–13	2013–14	Change (%)	
						Average since 2009–10	Since 2012–13
Average public cost weight of separations^(b)							
Public hospitals							
Public acute hospitals	0.99	0.98	0.99	1.01	1.01	0.5	0.4
Public psychiatric hospitals	2.59	2.54	2.49	2.53	2.62	0.3	3.5
Total public hospitals	1.00	0.99	0.99	1.01	1.02	0.5	0.4
Private hospitals							
Private free-standing day hospital facilities	0.47	0.46	0.47	0.48	0.47	0.1	-2.7
Other private hospitals	1.02	1.02	1.01	1.02	1.02	0.0	0.3
Total private hospitals	0.89	0.88	0.88	0.89	0.89	0.1	0.0
All hospitals	0.95	0.95	0.95	0.96	0.97	0.3	0.3
Average private cost weight of separations^(c)							
Private hospitals							
Private free-standing day hospital facilities	0.33	0.33	0.34	0.35	0.34	1.0	-0.9
Other private hospitals	0.90	0.90	0.95	0.95	0.96	1.5	0.4
Total private hospitals	0.76	0.77	0.8	0.81	0.81	1.5	0.4

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

(b) AR-DRG version 6.0x public cost weights 2011–12 were used for both public and private hospitals.

(c) AR-DRG version 6.0x overnight private hospitals cost weights 2011–12 used.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Average cost weights in 2013–14

The average cost weight for public acute hospitals varied across states and territories. It ranged from 1.07 in South Australia to 0.66 in the Northern Territory (Table 7.2). The relatively low average cost weight for the Northern Territory reflects the relatively large proportion of same-day separations for dialysis in that territory (AR-DRG L61Z *Haemodialysis* had an average cost weight of 0.12 in 2011–12).

For public psychiatric hospitals, average cost weights ranged from 1.03 in Tasmania to 3.84 in Queensland.

For private hospitals, using public hospital cost weights, average cost weights ranged from 0.79 in Western Australia to 0.94 in New South Wales.

In public hospitals, separations for *Public* and *Self-funded* patients generally had lower average cost weights than other patients, and separations funded by *Motor vehicle third party personal claim* had higher average cost weights (Table 7.3).

In private hospitals, *Self-funded* separations had lower average costs than other separations. The very low average cost weight for *Public patients* in private hospitals for Western Australia reflects a large amount of contracted care involving dialysis.

Cost weight-based expenditure estimates

An estimate of expenditure in public hospitals can be made using the AR-DRGs reported for each acute separation and the related estimated cost for each AR-DRG from the NHCDC. However, caution should be used in interpreting the information presented here as the costs are based on estimates for the 2011–12 reference period. Therefore, the estimated costs presented in Table 7.4 are not accurate reflections of the actual costs in 2013–14, but are useful in comparing the relative costliness of care provided in each Major Diagnostic Categories (MDC).

The 2011–12 AR-DRG version 6.0x national public sector estimated costs were applied to the AR-DRG version 6.0x AR-DRGs reported for each separation and summed to their MDCs.

The average cost for separations in each MDC was calculated by dividing the total MDC cost by volume by the total number of separations in the MDC.

The MDC with the highest average cost was *Pre-MDC (tracheostomies, transplants and extracorporeal membranous oxygenation)*.

The lowest average cost was reported for *Disease and disorders of the kidney and urinary tract* (which includes L61Z *Haemodialysis*).

Separations involving surgery (those with *Surgical* DRGs) were approximately 3 times more costly than separations with *Medical* DRGs.

An estimate of expenditure in private hospitals is not presented as the most recent estimated costs are for 2008–09.

Where to go for more information:

More information on the relative costliness of admitted patient care in 2013–14 will be available in:

- *Hospital resources 2013–14: Australian hospital statistics* (AIHW 2015a, forthcoming)
- *Health expenditure Australia, 2013–14* (AIHW 2015b, forthcoming).

Information on data limitations and methods is available in appendixes A and B.

Table 7.2: Average cost weights^(a), public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Average public cost weight of separations^(b)									
Public hospitals									
Public acute hospitals	1.04	1.01	1.02	0.95	1.07	1.06	1.04	0.66	1.01
Public psychiatric hospitals	2.60	3.02	3.84	3.08	2.47	1.03	..	..	2.62
<i>Public hospitals</i>	1.05	1.01	1.02	0.96	1.07	1.06	1.04	0.66	1.02
Private hospitals									
Private free-standing day hospital facilities	0.55	0.42	0.51	0.34	0.44	n.p.	n.p.	n.p.	0.47
Other private hospitals	1.05	1.04	0.98	0.98	1.06	n.p.	n.p.	n.p.	1.02
<i>Private hospitals</i>	0.94	0.90	0.86	0.79	0.90	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.89
<i>Public acute and private hospitals</i>	1.00	0.97	0.95	0.88	1.00	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.96
All hospitals	1.01	0.97	0.95	0.88	1.00	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.97
Average private cost weight of separations^(c)									
Private hospitals									
Private free-standing day hospital facilities	0.41	0.30	0.36	0.29	0.33	n.p.	n.p.	n.p.	0.34
Other private hospitals	0.99	0.97	0.93	0.90	0.99	n.p.	n.p.	n.p.	0.96
<i>Private hospitals</i>	0.86	0.81	0.79	0.72	0.82	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	0.81

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

(b) AR-DRG version 6.0x public cost weights 2011–12 were used for both public and private hospitals.

(c) AR-DRG version 6.0x overnight private hospitals cost weights 2011–12 used.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 7.3: Average cost weight^(a) of separations^(b), by principal source of funds, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public patients ^(c)	1.02	0.99	1.02	0.91	1.04	1.06	1.05	0.65	0.99
Private health insurance	1.09	1.05	1.00	1.40	1.30	0.97	0.98	1.07	1.09
Self-funded	1.25	0.75	1.09	0.83	0.77	0.63	n.p.	1.05	1.08
Workers compensation	1.20	1.46	1.21	1.26	1.13	1.14	1.19	1.11	1.26
Motor vehicle third party personal claim	1.52	2.16	1.93	2.52	2.03	1.98	2.69	2.18	1.95
Department of Veterans' Affairs	1.16	1.25	1.05	1.33	1.27	1.36	0.81	1.15	1.17
Other ^(d)	1.78	1.17	1.27	1.12	1.22	1.10	1.29	0.71	1.26
Total	1.05	1.01	1.02	0.96	1.07	1.06	1.04	0.66	1.02
Private hospitals									
Public patients ^(c)	0.97	0.54	0.59	0.19	0.25	n.p.	n.p.	n.p.	0.33
Private health insurance	0.85	0.83	0.81	0.84	0.82	n.p.	n.p.	n.p.	0.83
Self-funded	0.80	0.51	0.50	0.52	0.61	n.p.	n.p.	n.p.	0.62
Workers compensation	1.35	1.22	1.03	1.08	1.23	n.p.	n.p.	n.p.	1.19
Motor vehicle third party personal claim	1.34	1.34	1.40	1.00	1.15	n.p.	n.p.	n.p.	1.28
Department of Veterans' Affairs	1.14	1.15	0.92	1.02	0.99	n.p.	n.p.	n.p.	1.02
Other ^(d)	0.88	0.95	0.60	0.70	0.87	n.p.	n.p.	n.p.	0.81
Total	0.86	0.81	0.79	0.72	0.82	n.p.	n.p.	n.p.	0.81

(a) AR-DRG version 6.0x public cost weights 2011–12 were used for both public and private hospitals.

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

(c) Public patients includes separations with a funding source of *Health service budget*, *Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).

(d) 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*, *Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 7.4: Selected cost statistics^(a), by Major Diagnostic Category version 6.0x and Medical/Surgical/Other partition, public hospitals, 2013–14

Major Diagnostic Category		Expenditure estimate ^(b) (\$'000)	Estimated average cost (\$)
PR	Pre-MDC (tracheostomies, transplants, ECMO)	1,229,260	95,380
01	Diseases and disorders of the nervous system	1,749,020	6,027
02	Diseases and disorders of the eye	313,610	2,899
03	Diseases and disorders of the ear, nose, mouth and throat	629,847	3,178
04	Diseases and disorders of the respiratory system	1,920,456	6,277
05	Diseases and disorders of the circulatory system	2,715,832	6,012
06	Diseases and disorders of the digestive system	2,395,849	4,274
07	Diseases and disorders of the hepatobiliary system and pancreas	765,941	7,370
08	Diseases and disorders of the musculoskeletal system and connective tissue	3,065,905	7,528
09	Diseases and disorders of the skin, subcutaneous tissue and breast	916,002	4,281
10	Endocrine, nutritional and metabolic diseases and disorders	504,501	6,213
11	Diseases and disorders of the kidney and urinary tract	1,635,306	1,260
12	Diseases and disorders of the male reproductive system	186,242	4,024
13	Diseases and disorders of the female reproductive system	480,284	3,972
14	Pregnancy, childbirth and puerperium	1,794,425	4,825
15	Newborns and other neonates	872,503	10,103
16	Diseases and disorders of the blood and blood-forming organs, and immunological disorders	310,028	2,875
17	Neoplastic disorders (haematological and solid neoplasms)	529,862	2,859
18	Infectious and parasitic diseases	546,704	7,478
19	Mental diseases and disorders	1,308,836	9,128
20	Alcohol/drug use and alcohol/drug induced organic mental disorders	150,332	3,844
21	Injuries, poisoning and toxic effects of drugs	715,743	4,301
22	Burns	84,887	10,446
23	Factors influencing health status and other contacts with health services	323,354	2,405
ED	Error DRGs ^(c)	122,655	15,087
	<i>Surgical DRG</i>	10,455,130	9,849
	<i>Medical DRG</i>	13,440,786	3,273
	<i>Other DRG</i>	1,371,468	3,859
Total		25,267,383	4,575

DRG—Diagnosis related group; ECMO—extracorporeal membrane oxygenation; MDC—Major diagnostic category.

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

(b) Expenditure estimate is calculated using the 2011–12 Round 16 AR-DRG version 6.0x public hospital cost weights, with the average public cost for an AR-DRG with a cost weight of 1.00 of \$4,941.

(c) An *Error DRG* is assigned to hospital records that contain clinically atypical or invalid information.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

7.2 Who paid for the care?

This section presents information on the principal source of funding for the admitted patient episode, for all separations and for acute care separations in 2013–14.

The data need to be interpreted noting that a separation may be funded by more than one funding source and information on those other funding sources is not available.

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.

Overall funding sources

In 2013–14, about 82% of separations in public hospitals were for *Public patients*, compared with about 3% in private hospitals (Table 7.5). For private hospitals, *Private health insurance* funded about 83% of separations.

There was some variation in funding sources across states and territories. For example, in public hospitals, the proportion of separations funded by *Private health insurance* ranged from less than 1% in the Northern Territory to 19% in New South Wales. For private hospitals, the proportion of separations *Self-funded* ranged from less than 4% in Western Australia to 10% in New South Wales.

Same-day acute separations

About 85% of same-day acute separations from public hospitals were *Public patients*, and *Private health insurance* funded about 81% of same-day acute separations from private hospitals (Table 7.6).

About 9% of same-day acute separations from private hospitals were *Self-funded*, with a higher proportion of these occurring in *Private free-standing day facilities* (16%) than in *Other private hospitals* (6%).

About 70% of same-day acute separations funded by the Department of Veterans' Affairs were from private hospitals.

Overnight acute separations

Around 80% of overnight acute separations from public hospitals were for *Public patients* and *Private health insurance* funded 86% of overnight acute separations from private hospitals (Table 7.7).

The Department of Veterans' Affairs funded 2% of overnight acute separations in public hospitals and 6% in private hospitals.

Table 7.5: Separations by principal source of funds, public and private hospitals, states and territories, 2013–14

Principal source of funds	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Public hospitals									
Public ^(a)	1,342,770	1,241,329	925,049	534,662	366,688	89,572	82,365	119,364	4,701,799
Private health insurance	336,052	190,005	123,132	43,202	32,915	20,156	9,481	958	755,901
Self-funded	25,917	10,968	12,574	876	1,513	158	11	764	52,781
Workers compensation	6,733	4,613	5,437	1,701	1,143	517	358	532	21,034
Motor vehicle third party personal claim	9,121	8,376	4,116	3,064	2,429	781	229	730	28,846
Department of Veterans' Affairs	41,779	18,451	15,457	6,273	8,014	2,181	3,401	345	95,901
Other ^(b)	9,149	36,024	1,308	6,106	3,076	668	1,123	1,154	58,608
<i>Total</i>	<i>1,771,521</i>	<i>1,509,766</i>	<i>1,087,073</i>	<i>595,884</i>	<i>415,778</i>	<i>114,033</i>	<i>96,968</i>	<i>123,847</i>	<i>5,714,870</i>
Private hospitals									
Public ^(a)	7,135	3,005	29,601	86,004	4,056	n.p.	n.p.	n.p.	131,135
Private health insurance	918,492	848,181	796,178	344,259	272,449	n.p.	n.p.	n.p.	3,293,892
Self-funded	108,960	80,246	62,424	17,984	12,844	n.p.	n.p.	n.p.	287,232
Workers compensation	19,536	11,316	14,024	8,054	5,638	n.p.	n.p.	n.p.	60,166
Motor vehicle third party personal claim	1,683	3,079	532	737	279	n.p.	n.p.	n.p.	6,458
Department of Veterans' Affairs	43,343	30,729	71,751	15,179	12,770	n.p.	n.p.	n.p.	180,103
Other ^(b)	662	2,356	9,547	2,298	1,800	n.p.	n.p.	n.p.	28,448
<i>Total</i>	<i>1,099,811</i>	<i>978,912</i>	<i>984,057</i>	<i>474,515</i>	<i>309,836</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>3,987,434</i>
All hospitals	2,871,332	2,488,678	2,071,130	1,070,399	725,614	n.p.	n.p.	n.p.	9,702,304

(a) Public patients includes separations with a funding source of *Health Service budget* (including *Health Service budget due to Reciprocal health care agreements* and *Health Service budget—no charge raised due to hospital decision* in public hospitals) and *Other hospital or public authority* (with a *Public patient election status*).

(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, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 7.6: Same-day acute separations, by principal source of funds, public and private hospitals, 2013–14

Principal source of funds	Public hospitals	Private free-standing day hospital facilities	Other private hospitals	Total
Public patients ^(a)	2,456,683	85,465	33,722	2,575,870
Private health insurance	336,460	617,395	1,461,234	2,415,089
Self-funded	28,103	135,773	100,173	264,049
Workers compensation	8,610	3,395	23,472	35,477
Motor vehicle third party personal claim	8,864	333	2,035	11,232
Department of Veterans' Affairs	35,873	23,496	62,297	121,666
Other ^(b)	25,030	6,722	11,338	43,090
Total	2,899,623	872,579	1,694,271	5,466,473

- (a) Public patients includes separations with a funding source of *Health service budget, Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).
- (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, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 7.7: Overnight acute separations, by principal source of funds, public and private hospitals, 2013–14

Principal source of funds	Public hospitals	Private hospitals	Total
Public patients ^(a)	2,110,913	7,974	2,118,887
Private health insurance	379,507	988,134	1,367,641
Self-funded	24,077	46,705	70,782
Workers compensation	11,828	26,860	38,688
Motor vehicle third party personal claim	18,228	2,768	20,996
Department of Veterans' Affairs	51,048	67,919	118,967
Other ^(b)	28,032	9,270	37,302
Total	2,623,633	1,149,630	3,773,263

- (a) Public patients includes separations with a funding source of *Health service budget, Other hospital or public authority* (with a *Public patient election status*), *Health service budget (due to eligibility for Reciprocal health care agreements)* and *Health service budget—no charge raised due to hospital decision* (in public hospitals).
- (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, Health service budget—no charge raised due to hospital decision* (in private hospitals) and not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information about principal source of funding is available in:

- Chapter 5 ‘What services were provided?’—for Rehabilitation and Palliative care
- Chapter 6 ‘What procedures were performed?’—for emergency and elective admissions involving surgery.

Information on data limitations and methods is available in appendixes A and B.

Expenditure by public hospitals on admitted patient care will be reported in the AIHW report *Hospital resources 2013–14: Australian hospital statistics* (AIHW forthcoming).

7.3 How much care was contracted between hospitals?

This section presents information on inter-hospital contracted patients by hospital sector for 2013–14.

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.

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.

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 jurisdictional health department or between private hospitals and Local Hospital Networks.

Separations

In 2013–14, there were about 140,000 separations for which the inter-hospital contracted patient status indicated that the patient received treatment and/or care under an arrangement between a hospital purchaser of hospital care and a provider of an admitted service, and for which the activity was recorded by both hospitals (Table 7.8). Therefore, approximately 70,000 records in the NHMD represent double-counting of hospital activity.

Most contracted care provided by private hospitals was purchased by public hospitals. There is a close match between the numbers of separations reported as a public hospital separations contracted to the private sector (59,303) and the number of separations reported as a private hospital separations contracted from the public sector (58,851).

However, there are significant discrepancies between the numbers of separations reported as private hospital separations contracted to the public sector (39) and the number of separations reported as public hospital separations contracted from the private sector (2,859).

Table 7.8: Separations by inter-hospital contracted patient status, public and private hospitals, 2013–14

Inter-hospital contracted patient status	Public hospitals	Private hospitals	Total
Inter-hospital contracted patient from public sector hospital	9,192	58,851	68,043
Inter-hospital contracted patient from private sector hospital	2,859	864	3,723
Inter-hospital contracted patient to public sector hospital	8,917	39	8,956
Inter-hospital contracted patient to private sector hospital	59,303	12	59,315
<i>Total contracted separations</i>	80,271	59,766	140,037
Not inter-hospital contracted patient	5,622,891	2,814,853	8,437,744
Not stated	11,708	1,112,815	1,124,523
Total	5,714,870	3,987,434	9,702,304

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information about inter-hospital contracted care for states and territories is in tables accompanying this report online at <www.aihw.gov.au/hospitals/>.

Information on data limitations and methods is available in appendixes A and B.

8 What was the safety and quality of the care?

The clinical information available in the NHMD can be used to provide some information on the safety and quality of admitted patient care in hospitals. However, the available information does not provide a complete picture. For example there is no routinely available information on some aspects of quality, such as continuity or responsiveness of hospital services.

This section presents a range of information relevant to the safety and quality of the care for admitted patients in 2013–14 including:

- Adverse events in hospital – a performance indicator presenting counts of separations where selected diagnoses, external causes and places of occurrence were reported. These represent selected adverse events in health care that have resulted in, or have affected, hospital admissions, rather than all adverse events that occurred in hospitals.
- Conditions that arise during the hospital stay – presenting counts of separations where a diagnosis was reported as arising during the episode. Conditions that arise during the hospital stay include adverse events (some of which may have been preventable) and therefore may provide information about the safety and quality of the care.
- Hospital-acquired conditions – presenting counts of separations using the Classification of hospital-acquired diagnoses (CHADx); most of these had a condition reported as arising during the episode.
- Falls resulting in patient harm in hospitals – a performance indicator presenting counts of separations for which the place of occurrence (of the fall) was specified as a health service area.
- Unplanned readmissions – a performance indicator presenting counts of separations for which a readmission occurred (following selected surgical procedures) and where the principal diagnosis was one of the diagnoses specified for the ‘Adverse events’ analysis.
- Patient experience – presenting survey results for questions related to admitted patient care.

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting adverse events has not been validated for accuracy in Australia. The results should therefore be treated with caution.

It should also be noted that the information presented for adverse events, conditions arising during the hospital stay, falls in hospitals, unplanned readmissions and hospital-acquired diagnoses are not mutually exclusive. For example, ‘Unplanned readmissions’ and ‘Falls resulting in patient harm in hospitals’ will have some overlap with ‘Adverse events’. In addition, there is some overlap in the information presented for ‘Adverse events’, ‘Conditions that arose during the hospital stay’ and ‘Hospital-acquired conditions’.

Information for the NHA performance indicator Healthcare associated infections has been reported in *Staphylococcus aureus bacteraemia in Australia’s public hospitals 2013-14: Australian hospital statistics* (AIHW 2014d).

Key findings

Adverse events

In 2013–14, almost 547,000 separations (5.6%) reported diagnoses or external causes that indicated adverse events had resulted in, or affected hospital admission (Table 8.1). Adverse events were indicated for about 6.7% of public hospital separations and 4.1% of private hospital separations.

Conditions not present on admission

In 2013–14, about 717,000 separations (8.8% of all separations for which data were available) recorded a condition with onset during the hospital stay.

Hospital-acquired conditions

In 2013–14, the most common hospital-acquired conditions were reported for the Major CHADx class *Labour delivery and postpartum complications*.

The most commonly reported hospital-acquired conditions included *Hypotension* (almost 60,000 separations), *Nausea and vomiting* and *Urinary tract infections*.

Separations with at least one hospital-acquired condition had longer average lengths of stay (compared with separations that did not have a hospital-acquired condition) for both public and private hospitals (10.4 days and 9.7 days, respectively).

Unplanned readmissions

In 2013–14, about 3% (33 in 1,000) of surgeries for *Tonsillectomy and adenoidectomy* were followed by an unplanned readmission within 28 days.

For *Cataract extraction*, about 3 per 1,000 separations were readmitted within 28 days.

Falls

In 2013–14, more than 30,000 falls resulting in patient harm in hospitals were recorded, at a rate of 3.1 falls per 1,000 separations. Rates were higher in public hospitals than in private hospitals (4.2 and 1.6 per 1,000, respectively).

Patient experience

In 2013–14, more than 90% of patients who were surveyed responded ‘always’ or ‘often’ to the question of whether the doctors or nurses showed respect to them in hospital.

About 87% of patients who were surveyed responded ‘always’ or ‘often’ to the question of whether the doctors or nurses spent enough time with them in hospital.

8.1 Performance indicator: Adverse events

'Adverse events treated in hospitals' is a performance indicator under the NHPP domain of 'Safety'. 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.

The information presented in this section 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.

Hospital separations data include information on diagnoses, external causes of injury and poisoning, and their places of occurrence 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 1 category in Table 8.1 as some adverse events are reported as diagnoses and others as external causes or places of occurrence (of the injury or poisoning). Some of the adverse events included in this table may represent events that occurred before admission. Condition onset flag (COF) information can be used to provide other information about adverse events occurring, and treated within, single episodes of care.

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting adverse events has not been validated for completeness or accuracy in Australia. The results should therefore be treated with caution.

Separations with adverse events in 2013–14

In 2013–14, almost 547,000 separations (5.6%) reported 1 or more ICD-10-AM codes indicating 1 or more adverse events (Table 8.1). The proportion of separations with an adverse event was 6.7% for public hospitals and 4.1% for private hospitals. The data for public hospitals are not comparable with the data for private hospitals because their casemixes differ and recording practices may be different.

The most common adverse event groups reported for public hospital separations were *Procedures causing abnormal reactions/complications* (52%) and *Adverse effects of drugs, medicaments and biological substances* (37%).

The most common adverse event group reported for private hospital separations was *Procedures causing abnormal reactions/complications* (70%).

Overnight separations reported higher rates of adverse events than same-day separations (11.2% and 1.7%, respectively; Table 8.2).

Separations for subacute and non-acute care had higher rates of adverse events than acute care separations (10.5% and 5.4%, respectively), and emergency admissions had higher rates of adverse events than non-emergency admissions (9.9% and 4.1%, respectively).

Table 8.1: Separations with an adverse event^(a) per 100 separations, public and private hospitals, 2013–14

Adverse event	Public hospitals		Private hospitals		Total	
	Separations	Per 100	Separations	Per 100	Separations	Per 100
External cause of injury or poisoning						
Adverse effects of drugs, medicaments and biological substances	141,234	2.5	33,231	0.8	174,465	1.8
Misadventures to patients during surgical and medical care	17,831	0.3	8,339	0.2	26,170	0.3
Procedures causing abnormal reactions/complications	199,008	3.5	115,764	2.9	314,772	3.2
Other external causes of adverse events	11,055	0.2	1,544	0.0	12,599	0.1
Place of occurrence: Health service area	371,131	6.5	161,987	4.1	533,118	5.5
Diagnoses						
Selected post-procedural disorders	45,247	0.8	27,438	0.7	72,685	0.7
Haemorrhage and haematoma complicating a procedure	27,413	0.5	15,623	0.4	43,036	0.4
Infection following a procedure	23,457	0.4	13,106	0.3	36,563	0.4
Complications of internal prosthetic devices	79,780	1.4	47,044	1.2	126,824	1.3
Other diagnoses of complications of medical and surgical care	47,460	0.8	23,278	0.6	70,738	0.7
Total (any of the above)	381,734	6.7	164,810	4.1	546,544	5.6

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

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 8.2: Separations with an adverse event^(a) per 100 separations, by same-day/overnight status, type of care and urgency of admission^(b), public and private hospitals, 2013–14

Category of separation	Public hospitals		Private hospitals		Total	
	Separations	Per 100	Separations	Per 100	Separations	Per 100
Length of stay						
Same-day separations	58,133	2.0	41,320	1.5	99,453	1.7
Overnight separations	323,601	11.6	123,490	10.1	447,091	11.2
Type of care						
Acute care separations	352,790	6.4	145,359	3.9	498,149	5.4
Subacute and non-acute care separations	28,944	15.1	19,451	7.2	48,395	10.5
Urgency of admission						
Emergency admissions	230,879	9.7	25,228	12.3	256,107	9.9
Non-emergency admissions	150,855	4.5	139,582	3.7	290,437	4.1

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

(b) The categories *Length of stay*, *Type of care* and *Urgency of admission* are not mutually exclusive. Each separation with an adverse event is included in 3 categories; for example as a *Same-day* separation, an *Acute* care separation and an *Emergency* admission.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on adverse events is available in:

- Section 8.2 Conditions that arose during the hospital stay
- Section 8.3 Hospital-acquired admissions
- Section 8.4 Unplanned readmissions
- Section 8.5 Falls resulting in patient harm in hospital
- *Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospital statistics* (AIHW 2014d).

More information on performance indicators is available in Appendix C.

Information on data limitations and methods is available in appendixes A and B.

8.2 Conditions that arose during the hospital stay

This section presents information on conditions that were not present on admission (that is, they arose during the hospital stay). Conditions that arise during the hospital stay include adverse events (some of which may have been preventable) and therefore may provide information about the safety and quality of the care.

Conditions that arise during a hospital stay are identified using the condition onset flag (COF) that is required to be reported for each diagnosis and external cause of injury or poisoning in the NHMD.

The flag is assigned for a condition which arises during the episode of admitted patient care and would not have been present or suspected on admission. These can include:

- a condition resulting from a misadventure during surgical or medical care in the current episode of admitted patient care
- an abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care
- a condition newly arising during the episode of admitted patient care (for example, pneumonia, rash, confusion or cyst)
- a condition impacting on obstetric care arising after admission, including complications or unsuccessful interventions of labour and delivery or prenatal/postpartum management
- for neonates, this also includes the condition(s) in the birth episode arising during the birth event (for example, respiratory distress, jaundice, feeding problems, neonatal aspiration, conditions associated with birth trauma or newborn affected by delivery or intrauterine procedures).

The flag is not assigned for conditions previously existing or suspected on admission such as the presenting problem, a co-morbidity, chronic disease or disease status.

For 2013–14, the COF data were provided for about 91% of separations in public hospitals and 72% of separations in private hospitals. The information presented in this section does not include separations for which the COF data were not provided. Data were not provided for 28% of public hospital separations and 100% of private hospital separations in New South Wales, and for 0.1% of private hospital separations in the Australian Capital Territory.

Conditions that arose during the hospital stay in 2013–14

In 2013–14, about 717,000 separations recorded a condition with onset during the episode of care (COF=1) (tables 8.3 and 8.4). These accounted for about 10.3% of public hospital separations (Table 8.3) and 6.2% of private hospital separations (Table 8.4).

For both same-day and overnight separations, in both public and private hospitals, the highest proportion of separations with a condition with onset during the episode were in the Childbirth category, reflecting conditions arising after admission that impact on obstetric care.

Emergency admissions involving surgery had relatively high rates of conditions with onset during the episode:

- for public hospitals, about 1.7% of same-day and 29.9% of overnight emergency admissions involving surgery had a condition with onset during the episode (Table 8.3)
- for private hospitals, less than 1% of same-day and 28.3% of overnight emergency admissions involving surgery reported a condition with onset during the episode (Table 8.4).

Table 8.3: Proportion^(a)(%) of separations^(b) with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, public hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total rate	Separations with COF=1
Same-day separations										
Childbirth	27.3	39.9	31.3	34.7	31.6	29.9	40.4	36.4	32.8	2,681
Specialised mental health	0.2	0.5	1.3	0.8	0.0	0.0	1.4	..	0.7	84
Surgical (emergency)	1.0	2.4	2.0	1.3	1.8	2.0	2.2	2.1	1.7	351
Medical (emergency)	2.2	1.2	0.9	0.8	1.7	1.3	1.6	0.6	1.3	7,177
Other (emergency)	1.8	5.5	0.8	1.4	2.0	4.9	3.7	0.0	2.4	124
<i>Total emergency</i>	2.1	1.3	1.0	0.8	1.7	1.4	1.6	0.6	1.3	7,652
Surgical (non-emergency)	0.7	1.8	0.9	1.1	1.0	1.7	1.0	0.8	1.2	4,118
Medical (non-emergency)	0.5	0.7	1.1	0.4	1.8	1.0	1.4	0.2	0.7	11,437
Other (non-emergency)	0.5	1.2	0.5	0.7	1.1	1.7	1.4	0.5	0.9	2,299
<i>Total non-emergency</i>	0.5	0.9	1.0	0.6	1.5	1.2	1.3	0.3	0.8	17,854
<i>Total same-day</i>	0.9	1.0	1.1	0.7	1.7	1.3	1.8	0.4	1.0	28,271
Overnight separations										
Childbirth	47.6	67.0	58.7	55.8	62.5	49.5	64.0	58.3	58.2	113,112
Specialised mental health	9.2	15.4	14.1	17.7	13.1	8.5	15.9	5.5	13.1	11,876
Surgical (emergency)	21.8	40.3	28.4	26.0	31.7	37.5	33.9	15.3	29.9	65,710
Medical (emergency)	8.4	18.6	9.1	9.5	11.5	18.0	13.9	5.9	11.5	141,708
Other (emergency)	18.4	39.0	24.6	23.4	23.6	33.0	26.0	15.1	26.3	14,797
<i>Total emergency</i>	10.6	23.0	12.1	12.6	14.7	22.1	18.4	7.8	14.7	222,215
Surgical (non-emergency)	18.1	34.2	22.1	22.4	23.3	34.8	24.6	13.9	25.3	80,452
Medical (non-emergency)	15.1	27.2	23.7	22.8	19.2	25.0	29.1	13.0	21.9	79,341
Other (non-emergency)	15.5	24.3	16.0	18.3	15.5	24.9	22.5	11.2	18.9	4,151
<i>Total non-emergency</i>	16.4	30.3	22.7	22.5	21.0	29.3	26.6	13.2	23.3	163,944
<i>Total overnight</i>	14.7	29.0	18.6	18.7	19.6	25.2	25.0	12.6	20.5	511,147
Total	8.3	12.9	9.7	9.1	11.2	12.6	12.5	4.3	10.3	539,418

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category as a percentage.

(b) Data excludes records for which Condition onset flag was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 8.4: Proportion^(a)(%) of separations^(b) with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total rate	Separations with COF=1
Same-day separations										
Childbirth	n.a.	52.2	38.2	33.3	66.7	n.p.	n.p.	n.p.	36.1	43
Specialised mental health	n.a.	1.4	<0.1	<0.1	0.0	n.p.	n.p.	n.p.	0.5	378
Surgical (emergency)	n.a.	1.8	1.4	0.2	0.4	n.p.	n.p.	n.p.	0.6	29
Medical (emergency)	n.a.	1.4	1.2	0.7	2.4	n.p.	n.p.	n.p.	1.4	140
Other (emergency)	n.a.	1.3	0.6	2.0	0.4	n.p.	n.p.	n.p.	0.5	21
<i>Total emergency</i>	<i>n.a.</i>	<i>1.5</i>	<i>1.2</i>	<i>0.7</i>	<i>0.8</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>1.0</i>	<i>190</i>
Surgical (non-emergency)	n.a.	0.5	0.5	0.5	0.6	n.p.	n.p.	n.p.	0.5	2,912
Medical (non-emergency)	n.a.	0.6	0.4	0.2	0.9	n.p.	n.p.	n.p.	0.5	3,495
Other (non-emergency)	n.a.	0.3	0.4	0.4	0.5	n.p.	n.p.	n.p.	0.3	1,865
<i>Total non-emergency</i>	<i>n.a.</i>	<i>0.5</i>	<i>0.4</i>	<i>0.3</i>	<i>0.7</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>0.4</i>	<i>8,272</i>
<i>Total same-day</i>	<i>n.a.</i>	<i>0.5</i>	<i>0.4</i>	<i>0.3</i>	<i>0.7</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>0.5</i>	<i>8,883</i>
Overnight separations										
Childbirth	n.a.	58.3	46.8	55.7	69.4	n.p.	n.p.	n.p.	53.6	30,128
Specialised mental health	n.a.	25.4	19.6	17.5	7.9	n.p.	n.p.	n.p.	20.1	5,041
Surgical (emergency)	n.a.	38.8	24.7	19.7	26.5	n.p.	n.p.	n.p.	28.3	8,604
Medical (emergency)	n.a.	18.9	12.7	13.2	13.8	n.p.	n.p.	n.p.	14.4	17,884
Other (emergency)	n.a.	22.6	15.5	17.2	16.3	n.p.	n.p.	n.p.	18.1	2,024
<i>Total emergency</i>	<i>n.a.</i>	<i>23.1</i>	<i>14.7</i>	<i>14.8</i>	<i>16.8</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>17.2</i>	<i>28,512</i>
Surgical (non-emergency)	n.a.	21.5	13.1	11.8	16.5	n.p.	n.p.	n.p.	15.8	65,094
Medical (non-emergency)	n.a.	20.5	12.7	14.2	16.5	n.p.	n.p.	n.p.	16.1	36,194
Other (non-emergency)	n.a.	13.5	10.3	13.7	13.1	n.p.	n.p.	n.p.	12.0	3,874
<i>Total non-emergency</i>	<i>n.a.</i>	<i>20.7</i>	<i>12.8</i>	<i>12.5</i>	<i>16.3</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>15.7</i>	<i>105,162</i>
<i>Total overnight</i>	<i>n.a.</i>	<i>23.5</i>	<i>15.4</i>	<i>16.3</i>	<i>18.9</i>	<i>n.p.</i>	<i>n.p.</i>	<i>n.p.</i>	<i>18.4</i>	<i>168,843</i>
Total	n.a.	8.1	5.1	5.1	6.1	n.p.	n.p.	n.p.	6.2	177,726

(a) The number of separations with a condition reported as arising during the episode of care, divided by the total number of separations in each category as a percentage.

(b) Data excludes records for which Condition onset flag was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

There was marked variation among states and territories in the overall proportion of separations for which a condition was reported as arising during the episode of care. 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 COF values, and that there may be underreporting by some states and territories compared with others.

Where to go for more information:

More information on the condition onset flag is available in Section 8.3 Hospital-acquired admissions.

Information on data limitations and methods is available in appendixes A and B.

8.3 Hospital-acquired conditions

This section presents information on hospital-acquired conditions using the Classification of hospital-acquired diagnoses (CHADx). This includes post-procedural complications; adverse drug events; accidental injuries; specific infections and metabolic disorders.

For the most part, the occurrence of a hospital-acquired condition is identified using the condition onset flag, and therefore there is some overlap with the numbers of separations that reported a condition that arose during the hospital stay (see Section 8.2).

The original purpose of the CHADx, was “to allow Australian hospitals to monitor the range of hospital-acquired diagnoses coded in routine data in support of quality improvement efforts” (Jackson et al 2009). Its development was supported by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

Records for which condition onset flag data were not provided were excluded from this analysis (see Section 8.2).

Box 8.1: CHADx method and limitations

The CHADx is a comprehensive classification of hospital-acquired conditions available for use with ICD-10-AM. The CHADx includes over 4,500 categories arranged into 17 major classes and 145 minor classes (ACSQHC 2013).

Method

Hospital-acquired conditions are mainly identified using the condition onset flag.

Conditions that arose during the episode are assigned to CHADx classes according to the algorithm published on the ACSQHC website (ACSQHC 2013). It should be noted that not all conditions that arise during the episode will be allocated to a CHADx class.

The exception to the use of the condition onset flag is for obstetric and perinatal conditions classified to the major CHADx classes (MCHADx) 11, 12 and 13, for which diagnoses are assigned to CHADx classes regardless of the value of the condition onset flag.

For some conditions, the CHADx method relies on the sequencing of diagnosis and external cause codes to identify whether a hospital-acquired condition occurred.

A separation is counted only once for each CHADx class where at least one condition (that is assigned to the class) was reported for the separation.

Limitations

Due to the specifications and structure required for submitting admitted patient care data for the NHMD, the original sequencing of ICD-10-AM codes (as recorded at the hospital) may be destroyed. Therefore, due to uncertainty about the sequencing of the diagnosis and external cause codes, a CHADx analysis of the NHMD may result in either over- or under-estimating hospital-acquired diagnoses.

For CHADx classes that require a combination of diagnosis and external cause codes, the AIHW has allocated a condition to a CHADx class if both the specified external cause and the diagnosis code had condition onset flags of ‘1’, regardless of the sequence of the codes. This assumption is possible because the onset flag on the external cause is required to be the same as the onset flag for the related diagnosis code. However, this assumption may result in overestimation as the external cause may be related to a different condition, which also has an onset flag of ‘1’.

(continued)

Box 8.1 (continued): CHADx method and limitations

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting hospital-acquired conditions has not been validated for completeness or accuracy in Australia. The results should therefore be treated with caution.

How many separations included a hospital acquired condition?

In 2013–14, more than 709,000 separations included a hospital-acquired diagnosis identified using the CHADx methodology (Table 8.5). About 9.9% of public hospital separations (533,383 separations) and 6.0% of private hospital separations (176,051) reported a hospital-acquired diagnosis.

For public hospitals, the most common Major CHADx classes were MCHADx12—*Labour delivery and postpartum complications* for 2.0% of all separations (and accounting for 19.8% of separations that included a CHADx) and MCHADx5—*Cardiovascular complications* (1.6% of all separations).

For private hospitals, the most common Major CHADx classes were MCHADx7—*Gastrointestinal complications* for 1.1% of all separations (and accounting for 18.0% of separations that included a CHADx) and MCHADx17—*Other complications* (1.1% of all separations).

MCHADx 1—*Post-procedural complications* accounted for about 13.6% of hospital-acquired diagnoses in public hospitals and about 16.5% in private hospitals.

The 20 most common CHADx classes

There are 145 minor CHADx classes, and the 20 most frequently reported CHADx classes accounted for about 45% of all hospital acquired diagnoses (Table 8.5). The total counts in Table 8.5 differ from Table 8.6 as a separation may have more than one hospital-acquired diagnosis in a Major CHADx class.

CHADx 5.06—*Hypotension* was the most common hospital-acquired diagnosis, accounting for about 4.6% of hospital acquired diagnoses in public and private hospitals combined.

CHADx 7.05—*Nausea and vomiting* accounted for 5.7% of hospital-acquired diagnoses in private hospitals.

Average length of stay for separations with at least one hospital acquired diagnosis

The average length of stay for overnight separations with at least one hospital acquired diagnosis was 10.4 days in public hospitals and 9.7 days in private hospitals (Table 8.7).

This was longer than the respective average lengths of stay for overnight separations overall, which were 5.5 days for public hospitals and 5.0 days for private hospitals.

It should be noted that patients with longer lengths of stay in hospital may have a higher risk of acquiring a condition during the episode. In addition, the occurrence of a hospital-acquired condition may extend the hospital stay.

Table 8.5: Count of separations with any hospital-acquired diagnosis^(a) by Major CHADx class, public and private hospitals, 2013–14

Major CHADx class	Public hospitals		Private hospitals	
	Separations	Per 100	Separations	Per 100
MCHADx1 Post-procedural complications	72,464	1.3	29,012	1.0
MCHADx2 Adverse drug events	45,635	0.8	11,841	0.4
MCHADx3 Accidental injuries	18,241	0.3	5,426	0.2
MCHADx4 Specific infections	17,529	0.3	3,957	0.1
MCHADx5 Cardiovascular complications	85,894	1.6	28,289	1.0
MCHADx6 Respiratory complications	39,095	0.7	12,112	0.4
MCHADx7 Gastrointestinal complications	66,611	1.2	31,773	1.1
MCHADx8 Skin conditions	31,229	0.6	10,292	0.4
MCHADx9 Genitourinary complications	50,899	0.9	16,902	0.6
MCHADx10 Hospital-acquired psychiatric states	29,870	0.6	8,579	0.3
MCHADx11 Early pregnancy complications	692	0.0	61	0.0
MCHADx12 Labour, delivery and postpartum complications	105,521	2.0	26,883	0.9
MCHADx13 Perinatal complications	51,852	1.0	11,345	0.4
MCHADx14 Haematological disorders	24,210	0.4	7,260	0.2
MCHADx15 Metabolic disorders	70,883	1.3	13,819	0.5
MCHADx16 Nervous system complications	7,746	0.1	2,315	0.1
MCHADx17 Other complications	79,426	1.5	31,020	1.1
Total	533,383	9.9	176,051	6.0

(a) Data exclude records for which Condition onset flag was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

More information on CHADx, including details of the method is available online at the Australian Commission on Safety and Quality in HealthCare website at <<http://www.safetyandquality.gov.au/our-work/information-strategy/health-information-standards/classification-of-hospital-acquired-diagnoses-chadx/>>.

More information about condition onset flag is available in Section 8.2 Conditions that arose during the hospital stay.

Information on data limitations and methods is available in appendixes A and B.

Table 8.6: Counts of hospital-acquired diagnoses^(a) for the 20 most common CHADx classes, public and private hospitals, 2013–14

CHADx class		Public hospitals	Private hospitals	Total
05.06	Hypotension	44,668	14,961	59,629
15.02	Electrolyte disorders without dehydration	42,092	9,291	51,383
05.03	Cardiac arrhythmias, conduction disturbances and abnormal heart beat	35,041	11,893	46,934
12.07	Second degree perineal laceration	35,309	6,779	42,088
07.05	Nausea and vomiting	23,283	17,016	40,299
07.04	Constipation	23,662	9,281	32,943
12.09	Maternal haemorrhage	25,094	3,138	28,232
08.03	Dermatitis, rash and other skin effects	19,162	7,169	26,331
13.11	Other neonatal complications	21,226	4,068	25,294
12.01	Foetal heart rate abnormalities	19,932	4,531	24,463
10.04	Alterations to mental state	17,717	5,397	23,114
12.14	Breast disorders associated with childbirth	15,016	7,098	22,114
09.02	Urinary tract infection	15,797	4,774	20,571
12.15	Other disorders predominately related to pregnancy	16,947	2,683	19,630
01.10	Complications of cardiac and vascular implants (excluding sepsis)	16,084	3,516	19,600
12.06	First degree and unspecified perineal laceration	14,055	5,209	19,264
12.10	Other obstetric trauma	13,239	5,933	19,172
09.04	Other complications and symptoms of the urinary system	13,067	6,044	19,111
17.04	Chest pain	14,212	4,749	18,961
15.01	Dehydration / volume depletion	16,523	2,124	18,647
	Other	553,577	164,555	718,132
Total		995,703	300,209	1,295,912

(a) Data exclude records for which Condition onset flag was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Table 8.7: Average length of stay (days) for overnight separations with and without a hospital-acquired diagnosis, by Surgical/Medical/Other partition, public and private hospitals, 2013–14

	Public hospitals ^(a)			Private hospitals ^(a)		
	Separations with a CHADx condition	Separations without a CHADx condition	Total	Separations with a CHADx condition	Separations without a CHADx condition	Total
Surgical	10.3	3.5	5.4	8.2	2.6	3.5
Medical	10.5	4.6	5.6	11.4	5.6	6.7
Other	9.7	4.4	5.6	7.5	2.8	3.4
Total	10.4	4.4	5.5	9.7	4.0	5.0

(a) Data exclude records for which Condition onset flag was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

8.4 Performance indicator: Unplanned readmissions

This section presents information on readmissions to the same hospital following selected surgical procedures. It does not include information on all unplanned or unexpected readmissions, or readmission to another hospital. Therefore, the information presented here may differ from rates reported by states and territories.

'Unplanned or unexpected readmissions after surgery' is a NHA performance indicator in the outcome area of *Australians receive appropriate high quality and affordable hospital and hospital-related care*. The measure is regarded as an indicator of the safety of care. It could also be regarded as an indicator of effectiveness of care; however, the specifications identify adverse events as causes of readmission, rather than reasons that could indicate effectiveness.

'Unplanned or unexpected readmissions after surgery' is defined as the number of separations involving selected procedures where a readmission occurred within 28 days, and was considered to be 'unplanned or unexpected' because the principal diagnosis related to an adverse event. The specified principal diagnoses are the same as the diagnoses listed as adverse events in Table 8.1 for *Selected post-procedural disorders, Haemorrhage and haematoma complicating a procedure, Infection following a procedure, Complications of internal prosthetic devices and Other diagnoses of complications of medical and surgical care*.

This measure is restricted to readmissions to the same public hospital between 1 July 2013 and 30 June 2014, where the initial admission for the procedure occurred between 1 July 2013 and 19 May 2014. Where a patient is readmitted more than once within 28 days of the procedure, only the first readmission is included.

It should be noted that the data in the NHMD are collected primarily for the purposes of recording care provided to admitted patients and that their use for purposes such as reporting unplanned readmissions has not been validated for completeness or accuracy in Australia. The results should therefore be treated with caution.

Unplanned readmissions in 2013–14

Rates of unplanned or unexpected readmissions were highest for *Tonsillectomy and adenoidectomy* (33 per 1,000 separations) and *Hysterectomy* (30 per 1,000 separations) (Table 8.8). For *Cataract extraction*, about 3 per 1,000 separations were readmitted within 28 days.

Where to go for more information:

Information about the specification used for this performance indicator is available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/559020>>.

More information on performance indicators is available in Appendix C.

Information on data limitations and methods is available in appendixes A and B.

Table 8.8: Separations^(a) and rate per 1,000 separations, unplanned/unexpected readmissions for selected procedures, states and territories, 2013–14

	NSW	Vic	Qld	WA ^(b)	SA	Tas	ACT	NT	Total ^(c)
Appendicectomy									
Separations	9,552	7,421	5,932	3,235	1,945	576	696	372	26,494
Number of readmissions	175	151	117	108	50	11	21	13	538
Per 1,000 separations	18.3	20.3	19.7	33.4	25.7	19.1	30.2	34.9	20.3
Cataract extraction									
Separations	18,445	17,945	6,097	9,205	5,885	1,419	1,158	648	51,597
Number of readmissions	50	67	26	19	10	3	0	6	162
Per 1,000 separations	2.7	3.7	4.3	2.1	1.7	2.1	0	9.3	3.1
Hip replacement									
Separations	2,980	2,571	1,453	1,088	718	201	163	41	8,127
Number of readmissions	54	42	28	27	15	3	3	0	145
Per 1,000 separations	18.1	16.3	19.3	24.8	20.9	14.9	18.4	0	17.8
Hysterectomy									
Separations	3,039	2,926	2,126	1,073	875	237	156	66	9,425
Number of readmissions	87	76	74	40	27	2	10	5	281
Per 1,000 separations	28.6	26.0	34.8	37.3	30.9	8.4	64.1	75.8	29.8
Knee replacement									
Separations	4,578	3,013	2,239	1,339	863	207	196	54	11,150
Number of readmissions	98	64	70	46	16	7	6	3	264
Per 1,000 separations	21.4	21.2	31.3	34.4	18.5	33.8	30.6	55.6	23.7
Prostatectomy									
Separations	2,285	2,117	1,217	675	581	164	75	26	6,465
Number of readmissions	59	42	37	20	17	5	3	2	165
Per 1,000 separations	25.8	19.8	30.4	29.6	29.3	30.5	40.0	76.9	25.5
Tonsillectomy and adenoidectomy									
Separations	6,278	7,645	3,823	2,468	2,130	340	293	205	20,714
Number of readmissions	179	230	166	112	76	12	8	12	683
Per 1,000 separations	28.5	30.1	43.4	45.4	35.7	35.3	27.3	58.5	33.0

(a) Separations are counted in the denominator if the admission for the selected procedure occurred between 1 July 2013 and 19 May 2014.

(b) Data for Western Australia were separately calculated and provided by Western Australia. Data for all other jurisdictions were sourced from the National Hospital Morbidity Database.

(c) Total excludes data for Western Australia.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

8.5 Performance indicator: Falls resulting in patient harm in hospital

This section presents information on separations for which an external cause of *Falls* was reported, and for which the place of occurrence was reported as *Health Service area*.

'Falls resulting in patient harm in hospitals' is a performance indicator under the NHPF domain of 'Safety'. 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 specified for about 26% 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 that occurred before admission.

Falls in hospitals, 2013–14

In 2013–14, more than 30,000 separations reported a fall that occurred in a health service area (Table 8.9). More falls per 1,000 separations were reported for public hospitals (4.2 per 1,000 separations) than for private hospitals (1.6 per 1,000) and there were large variations in the rates reported among states and territories.

Table 8.9: Separations for falls resulting in patient harm in hospitals, per 1,000 separations, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total Rate	Total Number
Hospital sector										
Public	5.1	3.4	3.4	4.5	4.9	6.5	3.8	1.8	4.2	23,950
Private	1.6	1.6	1.8	1.5	1.2	n.p.	n.p.	n.p.	1.6	6,433
Indigenous status										
Indigenous	1.8	1.7	1.4	1.1	1.0	3.6	3.0	1.0	1.4	562
Other Australians	3.8	2.7	2.7	3.3	3.4	4.4	3.4	2.8	3.2	29,821
Remoteness of area of usual residence^(a)										
Major cities	3.9	2.5	2.8	3.2	3.4	7.9	3.4	1.5	3.2	21,170
Inner regional	3.4	3.3	2.7	2.9	2.8	4.3	3.5	5.3	3.2	5,922
Outer regional	3.0	3.6	2.4	3.6	3.2	4.6	2.6	2.1	3.0	2,699
Remote and Very remote	2.1	2.9	1.6	1.9	2.8	3.0	n.p.	1.4	1.8	472
Socioeconomic status of area of usual residence^(b)										
1—Lowest	3.7	2.6	2.9	3.1	3.8	4.8	3.1	1.3	3.2	6,880
2	3.8	3.1	2.9	3.5	3.7	4.8	4.1	3.1	3.4	6,823
3	3.9	2.8	2.8	3.1	2.8	3.8	3.8	1.9	3.1	5,962
4	4.0	2.5	2.5	3.2	3.0	3.7	3.3	1.7	3.0	5,480
5—Highest	3.6	2.4	2.0	2.9	2.2	3.4	3.4	1.5	2.9	5,116
Total^(c)	3.8	2.7	2.7	3.1	3.3	n.p.	n.p.	n.p.	3.1	30,383

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

(b) Disaggregation by socioeconomic group is based on the usual residence of the patient, not the location of the hospital.

(c) The total includes separations for which the place of usual residence was not reported.

Note: See boxes 1.1, 1.2 and appendixes A and B for notes on data limitations and methods.

Where to go for more information:

Information about the specification used for this performance indicator is available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/435893>>.

More information on performance indicators is available in Appendix C.

Information on data limitations and methods is available in appendixes A and B.

8.6 Patient experience

This section presents selected information from the Australian Bureau of Statistics' (ABS) 2013–14 Patient Experience Survey (ABS 2014). The ABS Patient Experience Survey is conducted annually and includes information on patient experience in a range of health care situations, including general practitioners, medical specialists, dental professionals, imaging and pathology tests, hospital admissions and emergency department visits.

About 18,000 people aged 15 and over were surveyed. Of these, more than 2,300 people (12.8%) had attended a hospital in the previous 12 months, either as an admitted patient or as an emergency department patient.

'Patient satisfaction/experience' is an NHA performance indicator in the outcome area of *Australians have positive health and aged care experiences which take account of individual circumstances and care needs*. The information presented here relates to the patient's satisfaction with their experience with hospital doctors and nurses (for those who had attended a hospital).

The ABS Patient Experience Survey asked patients to respond to whether the doctors or nurses:

- listened carefully to them
- showed respect to them
- spent enough time with them.

The survey found that at least 87% of patients responded 'always' or 'often' to each of these questions (Table 8.10).

More than 90% of patients responded 'always' or 'often' to the question of whether the doctors or nurses showed respect to them.

Table 8.10: Patient experience in hospital, persons aged 15 years and over, 2013–14

	Always	Often	Sometimes/ Rarely/Never
Hospital doctors and specialists			
Listened carefully	74.2	15.7	9.3
Showed respect	76.4	15.2	7.7
Spent enough time with person	72.0	15.0	12.3
Hospital nurses			
Listened carefully	76.1	15.0	8.5
Showed respect	78.0	14.2	7.3
Spent enough time with person	74.2	14.4	11.0

Source: Australian Bureau of Statistics' *Patient experiences in Australia: summary of findings, 2013–14* (ABS 2014).

Where to go for more information:

Information about the specification used for this performance indicator is available at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/559002>>.

More information on the ABS's Patient experiences in Australia survey is available online at the Australian Bureau of statistics website at <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0>>.

Appendix A: Database quality statement summary

This appendix includes a data quality summary and additional detailed information relevant to interpretation of the National Hospital Morbidity Database (NHMD).

This appendix also contains information on other changes that may affect interpretation of the data presented in this report.

A complete data quality statement for the NHMD is available online at <meteor.aihw.gov.au>.

Information relevant to interpretation of the National Elective Surgery Waiting Times Data Collection is available in *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c) and on the AIHW website at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/592510>>.

Information relevant to interpretation of the Australian Bureau of Statistics' *Patient experiences in Australia: summary of findings, 2013–14* (ABS 2014) is available on the ABS website at <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0>>.

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 2013–14. The data set includes records for admitted patient separations between 1 July 2013 and 30 June 2014.

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 2013–14, almost all public hospitals provided data for the NHMD. The exception was an early parenting centre in the Australian Capital Territory. The great majority of private hospitals also provided data, the exceptions being the private free-standing day hospital facilities in the Australian Capital Territory.

- 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. In addition, hospitals may be re-categorised as public or private between or within years.
- There is apparent variation among jurisdictions in the use of statistical discharges and the assignment of care types (for example when a patient's care type changes from acute care to rehabilitation) which may affect the comparability of the data. However, revised definitions for care types were implemented from 1 July 2013 with the aim to improve comparability in care type assignment among jurisdictions. Therefore, information presented by care type may not be comparable with data presented for earlier periods.
- There was variation between states and territories in the reporting of separations for *Newborns* (without qualified days).
- 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 2013–14, about 18% 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 diagnosis, procedure and external cause data over time, as the classifications and coding standards for those data can change over time.
 - Reporting in ICD-10-AM 8th edition commenced from 1 July 2013. A number of changes implemented in the 8th edition of the ICD-10-AM/ACHI classifications may affect the interpretation of data when compared with data reported in earlier years.
 - Changes to the Australian Coding Standard (ACS) 0401 *Diabetes mellitus and intermediate hyperglycaemia* between 2009–10 and 2013–14 have affected the comparability over time of data reported for diabetes.
- Between 2009–10 and 2013–14, there were changes in coverage or data supply over this period for Victoria, Western Australia and Tasmania that may affect the interpretation of these data:
 - For Victoria:

From 2009–10, the data for Albury Base Hospital (in New South Wales) have been reported by the Victorian Department of Health and Human Services as part of the Albury Wodonga Health Service. Therefore, the information presented for Victoria will include Albury Base Hospital.

From 2010–11, some same day mental health care provided in private hospitals was re-categorised as non-admitted patient activity.

Between 2011–12 and 2012–13, the large decrease in public hospital separations reflects a change in Victoria's emergency department admission policy.
 - For Western Australia:

In 2009–10, Western Australia did not provide data for about 13,000 separations, 2,400 from public hospitals and 10,600 from one private hospital.

Between 2012–13 and 2013–14, the large decrease in public hospital separations may reflect a change in Western Australia's emergency department admission policy. The Western Australian Department of Health advised that:

"Improved compliance to the Admission Readmission Discharge and Transfer (ARDT) policy led to a reduction in the reporting of invalid admitted activity in the 2013–14 financial year, and hence a decrease in the number of separations and patient days compared with 2012–13."

- For Tasmania, some psychiatric care provided in public hospitals was categorised as residential care from 2010–11. In previous years, this activity was categorised as admitted patient care.
- The Indigenous status data in the NHMD for all states and territories are considered to be of sufficient quality for statistical reporting from 2010–11. In 2011–12, an estimated 88% of Indigenous patients were correctly identified in public hospitals (AIHW 2013). The overall quality of the data provided for Indigenous status is considered to be in need of some improvement and varied between states and territories.

Other factors affecting interpretation of the NHMD data

This section presents other information about the quality of the data provided for the NHMD and factors that may affect interpretation of the information presented in this report.

Newborn episodes of care

There is variation in the reporting of *Newborn* care between states and territories.

Between 2010–11 and 2011–12, the reporting of *Newborn* episodes with qualified days increased markedly for New South Wales public hospitals. Therefore, the data for *Newborn* care in New South Wales public hospitals for 2011–12 to 2013–14 are not comparable to the data reported by New South Wales in previous years.

For Victoria, private hospitals did not report all *Newborn* episodes without qualified days. Therefore, the count of newborns is underestimated.

The Northern Territory did not report separations for *Newborn* episodes with a mixture of qualified and unqualified days.

Information on reporting practices for *Newborn* episodes before 2013–14 is available in previous *Australian hospital statistics* reports.

Quality of Indigenous status data

Indigenous identification in hospital separations data: 2013 quality report

The 2013 AIHW report *Indigenous identification in hospital separations data – 2013 quality report*, (AIHW 2013) presented findings on the quality of Indigenous identification in hospital separations data in Australia, based on studies conducted in public hospitals during 2011. Private hospitals were not included in the assessment.

The results of the study indicated that, overall, the quality of Indigenous identification in hospital separations data was similar to that achieved in the previous study (AIHW 2010). However, the 2011–12 survey was performed on larger samples for each jurisdiction/region and is therefore considered more robust than the previous study.

The report recommends that the data for all jurisdictions are used in analysis of Indigenous hospitalisation rates, for hospitalisations in total in national analyses of Indigenous admitted patient care for data from 2010–11 onwards.

Based on the results of the survey data a correction factor of 1.09 was calculated, suggesting that the 'true' number of Indigenous people should be about 9% higher than indicated in hospital records.

Quality in 2013–14

The following information has been provided by the states and territories to provide some additional insight into the quality of Indigenous status data in the hospitals data provided to the AIHW.

New South Wales

The New South Wales Ministry of Health (NSW) noted that NSW had achieved an overall weighted completeness of 80% for Indigenous identification in 2011–12. The low level of completeness for hospitals in major cities (67% compared with 98% in remote areas) revealed that education in Indigenous status data collection should be focused on hospital staff in urban areas. NSW's Data Quality Audit and Assurance Program revealed that individual Local Health Districts have initiated, and are delivering, their own comprehensive programs to staff on cultural sensitivity and innovative methods of Indigenous data collection.

Victoria

The Victorian Department of Health and Human Services reports that Indigenous status data for 2013–14 is of an adequate standard for reporting, but should still be considered to undercount the number of Aboriginal and Torres Strait Islander patients. There is a continued effort to improve the quality of this data element through data validation processes and communication channels.

Queensland

The Queensland Department of Health noted that for 2013–14, Indigenous status was reported as 'not stated' for 4.6% of admitted patient separations (1.0% of public hospital separations and 8.6% for private hospital separations). The level of non-reporting of Indigenous status has continued to improve for public hospitals. However, for private hospitals, non-reporting of Indigenous status has increased compared to 2012–13.

Western Australia

The Western Australian Department of Health regards its Indigenous status data as being of good quality, with all cases having a valid Indigenous status reported in 2013–14. A sample survey conducted in 2011 concluded that Western Australia was collecting Indigenous status with a high degree of accuracy.

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 Indigenous identifier aimed at frontline staff in hospitals and other healthcare units. The package is based on the best practice guidelines developed by the AIHW. State-wide training programs were undertaken between 2011 and mid-2013.

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 considers the quality of its Indigenous status data to be of high quality. The Department participated in the national review of the quality of demographic data (coordinated by AIHW) in 2011 where 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 and all reporting is based on the person's reported Indigenous status at the time of the event.

Quality of the coded clinical data

The comparability of the coded diagnosis, procedure and external cause data can be affected by variations in the quality of the coding, and the numbers of diagnoses and/or procedures reported. Comparability 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 (ACS) 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 ACS, 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 ACS, and may affect the comparability of ICD-10-AM coded data.

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 (NSW), 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 hospital coded data is routinely processed, monitored and validated using Performance Indicators for Coding Quality (PICQ™) by the Ministry of Health and disseminated back to the Local Health Districts and individual hospitals. The data from PICQ™ is also used to benchmark Local Health District's/Network's performance.

Victoria

As part of a comprehensive health data integrity audit program, the Victorian Department of Health and Human Services 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 ACSSs along with some key demographic and administrative data.

Approximately 13,000 patient records are audited each year. In the most recently completed 3-year audit cycle, the rate of AR-DRG change reported for audited records continued to decrease, falling to less than 5% in the third year, indicating a high quality of coding. Coded data is also validated using 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/ACHI validations are automatically executed as part of the general processing of morbidity data in the corporate data collection. A Statewide Health Information Management Clinical Coding Network (SHIM-CCN) Steering Committee has been established to aid the improvement of Health Information Management (HIM) and clinical coding services state-wide. It also fosters appropriate education and development of HIMs and clinical coders. The Queensland Department of Health complements this activity by undertaking a range of quality assurance processes.

Western Australia

The Western Australian Department of Health conducts in-house data quality activities and regular comprehensive external audits of hospital medical records and admitted patient 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 for Health and Ageing completed a major audit of coding practices in 2011. The rate of AR-DRG change for metropolitan hospitals was marginally above 10%. South Australia notes that a result of less than 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

Tasmania focuses on materiality of coded data error over simple error rates and, although there has been improvement in recent years, Tasmania still has concerns about the quality of some coded data (for example with respect to correct identification of the principal diagnosis; additional comorbidities and complications; and care type for some episodes). Tasmania is utilising a number of strategies to address these concerns:

- Hospitals continue to conduct coding quality improvement activities such as clinical clarification processes; internal data analyses and audits; and some use of PICQ™

- State-wide validation of some episode data occurs routinely. There is potential for significant data quality improvement by correction of errors identified through validations; Tasmania plans to increase activity in this area.
- A state-wide coding auditor/educator is responsible for managing coded data validations; state-wide coded data reviews and audits and education in relation to findings from these.
- A Tasmanian Clinical Coding Strategic Committee has been formed to facilitate high level coding related decisions through discussion between the Department and the Tasmanian Hospital Organisations.
- Tasmania is represented on the ICD Technical Group and the DRG Technical Group which provide responses and advice regarding changes/updates to the coding classifications and grouping systems to the ACCD in their efforts to improve coded data quality generally.
- A small number of staff with high level technical expertise in casemix; clinical costing; clinical coding and health statistics and data analysis work together as a dedicated casemix risk team facilitating targeted activity to improve data quality.

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, and continues to conduct coding quality improvement activities. Challenges in recruiting and/or retaining suitably experienced staff continues. The introduction of integrated clinical coding software continues to offer gains in coding quality, consistency and timeliness.

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).

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 last letter in the sequence.

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 four 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
4. *Vaginal and caesarean deliveries.*

Categories 2, 3 and 4 are subsets of category 1.

The category *Vaginal and caesarean deliveries* is included as it represents a sub-group of patients for which there is limited scope for differences in the admission threshold.

Therefore, it is expected that differences in the proportions in the lowest resource AR-DRGs for this group are likely to reflect variation in reporting additional diagnoses.

For 2013–14, this analysis is presented using AR-DRG version 7.0. There are some major differences in the assignment of records to AR-DRGs between AR-DRG version 6.0x and version 7.0 that may affect the comparability of data over time. In particular, a large number of ‘same-day splits’ were added for AR-DRG version 7.0, and this has reduced the number of adjacent DRGs that are split only by CCs. Therefore, the information presented in Table A1 is not comparable with data presented in previous years.

Standardised proportion

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. 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 considered comparable.

See tables accompanying this report online for additional detail on this analysis and the list of AR-DRGs included.

Results 2013–14

Table A1 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.

Overall for public hospitals, about 68% of separations were allocated to the lowest resource split for adjacent AR-DRGs, ranging from 62% for Victoria and the Northern Territory to 70% for New South Wales and Western Australia.

For private hospitals, about 74% of separations were allocated to the lowest resource split for adjacent AR-DRGs and there was less variation among jurisdictions, ranging from 72% in Victoria to 76% in South Australia.

For *Vaginal and caesarean deliveries*, the proportion allocated to the lowest resource split was 76% for public hospitals and 73% for private hospitals. There was some variation among jurisdictions, with public hospital proportions ranging from 73% in Western Australia and the Australian Capital Territory to 79% in Queensland.

Due to changes in AR-DRG allocation for normal deliveries (see 'Changes in AR-DRG versions' later in this appendix), the data for *Vaginal and caesarean deliveries* are not comparable with the data presented for this category using AR-DRG version 6.0x in *Australian hospital statistics 2012–13* (AIHW 2014a).

Changes to ICD-10-AM/ACHI classifications

A number of changes implemented from 1 July 2013 for the 8th edition of the ICD-10-AM/ACHI classifications may affect the interpretation of data presented in this report when compared with data presented in earlier reports. In the 8th edition changes included:

- For ICD-10-AM, 88 new disease codes were created, 67 existing disease codes were amended and 24 disease codes were deleted.
- For ACHI, 102 new procedure codes were created (including 2 new blocks), 24 procedure codes were amended (and 5 blocks) and 24 procedure codes were deleted.

In addition, information presented over time may be affected by changes to coding standards in previous years. The major changes affecting the interpretation of information presented in this report are:

1. The reporting of 'past history' of hepatitis.
2. The deletion of the category I84 *Haemorrhoids* and the creation of the category K64 *Haemorrhoids and perianal venous thrombosis*.
3. Diabetes mellitus and intermediate hyperglycaemia.

Hepatitis

Changes to the Australian Coding Standard for *Viral hepatitis* (ACS 0104), implemented in the 8th edition of ICD-10-AM clarified that, while it was acceptable to assign a code for a past history of hepatitis, the 'personal history' codes of Z22.51 *Carrier of viral hepatitis B*, Z22.52 *Carrier of viral hepatitis C* and Z22.59 *Carrier of other specified viral hepatitis* should not be assigned. Instead, the past history should be assigned to the codes B18.1 *Chronic viral hepatitis B without delta agent*, B18.2 *Chronic viral hepatitis C* or B18.0 *Chronic viral hepatitis B with delta agent*.

This change in coding standard had little effect on the reporting of principal diagnoses for Hepatitis B, as personal history codes should not be assigned as a principal diagnosis. However, the number of additional diagnoses reported for the ICD-10-AM codes B18.0, B18.1 and B18.2 increased from about 14,700 in 2012–13 to more than 70,000 in 2013–14.

Conversely, in 2012–13, there were more than 52,500 additional diagnoses reported for Z22.51, Z22.52 and Z22.59 and in 2013–14, fewer than 300 additional diagnoses were reported.

This change in the coding standard will affect the comparability over time in the reporting of the vaccine-preventable category of potentially preventable hospitalisations, which includes counts for additional diagnoses of *Hepatitis B* (see Chapter 4 'Why did people receive care?').

Haemorrhoids

For the 8th edition of the International Classification of Diseases (ICD), the World Health Organization deleted the category I84 *Haemorrhoids* from the ICD chapter *Diseases of the circulatory system*, and created a new category K64 *Haemorrhoids and perianal venous thrombosis* in the chapter *Disease of the digestive system* under the sub-chapter of *Other disease of the*

intestines. This has resulted in a decrease in diagnoses reported for the chapter *Diseases of the circulatory system* and an increase in reporting for the chapter *Diseases of the digestive system*.

In 2012–13, there were more than 50,000 separations with a principal diagnosis of I84 *Haemorrhoids* and in 2013–14, there were fewer than 300 (which are invalidly coded).

In 2013–14, there were 49,000 separations with a principal diagnosis of K64 *Haemorrhoids and perianal venous thrombosis*.

Therefore, information presented by ICD-10-AM diagnosis chapters in this report will not be directly comparable with similar information presented in previous years for the ICD-10-AM chapters *Diseases of the circulatory system* and *Diseases of the digestive system*.

Diabetes mellitus and intermediate hyperglycaemia

Changes to the Australian Coding Standard for *Diabetes mellitus and intermediate hyperglycaemia* (ACS 0401) (formerly *Diabetes mellitus and impaired glucose regulation*) between 2009–10 and 2012–13 have affected the comparability over time of data reported for diabetes.

The reporting of diabetes as a principal diagnosis increased by an average of 7.6% between 2011–12 and 2012–13 (Table A2). The reporting of diabetes as an additional diagnosis increased by an average of 230% between 2011–12 and 2012–13.

Between 2012–13 and 2013–14, there were no changes to the ACS and the reporting of diabetes as a principal diagnosis increased by 0.1%. The reporting of diabetes as an additional diagnosis increased by an average of 11.7% between 2012–13 and 2013–14.

These changes in the coding standard should not affect the comparability over time in the reporting of the chronic condition category of potentially preventable hospitalisations, as the revised specification presented in this report does not include counts for additional diagnoses of Diabetes mellitus (see Chapter 4 ‘Why did people receive care?’). However, information on potentially preventable hospitalisations presented in previous *Australian hospital statistics* reports (using the superseded specification) should be interpreted with caution.

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.

Condition onset flag information is included in Chapter 8 ‘What was the safety and quality of care?’ in:

- Section 8.2 – Condition that arose during the hospital stay
- Section 8.3 – Hospital acquired conditions (CHADx).

Quality of the Condition onset flag data for 2013–14

Overall, the provision of COF data for 2013–14 was similar to that provided for 2010–11 to 2012–13. In 2013–14, the coverage of COF data was 91% for public hospitals and 72% for private hospitals (Table A3). Data were missing for all private hospital records for New South Wales and about 28% of separations in public hospitals for New South Wales.

There was marked variation between states and territories in the overall proportion of records for which a condition was reported as arising during the episode of care.

Table A1: Standardised proportion of separations^(a) in lowest resource level AR-DRG for selected adjacent AR-DRGs version 7.0, public and private hospitals, states and territories, 2013–14

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
All adjacent AR-DRGs split by complications only									
Public hospitals									
Separations	586,531	402,796	352,473	167,313	132,015	35,579	29,097	26,201	1,732,005
Standardised proportion in lowest resource level	0.70	0.62	0.69	0.70	0.68	0.68	0.67	0.62	0.68
Private hospitals									
Separations	187,943	179,987	175,103	76,711	57,481	n.p.	n.p.	n.p.	704,159
Standardised proportion in lowest resource level	0.73	0.72	0.73	0.74	0.76	n.p.	n.p.	n.p.	0.74
Adjacent AR-DRGs with 'without complication' as the lowest resource level AR-DRG									
Public hospitals									
Separations	239,598	166,572	132,439	67,024	51,237	14,138	12,513	10,464	693,985
Standardised proportion in lowest resource level	0.69	0.60	0.67	0.67	0.65	0.66	0.65	0.58	0.66
Private hospitals									
Separations	67,214	63,988	63,354	31,670	18,853	n.p.	n.p.	n.p.	254,412
Standardised proportion in lowest resource level	0.71	0.68	0.69	0.71	0.72	n.p.	n.p.	n.p.	0.71
Adjacent AR-DRGs with 'without catastrophic or severe complication' as the lowest resource level AR-DRG									
Public hospitals									
Separations	346,933	236,224	220,034	100,289	80,778	21,441	16,584	15,737	1,038,020
Standardised proportion in lowest resource level	0.71	0.64	0.71	0.72	0.70	0.70	0.69	0.65	0.69
Private hospitals									
Separations	120,729	115,999	111,749	45,041	38,628	n.p.	n.p.	n.p.	449,747
Standardised proportion in lowest resource level	0.75	0.74	0.75	0.76	0.78	n.p.	n.p.	n.p.	0.76
Adjacent AR-DRGs for vaginal and caesarean delivery									
Public hospitals									
Separations	73,001	56,936	44,250	23,280	15,517	4,072	4,996	3,231	225,283
Standardised proportion in lowest resource level	0.78	0.75	0.79	0.73	0.76	0.74	0.73	0.75	0.76
Private hospitals									
Separations	22,569	19,671	17,571	10,619	4,522	n.p.	n.p.	n.p.	78,865
Standardised proportion in lowest resource level	0.75	0.70	0.76	0.68	0.77	n.p.	n.p.	n.p.	0.73

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

Table A2: Diabetes mellitus and impaired glucose regulation reporting, all hospitals, 2010–11 to 2013–14

	ICD-10-AM 7th edition			Change (%) between 2011–12 and 2012–13	ICD-10-AM 8th edition 2013–14	Change (%) between 2012–13 and 2013–14
	2010–11	2011–12	2012–13			
Principal diagnoses						
E09	42	102	89	−12.7	89	0.0
E10	13,437	14,287	13,947	−2.4	13,360	−4.2
E11	22,977	22,912	26,197	14.3	26,901	2.7
E13	256	325	320	−1.5	355	10.9
E14	313	385	331	−14.0	213	−35.6
<i>Total principal diagnoses</i>	<i>37,025</i>	<i>38,011</i>	<i>40,884</i>	<i>7.6</i>	<i>40,918</i>	<i>0.1</i>
Additional diagnoses						
E09	1,351	1,280	6,802	431.4	8,117	19.3
E10	24,593	26,688	69,459	160.3	73,759	6.2
E11	262,893	291,090	977,248	235.7	1,096,197	12.2
E13	3,133	3,863	8,135	110.6	8,616	5.9
E14	752	740	5,293	615.3	5,532	4.5
<i>Total additional diagnoses</i>	<i>292,722</i>	<i>323,661</i>	<i>1,066,937</i>	<i>229.6</i>	<i>1,192,221</i>	<i>11.7</i>
Total (E09–E14)	329,749	361,673	1,107,821	206.3	1,233,139	11.3

E09—Intermediate hyperglycaemia; E10—Type 1 diabetes mellitus; E11—Type 2 diabetes mellitus; E13—Other specified diabetes mellitus.

E14—Unspecified diabetes mellitus; E09–E14—Diabetes mellitus and intermediate hyperglycaemia.

Source: National Hospital Morbidity Database.

For public hospitals, the proportion ranged from 4.3% for the Northern Territory to 12.9% in Victoria (Table 8.3).

For private hospitals, the proportion ranged from 5.1% for Queensland and Western Australia to 8.1% for Victoria (Table 8.4). 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 COF values.

Table A3: Proportion of separations with Condition onset flag reported^(a) (%), public and private hospitals, states and territories, 2013–14

	Public hospitals	Private hospitals
New South Wales	72.1	0.0
Victoria	100.0	100.0
Queensland	100.0	100.0
Western Australia	100.0	100.0
South Australia	100.0	100.0
Tasmania	100.0	100.0
Australian Capital Territory	100.0	99.9
Northern Territory	100.0	100.0
Australia	91.4	72.4

(a) 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.

Changes in AR-DRG versions

There are some major differences in the assignment of records to AR-DRGs between AR-DRG version 6.0x and version 7.0 that may affect the comparability of data over time, particularly where different AR-DRG versions are used for different reporting periods.

Some notable changes introduced in AR-DRG version 7.0 include:

- gestational age was introduced into many of the AR-DRG splits in the Major Diagnostic Category (MDC) 15 *Newborns and other neonates*
- bariatric procedures and associated AR-DRGs were reviewed, with the creation of new AR-DRGs within MDC 10 *Endocrine, nutritional and metabolic diseases and disorders*
- same-day splits were introduced for a range of adjacent DRGs.

For a full list of changes, refer to the AR-DRG version 7.0 definitions manual (NCCC 2012b).

Changes in AR-DRG versions affecting reporting

Haemorrhoid procedures

In AR-DRG version 6.0x, the majority of records (94%) with a procedure for *Rubber band ligation of haemorrhoids* (ACHI procedure code 32135-00) were assigned to a surgical AR-DRG (G11Z *Anal and stomal procedures*) in MDC 06 *Diseases and disorders of the digestive system*.

In 2013–14, there were almost 34,000 records with *Rubber band ligation of haemorrhoids*. In AR-DRG version 7.0, about 5% of the records were assigned to G11Z. Most records were assigned to AR-DRGs classified as *Other DRGs* in MDC 06. This change in assignment resulted in a decrease in *Surgical DRGs* and an increase in *Other DRGs* in MDC 06, and overall, between 2012–13 and 2013–14.

Normal deliveries

In AR-DRG version 6.0x, records with a principal diagnosis of O80 *Single spontaneous delivery* were assigned to O60A *Vaginal delivery with catastrophic or severe complications or comorbidities*, O60B *Vaginal delivery with severe complications or comorbidities* or O60C *Vaginal delivery single uncomplicated without other condition*.

For 2013–14, in AR-DRG version 7.0, the majority of records with a principal diagnosis of O80 (77%) were assigned to the AR-DRG version 7.0 O60C *Vaginal delivery, single uncomplicated*. About 16% of records for ‘normal’ deliveries were assigned to AR-DRG version 6.0x O60C. Therefore, caution should be used in comparing the data for vaginal deliveries over time and across different AR-DRG versions.

Appendix B: Technical appendix

This appendix covers:

- definitions and classifications used
- the presentation of data in this report
- analysis methods.

Definitions and classifications

If not otherwise indicated, data elements were defined according to the definitions in the *National health data dictionary, version 16* (NHDD) (AIHW 2012b) and NHDD updates (AIHW forthcoming) (summarised in the Glossary).

Data element definitions for the following National Minimum Data Sets (NMDS) are also available online for:

- Admitted patient care NMDS 2013–14 at
[<http://meteor.aihw.gov.au/content/index.phtml/itemId/491555>](http://meteor.aihw.gov.au/content/index.phtml/itemId/491555)
- Elective surgery waiting times (removals data) NMDS 2013–14 at
[<http://meteor.aihw.gov.au/content/index.phtml/itemId/520154>](http://meteor.aihw.gov.au/content/index.phtml/itemId/520154).

Geographical classifications

Remoteness areas

Data on geographical location of the patient's usual residence and of the hospital location are defined using the Australian Bureau of Statistics (ABS) Australian Statistical Geography Standard (ASGS). Data on remoteness area of usual residence are defined using the ABS's ASGS Remoteness Structure 2011 (ABS 2011c).

The ABS's ASGS Remoteness Structure 2011 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* – for example: Sydney, Melbourne, Brisbane, Adelaide, Perth, Canberra and Newcastle
- *Inner regional* – for example: Hobart, Launceston, Wagga Wagga, Bendigo and Murray Bridge
- *Outer regional* – for example: Darwin, Moree, Mildura, Cairns, Charters Towers, Whyalla and Albany
- *Remote* – for example: Port Lincoln, Esperance, Queenstown and Alice Springs
- *Very remote* – for example: Mount Isa, Cobar, Coober Pedy, Port Hedland and Tennant Creek.

Reporting data on geographical location of usual residence of the patient

Data on geographical location are collected on the area of usual residence of patients in the NHMD. These data are specified in the NMDS as state or territory of residence and Statistical Area level 2 (SA2), a small area unit within the ABS's ASGS.

In 2013–14, New South Wales provided SLA codes for geography of usual residence. All other states and territories were able to provide SA2 codes both for patients usually resident in the jurisdiction and for patients not usually resident in the jurisdiction, with the exception of one hospital included in the Victorian data collection, for which postcode of usual residence was provided.

For New South Wales, the AIHW mapped SLA to SA2 using ABS correspondence information. For the hospital included in the Victorian collection where postcode was provided, postcode was mapped to SA2. The AIHW then mapped the SA2 of area of usual residence for each separation to remoteness area categories based on the ABS's ASGS Remoteness Structure 2011. These mappings were undertaken on a probabilistic basis as necessary, using ABS correspondence information describing the distribution of the population by remoteness areas and SA2s. Because of the probabilistic nature of this mapping, the SA2 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, about 99% of records included data on the area of usual residence in the form of an SA2. For the remaining 0.4% of records, about 50% were for overseas residents, 5% were of no fixed abode, and the remainder had invalid SA2 data or no data were reported.

Socioeconomic status

Data on socioeconomic status groups are defined using the ABS's Socio-Economic Indexes For Areas 2011 (SEIFA 2011 [ABS 2013b]).

The SEIFA 2011 data are generated by the ABS using a combination of 2011 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. The SEIFAs are described in detail on the ABS website <www.abs.gov.au>.

The SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) 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 IRSD scores for the SA2 of usual residence of the patient reported or derived for each separation. The '1—Lowest' group represents the areas containing the 20% of the national population with the most disadvantage, and the '5—Highest' group represents the areas containing the 20% of the national population with the least disadvantage. These SES groups do not necessarily represent 20% of the population in each state or territory. Disaggregation by SES group is based on the area of usual residence of the patient, not the location of the hospital.

The following labels for each socioeconomic group have been used throughout this report:

Label	Socioeconomic status group
1—Lowest	Most disadvantaged
2	Second most disadvantaged
3	Middle
4	Second least disadvantaged
5—Highest	Least disadvantaged

Classifications of clinical data

ICD-10-AM/ACHI

Diagnosis, procedure and external cause data for 2013–14 were reported to the NHMD by all states and territories using the 8th edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM) (NCCC 2012a), incorporating the *Australian classification of health interventions* (ACHI).

In tables and figures presenting information on diagnoses, external causes and procedures, the codes and abbreviated descriptions of the ICD-10-AM/ACHI classification are used. Full descriptions of the categories are available in ICD-10-AM/ACHI publications (NCCC 2012a).

Diagnoses

One or more diagnoses can be reported for each separation. 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 co-exists with the principal diagnosis or arises during the episode of care. An additional diagnosis is reported if the condition affects patient management.

The ICD-10-AM comprises classifications of diseases and external causes of injuries and poisoning, based on the World Health Organization's version of ICD-10.

The disease 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). 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 this report 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 397 three-character categories (including place of occurrence and activity when injured). Some of the information in Chapter 4 is presented by categorising the ICD-10-AM external cause codes into 16 groups to provide an overview of the reported external causes.

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 ACHI classification is divided into 20 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, ordered from the least invasive to the most invasive. The blocks, which are numbered sequentially, group the very specific procedure information.

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 1,412 categories describe procedures at a specific level. Detailed information is presented for the 20 procedure blocks 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. The section about most common procedures for 'Rehabilitation care' in 'What services were provided?' presents information at this level.

Australian Refined Diagnosis Related Groups

Australian Refined Diagnosis Related Groups (AR-DRG) is an Australian admitted patient classification system that 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.

The AR-DRG classification is partly hierarchical, with 23 Major Diagnostic Categories (MDCs), divided into *Surgical*, *Medical* and *Other* partitions, and then into 771 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 to 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 the *Other DRGs* 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 are also used for AR-DRG assignment, including the patient's age, complicating diagnoses/procedures and/or patient clinical complexity level, the length of stay, and the mode of separation.

AR-DRG versions

Following receipt of the data from states and territories, the AIHW regrouped the data (using the mapping facility in the DRGroup™ software) 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.

For 2013–14, each separation in the NHMD was classified to AR-DRG versions 6.0x (DoHA 2010) and AR-DRG version 7.0 (NCCC 2012b) on the basis of demographic and clinical characteristics of the patient.

Each AR-DRG version is based on a specific edition of the ICD-10-AM/ACHI (Table B1). However, AR-DRGs can be mapped from other ICD-10-AM/ACHI editions.

This report uses AR-DRG version 7.0 is used in tables presenting counts of separations by MDC or AR-DRG. For tables presenting cost weight information, AR-DRG version 6.0x was used, including in time series.

Table B1: ICD-10-AM and AR-DRG versions, 2009–10 to 2013–14

Year	ICD-10-AM edition	Relevant AR-DRG version	AR-DRG version reported in <i>Australian hospital statistics</i>
2009–10	Sixth edition	Version 6.0	Version 5.2
2010–11 ^(a)	Seventh edition	Version 6.0	Version 6.0
2011–12	Seventh edition	Version 6.0	Version 6.0x
2012–13	Seventh edition	Version 6.0x	Version 6.0x
2013–14 ^(b)	Eighth edition	Version 7.0	Version 7.0

(a) For *Australian hospital statistics 2010–11* in 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.

(b) For *Australian hospital statistics 2013–14* in analyses where cost weights were required, AR-DRG version 6.0x Round 16 cost weights (2011–12) were applied to AR-DRG version 6.0x.

Presentation of data

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, 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 2.

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.

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.

Throughout the publication, percentages may not add up to 100.0 because of rounding. Percentages and rates printed as 0.0 or 0 generally indicate a zero. The symbol '<0.1' has been used to denote less than 0.05 but greater than 0.

Suppression of data

The AIHW operates under a strict privacy regime which has its basis in Section 29 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). Section 29 requires that confidentiality of data relating to persons (living and deceased) and organisations be maintained. The Privacy Act governs confidentiality of information about living individuals.

The AIHW is committed to reporting that maximises the value of information released for users while being statistically reliable and meeting legislative requirements described above.

Data (cells) in tables may be suppressed in order to maintain the privacy or confidentiality of a person or organisation, or because a proportion or other measure related to a small number of events and may therefore not be reliable.

Data have been suppressed to avoid attribute disclosure. Some measures have been suppressed if there were fewer than 100 separations in the category being presented (for example, for length of stay, separations rates and elective surgery waiting times). The abbreviation 'n.p.' has been used in tables to denote these suppressions. For these tables, the totals include the suppressed information.

The data for private hospitals in Tasmania, the Australian Capital Territory and the Northern Territory were not published for confidentiality reasons.

In addition, 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.

Analysis methods

Admitted patient care data analyses

Records for 2013–14 are for hospital separations (discharges, transfers, deaths or changes in care type) in the period 1 July 2013 to 30 June 2014. Data on patients who were admitted on any date before 1 July 2013 are included, provided that they also separated between 1 July 2013 and 30 June 2014. 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.

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 2013 to 30 June 2014), 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 2013–14, but who were admitted before 1 July 2013, will be counterbalanced overall by the patient days for patients in hospital on 30 June 2014 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.

Unless otherwise noted in footnotes, records for *Hospital boarders* and *Posthumous organ procurement* have been excluded from statistics on separations.

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 4.

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.

Age of patient

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 the totals. In 2013–14, there were 262 separations that did not have sex reported as male or female and the date of birth was not reported for 237 of these. There were also 7 separations for which sex was reported as male or female and for which date of birth was not reported (and therefore age could not be calculated).

Estimated resident populations

All populations, except those used for analyses by Indigenous status, are based on the estimated resident population as at 30 June (at the beginning of the reporting period), based on the 2011 Census data.

Age-standardised rates

Unless noted otherwise, population rates (separation rates and patient day rates) presented in this report are age-standardised, calculated using the direct standardisation method and 5-year age groups.

The Australian Bureau of Statistics' population estimates for 30 June at the beginning of the reporting period (see tables B.S1 to B.S3 accompanying this report online) were used for the observed rates.

All populations are based on the 2011 Census data. For time series tables in this report, the age-standardised separation (and patient day) rates (per 1,000 population) have been calculated using estimated resident populations relevant to the reporting period.

The total Australian population for 30 June 2001 was used as the standard population against which expected rates were calculated.

There was some variation in the age group used for age-standardising. For example:

- Separation rates (by hospital state, residence state, remoteness areas and by quintiles of socioeconomic advantage/disadvantage) were directly age-standardised, using the estimated resident populations as at 30 June 2013. 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 2013. The population for other

Australians was based on the estimated resident populations as at 30 June 2013. As the projected estimates use a highest age group of 65 and over and population data for June 2013, standardised rates calculated for analyses by Indigenous status are not directly comparable to the rates presented elsewhere.

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:

$$\text{Standardised separation rate ratio (SRR)} = \text{observed rate} / \text{expected rate}$$

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 of area of residence, 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.

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.

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 tables B.S4 to B.S8 accompanying this report online and relate to:

- selected AR-DRGs (see Chapter 2 'How much activity?')
- potentially preventable hospitalisations (see Chapter 4 'Why did people receive care?')
- selected procedures (see Chapter 6 'What procedures were performed?')
- adverse events (see Chapter 8 'What was the safety and quality of the care?')
- unplanned/unexpected readmissions (see Chapter 8 'What was the safety and quality of the care?').

Broad categories of service

Separations have been categorised as *Childbirth*, *Specialist mental health*, *Medical*, *Surgical* or *Other* based mainly on the AR-DRG version 7.0 recorded for the separation:

- *Childbirth*: separations for which the AR-DRG was associated with childbirth:
 - O01A *Caesarean delivery with catastrophic complication or comorbidity*
 - O01B *Caesarean delivery with severe complication or comorbidity*
 - O01C *Caesarean delivery without catastrophic or severe complication or comorbidity*
 - O02A *Vaginal delivery with operating room procedure with catastrophic or severe complication or comorbidity*
 - O02B *Vaginal delivery with operating room procedure without catastrophic or severe complication or comorbidity*
 - O60A *Vaginal delivery with catastrophic or severe complication or comorbidity*
 - O60B *Vaginal delivery without catastrophic or severe complication or comorbidity*
 - O60C *Vaginal delivery single uncomplicated.*

Does not include newborn care. Includes separations for childbirth for which specialised psychiatric care days were reported.

- *Specialist mental health*: separations for which at least one specialised psychiatric care day was reported. Excludes separations for *Childbirth* that also reported specialised psychiatric care days.
- *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*.

National elective surgery waiting times data analyses

Elective surgery waiting times

The waiting times data presented in this report are for patients who complete their wait and are admitted for their surgery as either an elective or emergency admission. In reports before 2011–12, this information was presented for elective admissions only. Therefore, the data presented are not directly comparable with the data reported in previous *Australian hospital statistics* reports.

See *Australian hospital statistics 2013–14: elective surgery waiting times* (AIHW 2014c) for information about ‘Median and 90th percentiles’.

Relative stay index analysis

Relative stay indexes (RSIs) have been identified as indicators of efficiency and are presented in Chapter 2.

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 tables accompanying this report online)
- *Error AR-DRGs.*

Comparisons with RSIs presented in earlier reports should be made with caution, due to the use of different AR-DRG versions.

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 RSI 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 RSI 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.

For those jurisdictions and sectors for which RSI statistics are presented in Chapter 2 'How much activity?', there were between 502 and 672 AR-DRGs represented, meaning that ALOS data was estimated for up to 170 AR-DRGs (see Table BS.9, accompanying this report online). In particular, the data presented for the direct standardised method in the public sector for the Northern Territory should be interpreted with caution.

Due to the issues with the direct RSI detailed above, this report mainly presents RSI information using the indirect standardised method. However, the direct standardised method has also been presented to allow comparison between the two methods and more direct comparison for those jurisdictions and sectors for which the data are presented.

Appendix C: 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).

National health performance reporting

In Australia, national public reporting of hospital performance is undertaken by a number of organisations under nationally agreed arrangements.

The national arrangements for hospital performance reporting in Australia comprise the:

- National Health Performance Framework (NHPF) – a conceptual framework for performance assessment that is not linked to any agreement related to health service provision or funding. At the request of health ministers, a set of performance indicators are reported biennially for this Framework in *Australia's health* (AIHW 2014e).
- National Healthcare Agreement (NHA) – agreed performance indicators and benchmarks are reported annually. The performance indicators presented here are based on data for 2013–14 and on specifications used for reporting the 2015 NHA performance indicators.
- National Partnership Agreements (NPA) – the NPA on Improving Public Hospital Services (IPHS) includes reporting of performance related to emergency departments and elective surgery in public hospitals.
- National Health Reform Agreement (NHRA) and associated Performance and Accountability Framework – information on the performance of public and private hospitals and Local Hospital Networks are reported by the National Health Performance Authority (NHPA) on the *MyHospitals* website.
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) also has performance reporting-related roles under the NHRA, reporting publicly on the state of safety and quality, including performance against national standards (ACSQHC 2013).
- Review of Government Service Provision – information on the equity, efficiency and effectiveness of government services (including hospitals) are reported by the Steering Committee for the Review of Government Service Provision in the annual Report on Government Services (SCRGSP 2014).

The AIHW provides data from its national hospitals databases to support this range of reporting, and reports many of the hospitals-related performance indicators in the *Australian hospital statistics* series each year.

This appendix presents information about the hospital performance indicators and other performance indicators that are based on hospital data and reported in the *Australian hospital statistics* reports, within the context of the National Health Performance Framework (NHPF).

The National Health Performance Framework

The National Health Performance Framework (NHPF) was developed in 2001 by the National Health Performance Committee (NHPC) under the auspices of the Australian Health Ministers Advisory Committee (AHMAC) (AIHW 2014e). The NHPF was designed as an enduring framework – it is not linked to any particular agreement nor was it designed to support performance reporting relating to a specific policy agenda. Instead, it serves as a general support for performance assessment, planning and benchmarking in the health sector. It is consistent with health performance frameworks used internationally (International Organization for Standardization 2010; Organization for Economic Cooperation and Development 2013, ISO 2010) and therefore can also support comparisons of Australia's performance internationally.

The NHPF provides a conceptual framework to understand and evaluate the health of Australians and the health system. It has 14 health dimensions under 3 domains: 'Health Status', 'Determinants of Health' and 'Health System Performance'.

A set of indicators was developed to populate these domains and, since 2008, at the request of health ministers, the AIHW has reported on these National Health Performance Indicators biennially in *Australia's health* (AIHW 2014e). There are 40 indicators across the 14 dimensions of the 3 domains.

The Health System Performance domain is most directly relevant to the assessment of the provision of hospital and other health-care services. Its 6 dimensions are: *Effectiveness, Safety, Responsiveness, Continuity of care, Accessibility and Efficiency & sustainability* (Table C.1).

The questions asked for the Health System Performance domain in the NHPF 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?

Table C.1: The National Health Performance Framework – Health System Performance domain

Effectiveness Care/intervention/action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.	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.
Continuity of care Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	Accessibility People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.
Responsiveness Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.	Efficiency and 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.

What data are reported?

Seven hospital performance indicators are presented in this report and five indicators based on data for 2013–14 have been included in other AIHW reports (see Table C2).

Indicators related to hospital performance are listed in Table C.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. Table C.2 also shows which set of nationally agreed performance indicators the indicator relates to.

Information for another 3 indicators that do not relate to hospital performance is also included, and these are listed in Table C.3.

Table C.2: National hospital performance indicators, by National Health Performance Framework dimension

Where in Australian hospital statistics (AHS) reports?	Indicator	Related national indicator set	
		NHA	NHPF
	Effectiveness		
	No indicators available		
	Safety		
Tables 8.1 and 8.2	Adverse events treated in hospitals		✓
Table 8.8	Unplanned/unexpected readmissions following selected surgical episodes of care (same public hospital)	✓	
AHS: SAB 2013–14	Healthcare associated infections	✓	
Table 8.9	Falls resulting in patient harm in hospitals		✓
	Responsiveness		
Table 8.10	Patient satisfaction/experience	✓	
	Continuity of care		
	No indicators available		
	Accessibility		
Tables 6.10, 6.11, S6.1, S6.2 and S6.3	Rates of services: hospital procedures		✓
AHS: ED 2013–14	Waiting time for emergency hospital care: proportion seen on time	✓	
AHS: ED 2013–14	Waiting time for emergency hospital care: proportion of emergency department presentations completed in 4 hours or less	✓	
AHS: ESWT 2013–14	Waiting times for elective surgery: waiting times in days	✓	
AHS: ESWT 2013–14	Waiting times for elective surgery: proportion seen on time ^(a)	✓	
	Efficiency & sustainability		
Method for this indicator is currently under review.	Cost per casemix-adjusted separation for acute care episodes		✓
Tables 2.19, 2.20 and 2.21	Relative stay index		✓
Table 2.18	Average length of stay for selected AR-DRGs		✓

AHS: ED 2013–14—*Australian hospital statistics 2013–14: emergency department care*.

AHS: ESWT 2013–14—*Australian hospital statistics 2013–14: elective surgery waiting times*.

AHS: SAB 2013–14—*Staphylococcus aureus bacteraemia in Australian public hospitals 2013–14: Australian hospitals statistics*.

AR-DRG—Australian Refined Diagnosis Related Group.

NHA—National Healthcare Agreement.

NHPF—National Health Performance Framework.

(a) The data presented for this indicator are not comparable among states and territories.

Table C.3: Other performance indicators that use hospitals data in this report

Indicator	Related national indicator set		Where
	NHA	NHPF	
Selected potentially preventable hospitalisations	✓	✓	Chapter 4. Tables 4.20, 4.21, 4.22 and 4.23.
Hospitalisations for injury and poisoning		✓	Chapter 4. Tables 4.16 and 4.17.
Hospital patient days used by those eligible and waiting for residential aged care	✓ Proxy		Chapter 4. Table 4.24.

NHA—National Healthcare Agreement.

NHPF—National Health Performance Framework.

Appendix D: Public hospital peer groups

This report uses a public hospital peer group classification, developed by the AIHW in consultation with the Australian Hospital Statistics Advisory Committee and the Australian Private Hospital Statistics Advisory Committee in 2013 and 2014. An AIHW report on the peer group classification will be released later in 2015—*Australian hospital peer groups* (AIHW forthcoming).

A summary of the peer group classification is presented in Table D.1. The peer group to which each public hospital is assigned is included in Table DS.1 accompanying this report online; Table DS.1 also includes the previous peer group for each hospital for information.

Table D.1: Public hospital peer groups

Group	Description
Acute public hospitals	Are identified according to the hospital's service profile:
Principal referral hospitals	Provide a very broad range of services, including some very sophisticated services, and have very large patient volumes. Most include an intensive care unit, a cardiac surgery unit, a neurosurgery unit, an Infectious diseases unit and a 24-hour emergency department
Public acute group A hospitals	Provide a wide range of services to a large number of patients and are usually situated in metropolitan centres or inner regional areas. Most have an intensive care unit and a 24-hour emergency department. They are among the largest hospitals, but provide a narrower range of services than the Principal referral group. They have a range of specialist units, potentially including bone marrow transplant, coronary care and oncology units
Public acute group B hospitals	Most have a 24-hour emergency department and perform elective surgery. They provide a narrower range of services than the Principal referral and Public acute group A hospitals. They have a range of specialist units, potentially including obstetrics, paediatrics, psychiatric and oncology units.
Public acute group C hospitals	These hospitals usually provide an obstetric unit, surgical services and some form of emergency facility. Generally smaller than the Public acute group B hospitals.
Public acute group D hospitals	Often situated in regional and remote areas and offer a smaller range of services relative to the other public acute hospitals (groups A-C). Hospitals in this group tend to have a greater proportion of non-acute separations compared with the larger acute public hospitals.
Very small hospitals	Generally provide less than 200 admitted patient separations each year.
Specialist hospital groups	Perform a readily identified role within the health system
Women's and children's hospitals	
Children's hospitals	Specialise in the treatment and care of children.
Women's hospitals	Specialise in treatment of women.
Women's and children's hospitals	Specialise in the treatment of both women and children.
Early parenting centres	Specialise in care and assistance for mothers and their very young children.
Drug and alcohol hospitals	Specialise in the treatment of disorders relating to drug or alcohol use.

(continued)

Table D.1 (continued): Public hospital peer groups

Group	Description
Psychiatric hospitals	Specialise in providing psychiatric care and/or treatment for people with a mental disorder or psychiatric disability.
Psychogeriatric hospitals	Specialise in the psychiatric treatment of older people.
Child, adolescent and young adult psychiatric hospitals	Specialise in the psychiatric treatment of children and young people.
General acute psychiatric hospitals	Provide acute psychiatric treatment.
General non-acute psychiatric hospitals	Provide non-acute psychiatric treatment—mainly to the general adult population.
Forensic psychiatric hospitals	Provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending.
Same day hospitals	Treat patients on a same-day basis. The hospitals in the same day hospital peer groups tend to be highly specialised.
Other day procedure hospitals	Provide a variety of specialised services on a same day basis.
Other acute specialised hospitals	Specialise in a particular form of acute care, not grouped elsewhere. This group is too diverse to be considered a peer group for comparison purposes. It includes hospitals that specialise in the treatment of cancer, rheumatology, eye, ear and dental disorders.
Subacute and non-acute hospitals	
Rehabilitation and geriatric evaluation and management hospitals	Primarily provide rehabilitation and/or geriatric evaluation and management in which the clinical purpose or treatment goal is improvement in the functioning of a patient.
Mixed subacute and non-acute hospitals	Primarily provide a mixture of subacute (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric care) and non-acute (maintenance) care that is not covered by the hospitals in the rehabilitation and geriatric evaluation and management hospital peer group.
Outpatient hospitals	Provide a range of non-admitted patient services. Generally do not admit patients.
Unpeered hospitals	Could not be placed in one of the other peer groups.

Glossary

Some 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 (NMDSS). METeOR can be viewed on the AIHW website at <www.aihw.gov.au>.

acute: Having a short and relatively severe course.

acute care: See **care type**.

acute care hospital: See **establishment type**.

additional diagnosis: A condition or complaint either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment. METeOR identifier: 514271.

admitted patient: A patient who undergoes a hospital's 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). METeOR identifier: 268957.

adverse event: An incident in which harm resulted to a person receiving health care. They include infections, falls and other injuries, and reactions or complications due to surgery and other procedures, medical devices or medication, some of which may be preventable.

age-standardisation: A set of techniques used to remove, as far as possible, the effects of differences in age when comparing two or more populations.

alcohol and drug treatment centre: See **establishment type**.

Australian Classification of Health Interventions (ACHI): ACHI was developed by the National Centre for Classification in Health. The 7th edition was used for the 2013–14 procedures data for admitted patients in Australian hospitals.

Australian Refined Diagnosis Related Groups (AR-DRGs): 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.

average length of stay: The average number of patient days for admitted patient episodes. Patients admitted and separated on the same date are allocated a length of stay of 1 day.

care type: 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 (care other than admitted care). METeOR identifier: 491557.

Admitted patient care consists of the following categories:

- acute care
- rehabilitation care
- palliative care
- geriatric evaluation and management
- psychogeriatric care
- maintenance care
- newborn care
- other admitted patient care – this is where the principal clinical intent does not meet the criteria for any of the above.

Care other than admitted care include:

- posthumous organ procurement
- hospital boarder.

casemix: 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.

chronic: Persistent and long-lasting.

condition onset flag: 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. METeOR identifier: 496512.

cost weight: 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.

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.

Department of Veterans' Affairs patient: 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. METeOR identifier: 270092.

Diagnosis Related Group (DRG): 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, AR-DRGs are used. METeOR identifier: 391295.

elective surgery: 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. METeOR identifier: 327226.

elective admissions involving surgery: Separation for which the urgency of admission was reported as elective (admission could be delayed by at least 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

emergency admissions involving surgery: Separation for which the urgency of admission was reported as emergency (admission required within 24 hours) and where the assigned AR-DRG was surgical (excluding childbirth-related AR-DRGs).

episode of care: 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 **care type** and **separation**). METeOR identifier: 491557 (Care type), METeOR identifier: 268956 (Episode of admitted patient care).

error DRGs: AR-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.

establishment type: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. METeOR identifier: 269971.

external cause: The environmental event, circumstance or condition as the cause of injury, poisoning and other adverse effect. METeOR identifier: 514295.

funding source for hospital patient: The principal source of funds for an admitted patient episode or non-admitted patient service event. METeOR identifier: 339080.

geriatric evaluation and management: See **care type**.

hospice: See **establishment type**.

hospital: 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. METeOR identifier: 268971.

hospital boarder: See **care type**.

hospital-in-the-home care: 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. METeOR identifier: 270305.

Index of Relative Socio-Economic Disadvantage (IRSD): One of the set of Socio-Economic Indexes for Areas for ranking the average socioeconomic conditions of the population in an area. It summarises attributes of the population such as low income, low educational attainment, high unemployment and jobs in relatively unskilled occupations.

indicator procedure: 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 performance in particular areas of elective care provision. METeOR identifier: 514033.

Indigenous status: 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:

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. METeOR identifier: 291036.

inpatient: See **admitted patient**. METeOR identifier: 268957.

International Classification of Diseases (ICD): 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.

inter-hospital contracted care: 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 of hospital care (contracting hospital) and a provider of an admitted service (contracted hospital) and for which the activity is recorded by both hospitals. METeOR identifier: 472024.

length of stay: 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. METeOR identifier: 269982.

maintenance care: See **care type**.

Major Diagnostic Categories (MDCs): The category into which the patient's diagnosis and the associated AR-DRG falls. They correspond generally to the major organ systems of the body. METeOR identifier: 391298.

mode of admission: The mechanism by which a person begins an episode of admitted patient care. METeOR identifier: 269976.

mode of separation: Status at separation of a person (discharge/transfer/death) and place to which a person is released (where applicable). METeOR identifier: 270094.

newborn care: See **care type**.

non-admitted patient: A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient; outpatient; and other non-admitted patient (treated by hospital employees off the hospital site – includes community/outreach services). METeOR identifier: 268973.

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. See **hospital-in-the-home care**. METeOR identifier: 270305.

other care: See **care type**.

outpatient: See **non-admitted patient**. METeOR identifier: 268973.

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).

palliative care: See **care type**.

patient days: The total number of days for all 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. METeOR identifier: 326619. The categories are **public patient** and **private patient**.

peer group: Groupings of hospitals into broadly similar groups in terms of characteristics.

percentile: Any one of 99 values that divide the range of probability distribution or sample into 100 intervals of equal probability or frequency.

performance indicator: A statistic or other unit of information that directly or indirectly, reflect either 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: 514302.

posthumous organ procurement: See **care type**.

potentially preventable hospitalisation (selected): Hospital separations from a specified range of conditions where hospitalisation is considered to be largely preventable if timely and adequate care were provided through population health services, primary care and outpatient services. The PPH conditions are classified as vaccine-preventable, chronic and acute.

Pre-MDC (Pre-Major Diagnostic Category): AR-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involve procedures that are particularly resource-intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).

principal diagnosis: The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment. METeOR identifier: 514273.

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 **establishment type**.

private patient: Person admitted to a private hospital, or person admitted to a public hospital who decides to choose the doctor(s) who will treat them or to have private ward accommodation. This means they will be charged for medical services, food and accommodation.

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 an acute care setting. METeOR identifier: 514040.

psychiatric hospital: See **establishment type**.

psychogeriatric care: See **care type**.

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 **establishment type**.

public patient: A patient admitted to a public hospital who has agreed to be treated by doctors of the hospital's choice and to accept shared ward accommodation. This means that the patient is not charged. This includes separations with a funding source of *Health service budget, Other hospital or public authority* (with a public patient election status), *Health service*

budget (due to eligibility for Reciprocal health care agreements) and Health service budget – no charge raised due to hospital decision (in public hospitals).

qualified days: 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. METeOR identifier: 268957 (Admitted patient). METeOR identifier: 327254 (Newborn qualification status). A newborn day is acute (qualified) when a newborn meets at least one of the following criteria:

- 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 Commonwealth Minister for the purpose of the provision of special care
- is admitted to, or remains in hospital without its mother.

rehabilitation care: See **care type**.

relative stay index (RSI): 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.

remoteness area: A classification of the remoteness of a location using the Australian Statistical Geography Standard Remoteness Structure (2011), 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.

same-day patient: An admitted patient who is admitted and separated on the same date.

separation: 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 care 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.

separation rate: The total number of episodes of care for admitted patients divided by the total number of persons in the population under study. Often presented as a rate per 1,000 or 10,000 members of a population. Rates may be crude or standardised.

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.

surgical specialty: The area of clinical expertise held by the doctor who will perform the surgery of interest. METeOR identifier: 270146.

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.

References

- ABS (Australian Bureau of Statistics) 2011. Australian Statistical Geography Standard (ASGS): Volume 1—Main Structure and Greater Capital City Statistical Areas, ABS cat. no. 1270.0.55.001. Canberra: ABS.
- ABS 2013. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011. ABS cat. no. 2033.0. Canberra: ABS.
- AIHW 2010. Indigenous identification in hospital separations data: quality report. Cat. no. 85 HSE 35. Canberra: AIHW.
- AIHW 2011. Australian hospital statistics, 2009–10. Health services series no. 40. Cat. no. HSE 107. Canberra: AIHW.
- AIHW 2012. National health data dictionary 2012 version 16. Cat. no. HWI 119. Canberra: AIHW. Viewed 27 September 2013, <<http://www.aihw.gov.au/publication-detail/?id=10737422826>>.
- AIHW 2013. Indigenous identification in hospital separations data: quality report. Cat. no. IHW 90. Canberra: AIHW.
- AIHW 2014a. Australian hospital statistics, 2012–13. Health services series no. 54. Cat. no. HSE 145. Canberra: AIHW.
- AIHW 2014b. Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.
- AIHW 2014c. Australian hospital statistics 2013–14: elective surgery waiting times. Health services series no. 56. Cat. no. HSE 151. Canberra: AIHW.
- AIHW 2014d. Australian hospital statistics 2013–14: *Staphylococcus aureus* bacteraemia in Australian public hospitals. Health services series no. 59. Cat. no. HSE 155. Canberra: AIHW.
- AIHW 2014e. Australia's health 2014. Cat. no. AUS 156. Canberra: AIHW.
- AIHW 2014f. Australian hospital statistics 2012–13: private hospitals. Health services series no. 57. Cat. no. HSE 152. Canberra: AIHW.
- AIHW (forthcoming). Australian hospital peer groups. Canberra: AIHW.
- AIHW (forthcoming). Health expenditure Australia 2013–14. Canberra: AIHW.
- ACSQHC (Australian Commission on Safety and Quality in Health Care) 2013. Classification of Hospital Acquired Diagnoses. Viewed 19 December 2014, <<http://www.safetyandquality.gov.au/our-work/information-strategy/health-information-standards/classification-of-hospital-acquired-diagnoses-chadx/>>
- Coory M & Cornes S 2005. Interstate comparisons of public hospital outputs using DRGs: are they fair? Australian and New Zealand Journal of Public Health 29:143–8.
- Department of Health and Ageing (DoHA) 2010. Australian Refined Diagnosis Related Groups, version 6.0x. Canberra: DoHA.

- IHPA (Independent Hospital Pricing Authority) 2013a. National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2011-2012, Round 16. Viewed 12 December 2014,
< <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/NHCDC-lp> >.
- IHPA 2013b. Cost Report Round 16 (2011-2012) for Overnight Private Hospitals. Viewed 12 December 2014,
< <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/NHCDC-lp> >.
- Jackson TJ, Michel JL, Roberts RF, Jorm CM, Wakefield JG. (Jackson et al) 2009a. A classification of hospital-acquired diagnoses for use with routine hospital data. MJA 2009;191(10):544-548.
- NCCC (National Casemix and Classification Centre) 2012a. The international statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM), Australian Classification of Health Interventions (ACHI) and Australian Coding Standards (ACS), 8th edn. Wollongong: University of Wollongong.
- NCCC 2012b. Australian Refined Diagnosis Related Groups, version 7.0. Wollongong: University of Wollongong.
- OECD (Organisation for Economic Co-operation and Development) 2013. OECD Health statistics 2013: Frequently requested data. Viewed 12 December 2014,
<<http://www.oecd.org/health/healthdata>>.
- SCRGSP (Steering Committee for the Review of Government Service Provision) 2015. Report on government services 2015. Canberra: Productivity Commission.

List of tables

Table 2.1: Separations, public and private hospitals, 2009–10 to 2013–14	10
Table 2.2: Separations for public and private hospitals, states and territories, 2009–10 to 2013–14.....	12
Table 2.3: Same-day and overnight separations ('000), public and private hospitals, 2009–10 to 2013–14	13
Table 2.4: Separations, by type of care, public and private hospitals, 2009–10 to 2013–14	14
Table 2.5: Separation statistics, public and private hospitals, states and territories, 2013–14	16
Table 2.6: Separations, by state or territory of usual residence, public and private hospitals, states and territories, 2013–14	18
Table 2.7: Separations per 1,000 population, public and private hospitals, 2009–10 to 2013–14.....	19
Table 2.8: Separations per 1,000 population, public and private hospitals, states and territories, 2013–14.....	20
Table 2.9: Same-day separations per 1,000 population, states and territories, 2013–14	21
Table 2.10 : Overnight separations per 1,000 population, states and territories, 2013–14.....	21
Table 2.11: Patient days('000s), public and private hospitals, 2009–10 to 2013–14.....	23
Table 2.12: Patient days for public and private hospitals, states and territories, 2009–10 to 2013–14.....	24
Table 2.13: Patient days, public and private hospitals, states and territories, 2013–14	25
Table 2.14: Patient days per 1,000 population, public and private hospitals, 2009–10 to 2013–14.....	26
Table 2.15: Patient days per 1,000 population, public and private hospitals, states and territories, 2013–14.....	27
Table 2.16: Average length of stay, public and private hospitals, 2009–10 to 2013–14.....	28
Table 2.17: Average length of stay statistics, public and private hospitals, states and territories, 2013–14.....	30
Table 2.18: Average length of stay (days) for selected AR-DRGs version 7.0, public and private hospitals, states and territories, 2013–14	33
Table 2.19: Relative stay index, public and private hospitals, 2009–10 to 2013–14	39
Table 2.20: Relative stay index by medical/surgical/other type of AR-DRG, public and private hospitals, states and territories, 2013–14	40
Table 2.21: Relative stay index (indirectly standardised), by funding source, public and private hospitals, states and territories, 2013–14	41
Table 2.22: Count of hospitals, separations and patient days by hospital peer group, public hospitals, 2013–14	42
Table 2.23: Same-day acute separations, public and private hospitals, 2009–10 to 2013–14.....	43
Table 2.24: Same-day acute separations, public and private hospitals, states and territories, 2009–10 to 2013–14	44
Table 2.25: Overnight acute separations, public and private hospitals, 2009–10 to 2013–14	45

Table 2.26: Overnight acute separations, public and private hospitals, states and territories, 2009–10 to 2013–14	46
Table 2.27: Same-day acute separations, public and private hospitals, states and territories, 2013–14.....	48
Table 2.28: Overnight acute separations, public and private hospitals, states and territories, 2013–14.....	49
Table 3.1: Separations and patient days, by age group and sex, public and private hospitals, 2013–14.....	52
Table 3.2: Separations, by age group and sex, public hospitals, states and territories, 2013–14	53
Table 3.3: Separations, by age group and sex, private hospitals, states and territories, 2013–14.....	54
Table 3.4: Acute separations, by age group and sex and same-day/overnight status, all hospitals, 2013–14	56
Table 3.5: Separations by Indigenous status, sex and age group, all hospitals, 2013–14.....	57
Table 3.6: Separations, by Indigenous status, public and private hospitals, states and territories, 2013–14.....	60
Table 3.7: Overnight separations, by Indigenous status, public and private hospitals, states and territories, 2013–14.....	61
Table 3.8: Same-day and overnight acute separations per 1,000 population, by Indigenous status, all hospitals, states and territories, 2013–14.....	62
Table 3.9: Separations per 1,000 population, by remoteness area of usual residence, public and private hospitals, 2013–14.....	63
Table 3.10: Selected separation statistics, for same-day and overnight acute separations, by remoteness area of usual residence, all hospitals, 2013–14.....	64
Table 3.11: Separations per 1,000 population by socioeconomic status of area of usual residence, public and private hospitals, 2013–14	65
Table 3.12: Selected separation statistics, for same-day and overnight acute separations, by socioeconomic status of area of residence, all hospitals, 2013–14.....	66
Table 4.1: Separations by mode of admission, public and private hospitals, states and territories, 2013–14.....	69
Table 4.2: Acute separations, by mode of admission and same-day/overnight status, public and private hospitals, 2013–14.....	70
Table 4.3: Separations by urgency of admission, public and private hospitals, 2013–14.....	70
Table 4.4: Acute separations, by same-day/overnight status and urgency of admission, public and private hospitals, 2013–14.....	71
Table 4.5: Separations by care type, public and private hospitals, 2009–10 to 2013–14.....	73
Table 4.6: Separations, by care type, public and private hospitals, states and territories, 2013–14.....	75
Table 4.7: Patient days, by care type, public and private hospitals, states and territories, 2013–14.....	76
Table 4.8: Separations, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2013–14	77
Table 4.9: Separations by principal diagnosis in ICD-10-AM chapters, by Indigenous status, all hospitals, 2013–14.....	78

Table 4.10: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2013–14	80
Table 4.11: Same-day acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2013–14	81
Table 4.12: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for same-day acute separations, public and private hospitals, 2013–14	82
Table 4.13: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, public hospitals, states and territories, 2013–14	83
Table 4.14: Overnight acute separations, by principal diagnosis in ICD-10-AM chapters, private hospitals, states and territories, 2013–14.....	84
Table 4.15: Overnight acute separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings, public and private hospitals, 2013–14.....	85
Table 4.16: Separations with a principal diagnosis of injury or poisoning, public and private hospitals, 2013–14	86
Table 4.17: Separations with a principal diagnosis of injury or poisoning, by Indigenous status, all hospitals, 2013–14.....	87
Table 4.18: Separations, by external cause in ICD-10-AM sub-chapter groupings, public and private hospitals, 2013–14.....	88
Table 4.19: Separations, by external cause in ICD-10-AM groupings and Indigenous status, all hospitals, 2013–14	88
Table 4.20: Selected potentially preventable hospitalisations per 1,000 population, by PPH category, all hospitals, 2009–10 to 2013–14	90
Table 4.21: Separations for selected potentially preventable hospitalisations, public and private hospitals, 2013–14	90
Table 4.22: Separations for selected potentially preventable hospitalisations, by state or territory of usual residence, all hospitals, 2013–14	92
Table 4.23: Separations per 1,000 population for selected potentially preventable hospitalisations, by Indigenous status, remoteness area and socioeconomic status of area of usual residence, all hospitals, 2013–14	94
Table 4.24: Hospital patient days per 1,000 patient days, used by those eligible and waiting for residential aged care, all hospitals, states and territories, 2013–14.....	95
Table 5.1: Separations by broad category of service, public and private hospitals, 2009–10 to 2013–14.....	99
Table 5.2: Separations by broad category of service, public and private hospitals, states and territories, 2013–14.....	100
Table 5.3: Same-day acute separations by broad category of service, public and private hospitals, states and territories, 2013–14	101
Table 5.4: Overnight acute separations by broad category of service, public and private hospitals, states and territories, 2013–14	102
Table 5.5: Patient days and average length of stay, for overnight acute separations, by broad category of service, public and private hospitals, 2013–14	103
Table 5.6: Separations by Major Diagnostic Category version 7.0 and medical/surgical/other partition, public and private hospitals, 2013–14	105

Table 5.7: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 7.0, public hospitals, state and territories, 2013–14.....	106
Table 5.8: Same-day acute separations, by Major Diagnostic Category, AR-DRG version 7.0, private hospitals, state and territories, 2013–14	107
Table 5.9: Separations for the 20 most common AR-DRGs version 7.0 for same-day acute separations, public and private hospitals, 2013–14.....	108
Table 5.10: Overnight acute separations by Major Diagnostic Category AR-DRG version 7.0, public hospitals, states and territories, 2013–14	109
Table 5.11: Overnight acute separations by Major Diagnostic Category AR-DRG version 7.0, private hospitals, states and territories, 2013–14.....	110
Table 5.12: Separations for the 20 most common AR-DRGs version 7.0 for overnight acute separations, public and private hospitals, 2013–14.....	111
Table 5.13: Numbers of separations reporting a stay in ICU or involving CVS, public and private hospitals, 2013–14.....	113
Table 5.14: Separations involving a stay in intensive care unit, public and private hospitals, states and territories, 2013–14	114
Table 5.15: Separations involving continuous ventilatory support, public and private hospitals, states and territories, 2013–14	115
Table 5.16: Separations for Rehabilitation care, by age group and sex, all hospitals, 2013–14.....	117
Table 5.17: Separations for Rehabilitation care, by Indigenous status, all hospitals, states and territories, 2013–14.....	118
Table 5.18: Separation statistics for Rehabilitation care, by remoteness area of usual residence, public and private hospitals, 2013–14.....	118
Table 5.19: Separation statistics for Rehabilitation care, by socioeconomic status of area of residence, public and private hospitals, 2013–14	119
Table 5.20: Separations for Rehabilitation care, by mode of admission, public and private hospitals, 2013–14	120
Table 5.21: Separations for Rehabilitation care, by urgency of admission, public and private hospitals, 2013–14	120
Table 5.22: Separations for the 10 most common first additional diagnoses in 3-character ICD-10-AM groupings for Rehabilitation care separations, public and private hospitals, 2013–14	121
Table 5.23: The 10 most common ACHI procedures for <i>Rehabilitation care</i> , public and private hospitals, 2013–14	121
Table 5.24: Separations for Rehabilitation care, by principal source of funds, public and private hospitals, 2013–14	122
Table 5.25: Separations for Rehabilitation care, by mode of separation, public and private hospitals, 2013–14	123
Table 5.26: <i>Palliative care</i> separations as identified by care type and/or any (principal or additional) diagnosis of Z51.5, all hospitals, states and territories, 2013–14.....	125
Table 5.27: Separations for Palliative care, by Indigenous status, all hospitals, states and territories, 2013–14.....	125
Table 5.28: Separation statistics for Palliative care, by remoteness area of usual residence, public and private hospitals, 2013–14.....	126

Table 5.29: Separation statistics for Palliative care, by socioeconomic status of area of residence, public and private hospitals, 2013–14	126
Table 5.30: Separations for Palliative care by mode of admission, public and private hospitals, 2013–14.....	127
Table 5.31: Separations for Palliative care by urgency of admission, public and private hospitals, 2013–14.....	127
Table 5.32: Separations for the 5 most common neoplasm-related and the 5 most common other principal diagnoses in 3-character ICD-10-AM groupings for <i>Palliative care</i> separations, public and private hospitals, 2013–14.....	128
Table 5.33: The 10 most common ACHI procedures for <i>Palliative care</i> , public and private hospitals, 2013–14.....	129
Table 5.34: Separations for <i>Palliative care</i> , by principal source of funds and care type, public and private hospitals, 2013–14.....	129
Table 5.35: Separations for Palliative care, by mode of separation, public and private hospitals, 2013–14.....	130
Table 5.36: Separations with hospital-in-the-home care, public and private hospitals, states and territories, 2013–14.....	132
Table 5.37: Separations, by mode of separation, public and private hospitals, states and territories, 2013–14.....	134
Table 5.38: Same-day acute separations, by mode of separation, public and private hospitals, 2013–14.....	135
Table 5.39: Overnight acute separations, by mode of separation, public and private hospitals, 2013–14.....	135
Table 6.1: Separations, by procedure in ACHI chapters, public and private hospitals, 2013–14.....	137
Table 6.2: Procedures reported for same-day acute separations, by ACHI chapter, public hospitals, states and territories, 2013–14	139
Table 6.3: Procedures reported for same-day acute separations, by ACHI chapter, private hospitals, state and territories, 2013–14	140
Table 6.4: Procedures reported for the 20 most common ACHI procedure blocks for same-day acute separations, public and private hospitals, 2013–14	141
Table 6.5: Procedures reported for overnight acute separations by ACHI chapter, public hospitals, states and territories, 2013–14	142
Table 6.6: Procedures reported for overnight acute separations by ACHI chapter, private hospitals, states and territories, 2013–14	143
Table 6.7: Procedures reported for the 20 most common ACHI procedure blocks for overnight acute separations, public and private hospitals, 2013–14	144
Table 6.8: Proportion of cataract surgeries undertaken as same-day separations, all hospitals, states and territories (2013–14) and OECD statistics (2011).....	145
Table 6.9: Selected indicators, all hospitals, states and territories (2013–14) and OECD statistics (2011)	147
Table 6.10: Rates of service: selected hospital procedures, all hospitals, 2013–14.....	149
Table 6.11: Rates of service: selected hospital procedures and other selected statistics, all hospitals, states and territories, 2013–14	151

Table 6.12: Emergency admissions involving surgery, public and private hospitals, states and territories, 2009–10 to 2013–14	156
Table 6.13: Emergency admissions involving surgery per 1,000 population, public and private hospitals, states and territories, 2013–14	157
Table 6.14: Emergency admissions involving surgery per 1,000 population, Indigenous status, remoteness and socioeconomic status of area of usual residence, public and private hospitals, 2013–14.....	159
Table 6.15: Emergency admissions involving surgery by mode of admission, public and private hospitals, 2013–14.....	159
Table 6.16: Emergency admissions involving surgery, by principal diagnosis in ICD-10-AM chapters, public and private hospitals, 2013–14.....	160
Table 6.17: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for emergency admissions involving surgery, public and private hospitals, 2013–14	161
Table 6.18: Emergency admissions involving surgery, by Major Diagnostic Category, AR-DRG version 7.0, public and private hospitals, 2013–14.....	162
Table 6.19: The 20 most common AR-DRGs version 7.0 reported for emergency admissions involving surgery, public and private hospitals, 2013–14	163
Table 6.20: Procedures reported for emergency admissions involving surgery by ACHI chapter, public and private hospitals, 2013–14.....	164
Table 6.21: Procedures reported for the 20 most common ACHI procedure blocks for emergency admissions involving surgery, public and private hospitals, 2013–14	165
Table 6.22: Patient days and average length of stay for emergency admissions involving surgery, public and private hospitals, 2013–14	165
Table 6.23: Emergency admissions involving surgery, by principal source of funds, public and private hospitals, 2013–14.....	166
Table 6.24: Emergency admissions involving surgery, by mode of separation, public and private hospitals, 2013–14.....	167
Table 6.25: Elective admissions involving surgery, public and private hospitals, states and territories, 2009–10 to 2013–14	169
Table 6.26: Elective admissions involving surgery per 1,000 population, public and private hospitals, states and territories, 2013–14	170
Table 6.27: Elective admissions involving surgery per 1,000 population by Indigenous status, remoteness and socioeconomic status of area of usual residence, public and private hospitals, 2013–14	171
Table 6.28: Separations per 1,000 population for admissions from public hospital elective surgery waiting lists, by indicator procedure and remoteness area of usual residence, public hospitals, 2013–14	173
Table 6.29: Separations per 1,000 population for admissions from public hospital elective surgery waiting lists, by indicator procedure and socioeconomic status of area of usual residence, public hospitals, 2013–14	174
Table 6.30: Elective admissions involving surgery by mode of admission, public and private hospitals, 2013–14	175
Table 6.31: Elective admissions involving surgery, by principal diagnosis in ICD-10-AM chapters, all hospitals, 2013–14.....	176

Table 6.32: Separations for the 20 most common principal diagnoses in 3-character ICD-10-AM groupings for elective admissions involving surgery, public and private hospitals, 2013–14.....	177
Table 6.33: Elective admissions involving surgery, by Major Diagnostic Category, AR-DRG version 7.0, public and private hospitals, 2013–14.....	178
Table 6.34: The 20 most common AR-DRGs version 7.0 reported for elective admissions involving surgery, public and private hospitals, 2013–14	179
Table 6.35: Procedures reported for elective admissions involving surgery by ACHI chapter, public and private hospitals, 2013–14.....	180
Table 6.36: Procedures reported for the 20 most common ACHI procedure blocks for elective admissions involving surgery, public and private hospitals, 2013–14.....	181
Table 6.37: Patient days and average length of stay for elective admissions involving surgery, public and private hospitals, 2013–14.....	181
Table 6.38: Elective admissions involving surgery, by principal source of funds, public and private hospitals, 2013–14.....	182
Table 6.39: Elective admissions involving surgery, by mode of separation, public and private hospitals, 2013–14	183
Table 6.40: Median waiting time (days) to admission for elective surgery by indicator procedure and Indigenous status, public hospitals, 2013–14	185
Table 6.41: Median waiting time (days) to admission for elective surgery by indicator procedure and remoteness area of usual residence, public hospitals, 2013–14	186
Table 6.42: Median waiting times (days) for elective surgery by indicator procedure and socioeconomic status of area of usual residence, public hospitals, 2013–14	187
Table 6.43: Median waiting time (days) for patients admitted from waiting lists for elective surgery with a cancer-related principal diagnoses (or other principal diagnosis), by surgical specialty, public hospitals, 2013–14.....	188
Table 6.44: Waiting time statistics for admissions from waiting lists for elective surgery, for selected principal diagnoses for cancer, public hospitals, 2013–14	189
Table 7.1: Average cost weight of separations, public and private hospitals, 2009–10 to 2013–14.....	192
Table 7.2: Average cost weights, public and private hospitals, states and territories, 2013–14	194
Table 7.3: Average cost weight of separations, by principal source of funds, public and private hospitals, states and territories, 2013–14.....	195
Table 7.4: Selected cost statistics, by Major Diagnostic Category version 6.0x and Medical/Surgical/Other partition, public hospitals, 2013–14	196
Table 7.5: Separations by principal source of funds, public and private hospitals, states and territories, 2013–14.....	198
Table 7.6: Same-day acute separations, by principal source of funds, public and private hospitals, 2013–14	199
Table 7.7: Overnight acute separations, by principal source of funds, public and private hospitals, 2013–14	199
Table 7.8: Separations by inter-hospital contracted patient status, public and private hospitals, 2013–14	200

Table 8.1: Separations with an adverse event per 100 separations, public and private hospitals, 2013–14	205
Table 8.2: Separations with an adverse event per 100 separations, by same-day/overnight status, type of care and urgency of admission, public and private hospitals, 2013–14.....	205
Table 8.3: Proportion (%) of separations with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, public hospitals, states and territories, 2013–14	208
Table 8.4: Proportion (%) of separations with a condition noted as arising during the episode of care, by same-day/overnight status, broad category of service and urgency of admission, private hospitals, states and territories, 2013–14.....	209
Table 8.5: Count of separations with any hospital-acquired diagnosis by Major CHADx class, public and private hospitals, 2013–14.....	212
Table 8.6: Counts of hospital-acquired diagnoses for the 20 most common CHADx classes, public and private hospitals, 2013–14.....	213
Table 8.7: Average length of stay (days) for overnight separations with and without a hospital-acquired diagnosis, by Surgical/Medical/Other partition, public and private hospitals, 2013–14.....	213
Table 8.8: Separations and rate per 1,000 separations, unplanned/unexpected readmissions for selected procedures, states and territories, 2013–14	215
Table 8.9: Separations for falls resulting in patient harm in hospitals, per 1,000 separations, states and territories, 2013–14	216
Table 8.10: Patient experience in hospital, persons aged 15 years and over, 2013–14	218
Table A1: Standardised proportion of separations in lowest resource level AR-DRG for selected adjacent AR-DRGs version 7.0, public and private hospitals, states and territories, 2013–14.....	229
Table A2: Diabetes mellitus and impaired glucose regulation reporting, all hospitals, 2010–11 to 2013–14	230
Table A3: Proportion of separations with Condition onset flag reported (%), public and private hospitals, states and territories, 2013–14.....	230
Table B1: ICD-10-AM and AR-DRG versions, 2009–10 to 2013–14.....	236
Table C.1: The National Health Performance Framework – Health System Performance domain	244
Table C.2: National hospital performance indicators, by National Health Performance Framework dimension.....	245
Table C.3: Other performance indicators that use hospitals data in this report.....	246
Table D.1: Public hospital peer groups	247

List of figures

Figure 2.1: Overnight separations per 1,000 population, Australia (2013–14) and selected OECD countries (2012/2011/2010)	22
Figure 2.2: Overnight length of stay, Australia, 2013–14 and selected OECD countries (2012, 2011)	29
Figure 3.1: Percentage change in separations by sex and age group, all hospitals, 2009–10 to 2013–14.....	51
Figure 3.2: Separations per 1,000 population by sex and age group, all hospitals, 2013–14.....	55
Figure 6.1: Emergency admissions involving surgery, by sex and age group, all hospitals, 2013–14.....	158
Figure 6.2: Elective admissions involving surgery, by sex and age group, all hospitals, 2013–14.....	171
Figure 6.3: Standardised separation rate ratios for elective surgery by indicator procedure and Indigenous status, public hospitals, 2013–14	172

List of boxes

Box 1.1:	Summary of terms and classifications relating to admitted patient care.....	4
Box 1.2:	What are the limitations of the data?	6
Box 3.1:	Under-identification of Indigenous people.....	58
Box 4.1:	Acute care	72
Box 8.1:	CHADx method and limitations	210

Admitted patient care 2013–14: Australian hospital statistics presents a detailed overview of admitted patient activity in Australia’s public and private hospitals. In 2013–14, there were about 9.7 million separations from hospitals, including:

- 5.5 million same-day acute care separations
- 3.8 million overnight acute care separations
- About 460,000 subacute and non-acute care separations.