

Glossary

For further information on the terms used in this report, refer to the definitions in use in 1997–98 in the *National Health Data Dictionary* version 6.0.

<i>Acute</i>	Having a short and relatively severe course.
<i>Acute hospitals</i>	<p>Establishments which provide at least minimal medical, surgical or obstetric services for admitted patient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State or Territory health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.</p> <p>Public acute hospitals are funded by the State or Territory health authority and include both recognised and non-recognised hospitals. Recognised hospitals are those nominated by States and Territories and accepted by the Commonwealth and appear in schedules to each State/Territory Medicare Agreement (Schedule B in the 1993–98 Medicare Agreements).</p>
<i>Additional diagnoses</i>	Diagnoses or conditions that affect a person's care in terms of requiring therapeutic treatment, clinical evaluation, diagnostic procedure, extended length of hospital stay or increased nursing care and/or monitoring. Additional diagnoses include comorbid conditions (co-existing conditions) and/or complications (conditions that arose during the episode of care).
<i>Administrative and clerical staff</i>	Staff engaged in administrative and clerical duties. Civil engineers and computing staff are included in this category. Medical staff and nursing staff, diagnostic and health professionals and any domestic staff primarily or partly engaged in administrative and clerical duties are excluded.
<i>Administrative expenditure</i>	All expenditure incurred by establishments (but not central administrations) of a management expenses/administrative support nature such as any rates and taxes, printing, telephone, stationery and insurance expenses (including workers' compensation).
<i>Admitted patient</i>	A patient who undergoes a hospital's formal admission process.
<i>Admitted patient cost proportion</i>	The ratio of admitted patient costs to total hospital costs, also known as the inpatient fraction or IFRAC.
<i>Australian National Diagnosis Related Groups (AN-DRGs)</i>	An Australian system of Diagnosis Related Groups (DRGs). DRGs are a means of classifying hospital patients to provide a common basis for comparing factors such as cost-effectiveness and quality of care across hospitals. Each AN-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.
<i>Available beds</i>	Beds immediately available for use by admitted patients as required.

<i>Average length of stay</i>	The average number of patient days for admitted patient episodes. Patients admitted and separated on the same day are allocated a length of stay of one day.
<i>Boarder</i>	A person who is receiving food and/or accommodation but for whom the hospital does not accept responsibility for treatment and/or care. A boarder is not admitted to the hospital, although a hospital may register a boarder.
<i>Compensable patients</i>	Those patients entitled to, or who have been paid, compensation, damages, or other benefits in respect of the injury, illness or disease for which they have received care or treatment. More information is contained in the <i>National Health Data Dictionary</i> version 6.0.
<i>Cost weights</i>	Cost weights represent the costliness of an AN-DRG relative to all other AN-DRGs such that the average cost weight for all separations is 1.00. A separation for an AN-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 AN-DRGs in the public and private sectors, reflecting the differences in the range of costs in the different sectors. The cost weights used in this report are 1997–98 national cost weights for AN-DRG v3.1.
<i>Department of Veterans' Affairs hospitals</i>	Hospitals operated by the Commonwealth Department of Veterans' Affairs to provide hospital treatment for eligible veterans and their dependants at Commonwealth expense. Department of Veterans' Affairs hospitals are recorded as public sector hospitals for data reporting purposes.
<i>Diagnostic and health professionals</i>	Qualified staff (other than qualified medical and nursing staff) engaged in duties of a diagnostic, professional or technical nature (but also including diagnostic and health professionals whose duties are primarily or partly of an administrative nature). This category includes all allied health professionals and laboratory technicians but excludes civil engineers and computing staff.
<i>Domestic and other staff</i>	Staff engaged in the provision of food and cleaning services. They include domestic staff, such as food services managers, primarily engaged in administrative duties. This category also includes all staff not elsewhere included (primarily maintenance staff, tradespersons and gardening staff).
<i>Domestic services expenditure</i>	The costs of all domestic services including electricity, other fuel and power, domestic services for staff, accommodation and kitchen expenses but not including salaries and wages, food costs or equipment replacement and repair costs.
<i>Drug supplies expenditure</i>	The cost of all drugs including the cost of containers.
<i>Edit-DRGs</i>	Seven AN-DRGs to which separations are grouped if their records contain clinically inconsistent or invalid information.
<i>Eligible Department of Veterans' Affairs patient</i>	An eligible person whose charges for this hospital admission are met by the Department of Veterans' Affairs. These data are as supplied by the States and Territories and the eligibility to receive hospital treatment as a Department of Veterans' Affairs patient may not necessarily have been confirmed by the Department.

<i>Eligible other patient</i>	An eligible person who does not meet the criteria to be an eligible public, private or Department of Veterans' Affairs patient. This category includes compensable patients, patients with Australian Defence Force personnel entitlements and common law cases.
<i>Eligible person</i>	Under Medicare, an eligible person means a person who resides in Australia and whose stay in Australia is not subject to any limitation as to time imposed by law. Except where they are covered by reciprocal health care agreements, foreign diplomats, their families and persons visiting Australia are excluded.
<i>Eligible private patient</i>	An eligible person who: <ul style="list-style-type: none"> • on admission to a public hospital or soon after, elects to be a private patient treated by a medical practitioner of his or her choice, or elects to occupy a bed in a single room. Such a private patient is responsible for meeting certain hospital charges as well as the professional charges raised by any treating medical or dental practitioner; or • chooses to be admitted to a private hospital. Such a private patient is responsible for meeting all hospital charges as well as the professional charges raised by any treating medical or dental practitioner.
<i>Eligible public patient</i>	An eligible person who, on admission to a public hospital or soon after, elects to be a public patient, or an eligible public patient whose treatment is contracted to a private hospital. A public patient is entitled to receive care and treatment without charge.
<i>Enrolled nurses</i>	Second-level nurses who are enrolled in all States and Territories except Victoria where they are registered by the State registration board to practise in this capacity. Includes general enrolled nurses and specialist enrolled nurses (e.g. mothercraft nurses in some States and Territories).
<i>Episode of care</i>	An episode of care is as a phase of treatment for an admitted patient. It may correspond to a patient's entire hospital stay, or the hospital stay may be divided into separate episodes of care of different types. See <i>Separation</i> .
<i>External cause</i>	Environmental event, circumstance and/or condition as the cause of injury, poisoning and/or other adverse effect.
<i>Food supplies expenditure</i>	The cost of all food and beverages but not including kitchen expenses such as utensils, cleaning materials, cutlery and crockery.
<i>Full time equivalent staff</i>	Full time equivalent units are on-job hours worked and hours of paid leave (sick, recreation, long service, workers' compensation) by/for a staff member (or contract employee where applicable) divided by the number of hours normally worked by a full time staff member when on the job (or contract employee where applicable) under the relevant award or agreement.
<i>HASAC</i>	For hospitals where the IFRAC was not available or clearly inconsistent with the data, the inpatient costs are estimated by Health and Allied Services Advisory Council (HASAC) ratio (see Appendix 3).

<i>Hospital insurance</i>	Insurance in the categories of registered insurance (hospital insurance with a health insurance fund registered under the <i>National Health Act 1953</i> (Commonwealth)), or general insurance (hospital insurance with a general insurance company under a guaranteed renewable policy providing benefits similar to those available under registered insurance). Patients covered by insurance for benefits of ancillary services only are excluded.
<i>IFRAC</i>	The ratio of admitted patient costs to total hospital costs, also known as the admitted patient cost proportion.
<i>Indigenous status</i>	Indigenous status of the person according to the following definition: 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 with which he or she lives.
<i>Ineligible patient</i>	A patient who is not eligible under Medicare.
<i>Interest payments</i>	Payments made by or on behalf of the establishment in respect of borrowings (e.g. interest on bank overdraft) provided the establishment is permitted to borrow.
<i>Length of stay</i>	The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded. A same day patient is allocated a length of stay of one day.
<i>Major Diagnostic Categories (MDCs)</i>	A high level of groupings of patients used in the AN-DRG classification.
<i>Medical and surgical supplies expenditure</i>	The cost of all consumables of a medical or surgical nature (excluding drug supplies) but not including expenditure on equipment repairs.
<i>Non-admitted patient occasion of service</i>	Occurs when a patient attends a functional unit of the hospital for the purpose of receiving some form of service, but is not admitted. A visit for administrative purposes is not an occasion of service.
<i>Non-admitted patients</i>	Patients who receive care from a recognised non-admitted patient service/clinic of a hospital.
<i>Not published (n.p.)</i>	Not available for separate publication but included in the totals where applicable.
<i>Other personal care staff</i>	This category includes attendants, assistants or home assistants, home companions, family aides, ward helpers, wards persons, orderlies, ward assistants and nursing assistants, engaged primarily in the provision of personal care to patients or residents, who are not formally qualified or undergoing training in nursing or allied health professions.
<i>Other recurrent expenditure</i>	Recurrent expenditure not included elsewhere in any of the recurrent expenditure categories.
<i>Other revenue</i>	All other revenue received by the establishment that is not included under patient revenue or recoveries (but not including revenue payments received from State or Territory Governments). This would include revenue such as investment income from temporarily surplus funds and income from charities, bequests and accommodation provided to visitors.

<i>Patient days</i>	The number of full or partial days' stay for patients who were admitted for an episode of care and who underwent separation during the reporting period. A patient who is admitted and separated on the same day is allocated one patient day. Further information on patient days is included in Appendix 3.
<i>Patient revenue</i>	Revenue received by, and due to, an establishment in respect of individual patient liability for accommodation and other establishment charges.
<i>Patient transport</i>	The direct cost of transporting patients excluding salaries and wages of transport staff.
<i>Payments to visiting medical officers</i>	All payments made to visiting medical officers for medical services provided to hospital (public patients) on a sessionally paid or fee-for-service basis.
<i>Place of occurrence of external cause</i>	The place where the external cause of injury, poisoning or violence occurred.
<i>Pre-MDC</i>	Ten AN-DRGs to which separations are grouped, regardless of their principal diagnoses, if they involved procedures that are particularly resource intensive (transplants, tracheostomies or extra-corporeal membrane oxygenation without cardiac surgery).
<i>Principal diagnosis</i>	The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital.
<i>Principal procedure</i>	The most significant procedure that was performed for treatment of the principal diagnosis. If no procedure is performed for treatment of the principal diagnosis, other procedures can be reported as the principal procedure. In order, these are a procedure performed for treatment of an additional diagnosis, a diagnostic/exploratory procedure related to the principal diagnosis or a diagnostic/exploratory procedure related to an additional diagnosis.
<i>Private hospital</i>	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 and psychiatric hospitals are included.
<i>Psychiatric hospitals</i>	Institutions which provide treatment and care for patients with psychiatric, mental or behavioural disorders.
<i>Public finance database</i>	The Australian Bureau of Statistics (ABS) public finance database includes data about all government outlays, for all areas of expenditure. It is collected by the ABS from State treasuries and other sources and extracts from it are published in ABS Catalogue No. 5512.0 and 5501.0.

<i>Recoveries</i>	<p>All revenue received that is in the nature of a recovery of expenditure incurred. This would include:</p> <ul style="list-style-type: none"> • income received from the use of hospital facilities by salaried medical officers exercising their rights of private practice and by private practitioners treating private patients in hospital; and • other recoveries such as those relating to inter-hospital services where the revenue relates to a range of different costs and cannot be clearly offset against any particular cost.
<i>Recurrent expenditure</i>	Expenditure which recurs continually or frequently (e.g. salaries). It may be contrasted with capital expenditure, such as the cost of hospital buildings and diagnostic equipment, for which expenditure is made infrequently.
<i>Region</i>	<ul style="list-style-type: none"> • Capital cities statistical division • Other metropolitan centres: urban centres with a population greater than or equal to 100,000 • Large rural centres (index of remoteness < 10.5): urban centres with a population between 25,000 and 99,000 • Small rural centres (index of remoteness < 10.5): urban centres with a population between 10,000 and 24,999 • Other rural areas (index of remoteness < 10.5): urban centres with a population less than 10,000 • Remote centres (index of remoteness > 10.5): urban centres with a population greater than 4,999 • Other remote areas (index of remoteness > 10.5): urban centres with a population less than 5,000. <p>For more information see <i>Rural, Remote and Metropolitan Areas Classification, 1991 Census edition</i> (DPIE & DSHS 1994).</p>
<i>Registered nurses</i>	Nurses with at least a 3-year training certificate and nurses holding postgraduate qualifications. Registered nurses must be registered with a State or Territory registration board.
<i>Repairs and maintenance expenditure</i>	The costs incurred in maintaining, repairing, replacing and providing additional equipment, maintaining and renovating building and minor additional works.
<i>Salaried medical officers</i>	Medical officers engaged by the hospital on a full time or part time salaried basis.
<i>Same day patients</i>	Same day patients are admitted patients who are admitted and separate on the same date.
<i>Separation</i>	The term used to refer to the episode of 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 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.
<i>Specialised service</i>	A facility or unit dedicated to the treatment or care of patients with particular conditions or characteristics.

<i>Statistical Division</i>	A general purpose spatial unit, it is the largest and most stable unit within the Australian Standard Geographical Classification (ASGC). This classification has been developed by the ABS and covers all of Australia without gaps or overlaps or crossing of State or Territory boundaries.
<i>Student nurses</i>	Nurses employed by the establishment currently studying in years 1 to 3 of a 3-year certificate course. This includes any person commencing or undertaking a 3-year course of training leading to registration as a nurse by the State or Territory registration board. This includes full time general student nurses and specialist student nurses, such as mental deficiency nurses, but excludes practising nurses enrolled in post-basic training courses.
<i>Superannuation payments</i>	Contributions paid or (for an emerging cost scheme) that should be paid (as determined by an actuary) on behalf of establishment employees either by the establishment or a central administration such as a State or Territory health authority, to a superannuation fund providing retirement and related benefits to establishment employees.
<i>Trainee/pupil nurses</i>	Nurses that are commencing or undertaking a 1-year course of training leading to registration as an enrolled nurse on the State or Territory registration board (includes all trainee nurses).
<i>Type of admitted patient episode</i>	A classification of admitted patient episodes into broad groups based on principal diagnosis, principal procedure or status as a nursing home type or rehabilitation patient.
<i>Type of non-admitted patient occasion of service</i>	A broad classification of services provided to non-admitted patients. See data element 231 in the <i>National Health Data Dictionary</i> version 6.0 for further details.
<i>Unqualified neonate</i>	A baby who is aged 9 days old or less that meets one of the following criteria: <ul style="list-style-type: none"> • is a single live birth or the first live-born infant of a multiple birth, whose mother is currently an admitted patient; • is not 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.
<i>Visiting medical officer</i>	A medical practitioner appointed by the hospital board to provide medical services for hospital (public) patients on an honorary, sessionally paid, or fee-for-service basis.