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

Foreword

I am pleased to present *Australian hospital statistics 2008–09*, an authoritative annual report that provides a comprehensive range of performance information and other statistics about public and private hospitals.

The publication was produced with the cooperation and advice of state and territory health authorities, the Australian Government Department of Health and Ageing, and other stakeholders. The Institute collates state and territory data into its comprehensive set of hospital databases, and summarises and analyses them in an impartial manner to produce information and analysis that informs the community and policy makers.

The Institute's goal is to produce information in a variety of formats to reflect the various needs of policy makers and the community. In keeping with that goal, this year, the report is accompanied by a shorter companion report – *Australia's hospitals 2008–09 at a glance*. It provides a summary of the detailed information presented here, in a form accessible to a general readership.

This year's report is substantially different from previous versions. Regular readers will note that the overall structure of the report has changed, as has the structure of individual chapters within the report.

The structure has moved from one largely centred on databases to one that focuses on the services provided by hospitals (such as emergency department services, outpatient services and admitted patient care). The report also presents different views of admitted patient care with separate chapters on same-day acute, overnight acute, elective surgery and sub- and non-acute care. More information is presented in accessible summary tables and graphs.

Another innovation this year has been the inclusion of a Compact Disc (CD) with the hardcopy of this report. The CD includes all tables in this publication, and also the 2008–09 data in tables in the format published in previous reports. The data in the hardcopy report and the CD are also published on the AIHW website, where additional, detailed data are available in data cubes.

Hospital performance indicators continue to be reported in this publication. Included are 2008–09 data for a number of indicators that the COAG Reform Council (CRC) has recently published (for 2007–08) in its report on the National Healthcare Agreement (NHA). The Institute is pleased to support the CRC's work and ensures that the indicators in *Australian hospital statistics* align with the NHA hospital performance indicators.

The Institute will continue to develop its suite of *Australian hospital statistics* products, and work with stakeholders to improve timeliness. Comments are always welcome.

Penny Allbon

Director

June 2010

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Abbreviations

ABS	Australian Bureau of Statistics	NHCDC	National Hospital Cost Data Collection
ACT	Australian Capital Territory	NHDC	National Health Data Committee
ACHI	Australian Classification of Health Interventions	NHMBWG	National Health Ministers' Benchmarking Working Group
AIHW	Australian Institute of Health and Welfare	NHMD	National Hospital Morbidity Database
ALOS	Average length of stay	NHPA	National Health Priority Area
AR-DRG	Australian Refined Diagnosis Related Group	NHPC	National Health Performance Committee
ave	Average	NMDS	National minimum data set
Cat.	Catastrophic	NOCD	National Outpatient Care Database
CC	Complication and/or comorbidity	NPHEd	National Public Hospital Establishments Database
DoHA	Department of Health and Ageing	n.p.	Not published
DRG	Diagnosis Related Group	NSW	New South Wales
exp.	Expense	NT	Northern Territory
FTE	Full-time equivalent	OECD	Organisation for Economic Co-operation and Development
HASAC	Health and Allied Services Advisory Council	PICQ	Performance Indicators for Coding Quality
HDSC	Health Data Standards Committee	PPH	Potentially preventable hospitalisation
ICD-9-CM	International classification of diseases, 9th Revision, Clinical modification	Qld	Queensland
ICD-10-AM	International statistical classification of diseases and related health problems, 10th revision, Australian modification	RRMA	Rural, Remote and Metropolitan Area
IFRAC	Admitted patient fraction	RSI	Relative stay index
MDC	Major Diagnostic Category	SA	South Australia
n.a.	Not available	SCRGSP	Steering Committee for the Review of Government Service Provision
NAPEDC	Non-admitted patient emergency department care	SES	Socioeconomic status
NCCH	National Centre for Classification in Health	SEIFA	Socio-Economic Indexes for Areas
NAPEDCD	National Non-admitted Patient Emergency Department Care Database	SLA	Statistical local area
NESWTDC	National Elective Surgery Waiting Times Data Collection	SRG	Service related group
n.e.c.	Not elsewhere classified	SRR	Standardised separation rate ratio
..	Not applicable	Tas	Tasmania
		Vic	Victoria
		VMO	Visiting medical officer
		WA	Western Australia

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Summary

Australia's hospitals are the subject of continuing public discussion that can be informed by the comprehensive information in *Australian hospital statistics 2008–09*.

Australia had 1,317 hospitals in 2008–09. The 756 public hospitals accounted for 67% of beds (56,500) and the 561 private hospitals accounted for 33% (27,500).

Accident and emergency services

There were 7.2 million accident and emergency services provided in public hospitals in 2008–09, with an increase of 4.6% on average each year between 2004–05 and 2008–09. Overall, 70% of patients were seen on time in emergency departments, as were 100% of resuscitation patients (those requiring treatment immediately). The overall proportion seen on time was either 69% or 70% each year since 2004–05.

Admitted patient care

There were 8.1 million separations for admitted patients in 2008–09, 4.9 million in public hospitals and over 3.2 million in private hospitals. There was an increase of 3.4% on average each year between 2004–05 and 2008–09 for public hospitals, and 4.4% for private hospitals.

Same-day separations were 57% of the total, having increased by an average of 4.8% each year between 2004–05 and 2008–09. The average length of stay for overnight admissions was 6.0 days in 2008–09, after having been 6.2 days since 2005–06.

About 3.6% of separations were for non-acute care. Between 2004–05 and 2008–09, there were increases in rehabilitation care in private hospitals (19% on average each year) and maintenance care (provided to patients who require care over an indefinite period) in public hospitals (9%).

Separation rates were higher than average for Indigenous Australians, for people in remote areas and in areas of lower socioeconomic status, overall and for public hospitals. For private hospitals, rates were higher for people in major cities and in areas of higher socioeconomic status.

Elective surgery

There were 1.8 million episodes of elective surgery in 2008–09. Public elective surgery increased by 3.1% over 2007–08, faster than the 1.7% average rate of increase between 2004–05 and 2008–09. Other elective surgery increased by 2.9%, slower than the average of 4.1% since 2004–05. The median waiting time for public elective surgery was 34 days, the same as in 2007–08.

Expenditure and funding

Public hospital recurrent expenditure totalled \$31.3 billion in 2008–09. Adjusted for inflation, it increased by an average of 5.9% each year between 2004–05 and 2008–09.

About 70% of expenditure was for admitted patient services. Private health insurance was the main funding source for 37% of separations, and 53% were for public patients (mainly those funded through the Australian Health Care Agreements). Between 2004–05 and 2008–09, public patient separations increased by 3.1% on average each year, those funded by private health insurance increased by 5.6%, while those funded by the Department of Veterans' Affairs decreased by 1.4%.